

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PARK PLACE NURSING FACILITY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00002164A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4271	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.08%	1.0%	Quarterly Medicaid CMI:			1.8887	1.5215
							2.72	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9262	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,200,530	\$5,882,792	\$0	\$1,412,571	\$1,106,534	\$0	\$1,554,204		\$244,429	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$667,078)	\$0	\$0	\$0	\$2,565	\$2,553	(\$591,851)		(\$80,345)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$453,236			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$80,718	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,067,406	\$5,882,792	\$0	\$1,412,571	\$1,109,099	\$2,553	\$962,353	\$453,236	\$164,084	\$80,718	
8	Total Nursing Facility Days	As Filed Days = 56,771											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 56,771											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$177.32	\$103.62	\$0.00	\$24.88	\$19.58	(with L&H)	\$16.95	\$7.98	\$2.89	\$1.42	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4271									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.61									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.61	\$0.00	\$24.88	\$19.58		\$16.95	\$7.98	\$2.89	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.39	\$72.61	\$0.00	\$24.48	\$19.58		\$16.95	\$7.98	12.37 (FRV)	\$1.42	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.39	\$72.61	\$0.00	\$24.48	\$19.58	\$0.00	\$16.95	\$7.98	\$12.37	\$1.42	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9262									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.86									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.64	\$139.86	\$0.00	\$24.48	\$19.58	\$0.00	\$16.95	\$7.98	\$12.37	\$1.42	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.40	\$1.40									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.20	\$4.20									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.01	\$6.13	\$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	\$246.65	\$145.99	\$0.00	\$24.48	\$19.99	\$0.00	\$34.42	\$7.98	\$12.37	\$1.42	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.16										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: NEWNAN HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00040719A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4815	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.57%	1.0%	Quarterly Medicaid CMI:			1.4163	1.5215
							4.08	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4409	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,081,528	\$3,456,355	\$0	\$619,835	\$644,644	\$0	\$1,091,543		\$269,151	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$77,600)	\$0	\$0	\$0	\$0	\$528	(\$61,173)		(\$16,955)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$55,055			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$16,955	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,075,938	\$3,456,355	\$0	\$619,835	\$644,644	\$528	\$1,030,370	\$55,055	\$252,196	\$16,955	
8	Total Nursing Facility Days	As Filed Days = 30,527 FY20 Audited C/R Days	30,527										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,527 FY20 GL-PL Ins Rpt Days								30,527			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.02	\$113.22	\$0.00	\$20.30	\$21.13	(with L&H)	\$33.75	\$1.80	\$8.26	\$0.56	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4815									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.42									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.42	\$0.00	\$20.30	\$21.13		\$33.75	\$1.80	\$8.26	\$0.56	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.36	\$76.42	\$0.00	\$20.30	\$21.13		\$30.83	\$1.80	13.32 (FRV)	\$0.56	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.36	\$76.42	\$0.00	\$20.30	\$21.13	\$0.00	\$30.83	\$1.80	\$13.32	\$0.56	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4409									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.11									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.05	\$110.11	\$0.00	\$20.30	\$21.13	\$0.00	\$30.83	\$1.80	\$13.32	\$0.56	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.56	\$3.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.61	\$113.94	\$0.00	\$20.52	\$21.54	\$0.00	\$47.93	\$1.80	\$13.32	\$0.56	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.88										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: RIVERVIEW HEALTH & REHAB CTR Prvdr ID: 00040741A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 15.63% Qtrly BIMS score: 2.83 Nurse Hours per On-Site Day/Quality Incentive: 3.0%				Base Period Overall CMI: 1.4340 Quarterly Medicaid CMI: 1.3067 Qtrly Mcaid CMI w RUG Wght Options: 1.3275				Facility Specific: 1.4340 State-wide: 1.5126 1.3067 1.5215 1.3275 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,249,605	\$6,624,663	\$0	\$1,421,083	\$1,225,822	\$0	\$1,722,299		\$1,255,738	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$381,612)	\$0	\$0	\$0	\$0	\$24,212	(\$309,755)		(\$96,069)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$306,478		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$96,069
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,270,540	\$6,624,663	\$0	\$1,421,083	\$1,225,822	\$24,212	\$1,412,544	\$306,478	\$1,159,669	\$96,069
8	Total Nursing Facility Days	FY20 Audited C/R Days	52,963									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								52,963		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$231.68	\$125.08	\$0.00	\$26.83	\$23.60	(with L&H)	\$26.67	\$5.79	\$21.90	\$1.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4340								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.22	\$0.00	\$26.83	\$23.60		\$26.67	\$5.79	\$21.90	\$1.81
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.83	\$87.22	\$0.00	\$24.48	\$23.60		\$26.67	\$5.79	31.26 (FRV)	\$1.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.83	\$87.22	\$0.00	\$24.48	\$23.60	\$0.00	\$26.67	\$5.79	\$31.26	\$1.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3275								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.39	\$115.78	\$0.00	\$24.48	\$23.60	\$0.00	\$26.67	\$5.79	\$31.26	\$1.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	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	\$4.78	\$4.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.17	\$119.78	\$0.00	\$24.48	\$24.01	\$0.00	\$27.04	\$5.79	\$31.26	\$1.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.63									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: THE WILLIAM BREMAN JEWISH HOME														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5799	1.5126
Prvdr ID: 00040752A														Qtrly BIMS score	47.37%	5.5%	Quarterly Medicaid CMI:	1.3479	1.5215
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	6.17	4.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3697	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>										
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,547,168	\$6,098,071	\$0	\$2,039,342	\$1,531,205	\$0	\$1,037,548		\$841,002	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$82,352)	\$0	\$0	\$0	\$1,148	\$1,162	(\$60,164)		(\$24,498)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$60,164									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$24,534							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,549,514	\$6,098,071	\$0	\$2,039,342	\$1,532,353	\$1,162	\$977,384	\$60,164	\$816,504	\$24,534							
8	Total Nursing Facility Days	As Filed Days = 32,377																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,377																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$356.73	\$188.35	\$0.00	\$62.99	\$47.36	(with L&H)	\$30.19	\$1.86	\$25.22	\$0.76							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5799															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.21															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$119.21	\$0.00	\$62.99	\$47.36		\$30.19	\$1.86	\$25.22	\$0.76							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.36	\$88.52	\$0.00	\$24.48	\$27.62		\$30.19	\$1.86	24.93 (FRV)	\$0.76							
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.36	\$88.52	\$0.00	\$24.48	\$27.62	\$0.00	\$30.19	\$1.86	\$24.93	\$0.76							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3697															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.25															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.09	\$121.25	\$0.00	\$24.48	\$27.62	\$0.00	\$30.19	\$1.86	\$24.93	\$0.76							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00								
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.67	\$6.67															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.85	\$4.85															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.99	\$11.52	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$260.08	\$132.77	\$0.00	\$24.48	\$27.62	\$0.00	\$47.66	\$1.86	\$24.93	\$0.76							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.24																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: SIGNATURE HEALTHCARE OF BUCKHEAD														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6525	1.5126	
Prvdr ID: 00040763A														Qtrly BIMS score	27.37%	1.0%	Quarterly Medicaid CMI:	1.8066	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	1.96	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.8412	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,261,825	\$5,866,054	\$0	\$783,398	\$1,069,761	\$0	\$2,626,210		\$916,402	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$378,588)	\$0	\$0	\$0	(\$979)	(\$1,789)	(\$180,009)		(\$195,811)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$157,269										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$195,304								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,235,810	\$5,866,054	\$0	\$783,398	\$1,068,782	(\$1,789)	\$2,446,201	\$157,269	\$720,591	\$195,304								
8	Total Nursing Facility Days As Filed Days = 42,512	FY20 Audited C/R Days	42,512																	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,512	FY20 GL-PL Ins Rpt Days								42,512										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$264.30	\$137.99	\$0.00	\$18.43	\$25.10	(with L&H)	\$57.54	\$3.70	\$16.95	\$4.59								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6525																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.50																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.50	\$0.00	\$18.43	\$25.10		\$57.54	\$3.70	\$16.95	\$4.59								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.86	\$83.50	\$0.00	\$18.43	\$25.10		\$30.83	\$3.70	10.71 (FRV)	\$4.59								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.86	\$83.50	\$0.00	\$18.43	\$25.10	\$0.00	\$30.83	\$3.70	\$10.71	\$4.59								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8412																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$153.74																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.10	\$153.74	\$0.00	\$18.43	\$25.10	\$0.00	\$30.83	\$3.70	\$10.71	\$4.59								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.61	\$4.61																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.41	\$6.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$271.51	\$160.42	\$0.00	\$18.65	\$25.51	\$0.00	\$47.93	\$3.70	\$10.71	\$4.59								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.81																	

Quarterly Case Mix Per Diem Calculation

Interim

Provider: Magnolia Manor Methodist Nursing Center	<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>		Facility Specific	State-wide
Prvdr ID: 00040785A	Growth Allowance:		N/A	0.00%	Base Period Overall CMI:		1.6273	1.5126
H/B?: No	Case Mix Per Diem Rate Effective Date: 10/01/22	BIMS:	39.4%	2.5%	Quarterly Medicaid CMI:		1.6584	1.5215
	MDS & Nurse Hrs Data per Quarter Ending: 06/30/22	Nurse Hours per On-Site Day/Quality Incentive:	4.11	4.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.6917	1.5482

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2020 GL-PL Ins. Rpt								\$ 224,177		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								57,067		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2020 Peer Group Limit		\$88.52		\$24.48	\$27.62		\$30.83		\$31.36	\$0.64
	<u>Allowed @ 95% of Std</u>		\$194.88	\$84.09		\$23.26	\$26.24		\$29.29		\$31.36	\$0.64
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$198.81	\$84.09		\$23.26	\$26.24		\$29.29	\$ 3.93	\$31.36	\$0.64
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6917							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$142.26								
	Quarterly Medicaid CMA Allowed Per Diem		\$255.76	\$142.26		\$23.26	\$26.24		\$29.29	\$ 2.71	\$31.36	\$0.64
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$3.56	\$3.56								
	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$5.69	\$5.69								
	Nursing Home Provider Fee		\$0.00						0.00			
	Total Quarterly Per Diem Add-On Amounts		\$9.25									
	Quarterly Case Mix Based Per Diem Rate		\$265.00	\$151.50		\$23.26	\$26.24		\$29.29	\$2.71	\$31.36	\$0.64
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$198.75									

* 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 FY2020 Cost Report Data

INTERIM

Provider: PINE VIEW NURSING AND REHAB CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00040796A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4140	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	43.06%	2.5%	Quarterly Medicaid CMI:			1.8976	1.5215
							2.84	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9333	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,177,705	\$2,139,181	\$0	\$477,254	\$506,693	\$0	\$705,465		\$349,112	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$188,967)	(\$2,561)	\$0	\$0	\$0	\$0	(\$156,277)		(\$30,129)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$154,096			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$30,129	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,172,963	\$2,136,620	\$0	\$477,254	\$506,693	\$0	\$549,188	\$154,096	\$318,983	\$30,129	
8	Total Nursing Facility Days	As Filed Days = 26,147 FY20 Audited C/R Days	26,147										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,147 FY20 GL-PL Ins Rpt Days								26,147			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$159.59	\$81.72	\$0.00	\$18.25	\$19.38	(with L&H)	\$21.00	\$5.89	\$12.20	\$1.15	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4140									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.79									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.79	\$0.00	\$18.25	\$19.38		\$21.00	\$5.89	\$12.20	\$1.15	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.51	\$57.79	\$0.00	\$18.25	\$19.38		\$21.00	\$5.89	9.05 (FRV)	\$1.15	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.51	\$57.79	\$0.00	\$18.25	\$19.38	\$0.00	\$21.00	\$5.89	\$9.05	\$1.15	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9333									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.73									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.45	\$111.73	\$0.00	\$18.25	\$19.38	\$0.00	\$21.00	\$5.89	\$9.05	\$1.15	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.47	\$4.47									
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	\$25.89	\$7.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.34	\$119.52	\$0.00	\$18.47	\$19.79	\$0.00	\$38.47	\$5.89	\$9.05	\$1.15	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.43										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: TWIN VIEW HEALTH AND REHAB Prvdr ID: 00040807A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4329	1.5126
							46.88%	5.5%					1.7645	1.5215
							2.38	3.0%					1.7969	1.5482
BASE PERIOD PER DIEM ALLOWED AMOUNTS														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,188,211	\$2,622,087	\$0	\$366,283	\$499,481	\$0	\$1,089,417		\$610,943	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$67,220)	\$6,647	\$0	\$350	\$0	\$0	(\$44,648)		(\$29,569)			
As Filed Cost Center Costs (GL/PL)			As Filed FY20 GL/PL Rpt											
As Filed Cost Center Costs (Taxes and Insurance)			As Filed FY20 C/R											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,195,431	\$2,628,734	\$0	\$366,633	\$499,481	\$0	\$1,044,769	\$44,871	\$581,374	\$29,569		
8	Total Nursing Facility Days	FY20 Audited C/R Days	34,705											
8	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								34,705				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$149.69	\$75.75	\$0.00	\$10.56	\$14.39	(with L&H)	\$30.10	\$1.29	\$16.75	\$0.85		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4329										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.87										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.87	\$0.00	\$10.56	\$14.39		\$30.10	\$1.29	\$16.75	\$0.85		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.27	\$52.87	\$0.00	\$10.56	\$14.39		\$30.10	\$1.29	9.21 (FRV)	\$0.85		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.27	\$52.87	\$0.00	\$10.56	\$14.39	\$0.00	\$30.10	\$1.29	\$9.21	\$0.85		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7969										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.00										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.40	\$95.00	\$0.00	\$10.56	\$14.39	\$0.00	\$30.10	\$1.29	\$9.21	\$0.85		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$5.23	\$5.23										
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.71	\$8.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.11	\$103.61	\$0.00	\$10.78	\$14.80	\$0.00	\$47.57	\$1.29	\$9.21	\$0.85		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.26											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: A.G. RHODES HOME WESLEY WOODS Prvdr ID: 00040818A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	1.7560	1.5126	39.47%	2.5%	1.6053	1.5215	4.01	5.0%	1.6329	1.5482
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,890,225	\$6,675,876	\$0	\$1,414,899	\$1,447,720	\$0	\$2,859,716		\$492,014	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$193,517)	(\$13,822)	\$0	\$0	\$0	(\$3,280)	(\$151,671)		(\$24,744)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$151,671														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$24,744												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,873,123	\$6,662,054	\$0	\$1,414,899	\$1,447,720	(\$3,280)	\$2,708,045	\$151,671	\$467,270	\$24,744												
8	Total Nursing Facility Days	As Filed Days = 47,262 FY20 Audited C/R Days	47,262																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 47,262 FY20 GL-PL Ins Rpt Days								47,262														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$272.38	\$140.96	\$0.00	\$29.94	\$30.56	(with L&H)	\$57.30	\$3.21	\$9.89	\$0.52												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7560																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.27																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.27	\$0.00	\$29.94	\$30.56		\$57.30	\$3.21	\$9.89	\$0.52												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.84	\$80.27	\$0.00	\$24.48	\$27.62		\$30.83	\$3.21	15.91 <i>(FRV)</i>	\$0.52												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.84	\$80.27	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.21	\$15.91	\$0.52												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6329																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.07																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.64	\$131.07	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.21	\$15.91	\$0.52												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.28	\$3.28																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.55	\$6.55																				
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	\$27.46	\$10.36	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$261.10	\$141.43	\$0.00	\$24.48	\$27.62	\$0.00	\$47.93	\$3.21	\$15.91	\$0.52												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.00																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: PRUITTHEALTH - AUSTELL Prvdr ID: 00059276A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 25.68% Qtrly BIMS score: 3.11 Nurse Hours per On-Site Day/Quality Incentive: 6.0%				Base Period Overall CMI: 1.5951 Quarterly Medicaid CMI: 1.5656 Qtrly Mcaid CMI w RUG Wght Options: 1.5931				Facility Specific: 1.5951 State-wide: 1.5126 1.5656 1.5215 1.5931 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,302,625	\$4,596,014	\$0	\$774,579	\$995,035	\$0	\$1,371,033		\$565,964	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$348,985)	(\$57,743)	\$0	\$0	(\$5,609)	(\$6,059)	(\$216,220)		(\$63,354)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$252,839		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$72,120
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,278,599	\$4,538,271	\$0	\$774,579	\$989,426	(\$6,059)	\$1,154,813	\$252,839	\$502,610	\$72,120
8	Total Nursing Facility Days	As Filed Days = 42,585 FY20 Audited C/R Days	42,585									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,585 FY20 GL-PL Ins Rpt Days								42,585		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.40	\$106.57	\$0.00	\$18.19	\$23.09	(with L&H)	\$27.12	\$5.94	\$11.80	\$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5951								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.81	\$0.00	\$18.19	\$23.09		\$27.12	\$5.94	\$11.80	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.33	\$66.81	\$0.00	\$18.19	\$23.09		\$27.12	\$5.94	12.49 (FRV)	\$1.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.33	\$66.81	\$0.00	\$18.19	\$23.09	\$0.00	\$27.12	\$5.94	\$12.49	\$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5931								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.96	\$106.44	\$0.00	\$18.19	\$23.09	\$0.00	\$27.12	\$5.94	\$12.49	\$1.69
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.39	\$6.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.08	\$7.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.04	\$114.42	\$0.00	\$18.41	\$23.50	\$0.00	\$44.59	\$5.94	\$12.49	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.96									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: NORTHRIDGE HEALTH AND REHABILITATION Prvdr ID: 00059331A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Growth Allowance: N/A Qtrly BIMS score: 29.00% Nurse Hours per On-Site Day/Quality Incentive: 2.97			Facility Score: N/A Add-on Percent: 0.00% 1.0% 5.0%			Base Period Overall CMI: 1.3765 Quarterly Medicaid CMI: 1.4848 Qtrly Mcaid CMI w RUG Wght Options: 1.5099			1.3765	1.5126	1.4848	1.5215	1.5099	1.5482
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,878,934	\$4,904,078	\$0	\$1,357,383	\$493,733	\$580,527	\$2,868,190		\$675,023	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$160,841)	\$43,761	\$0	\$0	(\$5,788)	(\$11,293)	(\$185,658)		(\$1,863)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$124,185																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$1,843															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,844,121	\$4,947,839	\$0	\$1,357,383	\$487,945	\$569,234	\$2,682,532	\$124,185	\$673,160	\$1,843															
8	Total Nursing Facility Days	As Filed Days = 54,854 FY20 Audited C/R Days	54,854																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 54,854 FY20 GL-PL Ins Rpt Days								54,854																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.68	\$90.20	\$0.00	\$24.75	\$19.27	(with L&H)	\$48.90	\$2.26	\$12.27	\$0.03															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3765																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.53																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.53	\$0.00	\$24.75	\$19.27		\$48.90	\$2.26	\$12.27	\$0.03															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.30	\$65.53	\$0.00	\$24.48	\$19.27		\$30.83	\$2.26	15.90 (FRV)	\$0.03															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.30	\$65.53	\$0.00	\$24.48	\$19.27	\$0.00	\$30.83	\$2.26	\$15.90	\$0.03															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5099																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.94																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.71	\$98.94	\$0.00	\$24.48	\$19.27	\$0.00	\$30.83	\$2.26	\$15.90	\$0.03															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00															
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.95	\$4.95																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.98	\$6.47	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.69	\$105.41	\$0.00	\$24.48	\$19.68	\$0.00	\$47.93	\$2.26	\$15.90	\$0.03															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.94																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: THE BELL MINOR HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059397A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6685	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.31%	2.5%	Quarterly Medicaid CMI:			1.5225	1.5215
							2.68	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5528	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,190,615	\$2,963,887	\$0	\$574,321	\$552,791	\$0	\$1,190,733		\$1,908,883	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$247,337)	\$0	\$0	\$0	(\$1,212)	(\$1,230)	(\$183,754)		(\$61,141)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$198,478			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$60,871	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,202,627	\$2,963,887	\$0	\$574,321	\$551,579	(\$1,230)	\$1,006,979	\$198,478	\$1,847,742	\$60,871	
8	Total Nursing Facility Days	As Filed Days = 31,961 FY20 Audited C/R Days	31,961										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,961 FY20 GL-PL Ins Rpt Days								31,961			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.35	\$92.73	\$0.00	\$17.97	\$17.22	(with L&H)	\$31.51	\$6.21	\$57.81	\$1.90	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6685									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.58									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.58	\$0.00	\$17.97	\$17.22		\$31.51	\$6.21	\$57.81	\$1.90	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.37	\$55.58	\$0.00	\$17.97	\$17.22		\$30.83	\$6.21	13.66 (FRV)	\$1.90	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.37	\$55.58	\$0.00	\$17.97	\$17.22	\$0.00	\$30.83	\$6.21	\$13.66	\$1.90	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5528									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.09	\$86.30	\$0.00	\$17.97	\$17.22	\$0.00	\$30.83	\$6.21	\$13.66	\$1.90	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.59	\$2.59									
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	\$23.01	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.10	\$91.58	\$0.00	\$18.19	\$17.63	\$0.00	\$47.93	\$6.21	\$13.66	\$1.90	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.00										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: AZALEA HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059441A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7115	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	31.37%	2.5%	Quarterly Medicaid CMI:			1.6959	1.5215
							2.52	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7271	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,934,782	\$2,912,691	\$0	\$570,376	\$543,635	\$0	\$632,977		\$1,275,103	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$290,844	(\$2,460)	\$0	(\$4,535)	(\$1,017)	\$5,239	\$345,301		(\$51,684)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$4,288			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$51,438	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,281,352	\$2,910,231	\$0	\$565,841	\$542,618	\$5,239	\$978,278	\$4,288	\$1,223,419	\$51,438	
8	Total Nursing Facility Days	As Filed Days = 29,597 FY20 Audited C/R Days	29,597										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,597 FY20 GL-PL Ins Rpt Days								29,597			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.23	\$98.33	\$0.00	\$19.12	\$18.51	(with L&H)	\$33.05	\$0.14	\$41.34	\$1.74	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7115									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.45									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.45	\$0.00	\$19.12	\$18.51		\$33.05	\$0.14	\$41.34	\$1.74	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.55	\$57.45	\$0.00	\$19.12	\$18.51		\$30.83	\$0.14	13.76 (FRV)	\$1.74	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.55	\$57.45	\$0.00	\$19.12	\$18.51	\$0.00	\$30.83	\$0.14	\$13.76	\$1.74	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7271									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.32	\$99.22	\$0.00	\$19.12	\$18.51	\$0.00	\$30.83	\$0.14	\$13.76	\$1.74	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.72	\$4.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.04	\$104.21	\$0.00	\$19.34	\$18.92	\$0.00	\$47.93	\$0.14	\$13.76	\$1.74	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.71										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: NORTH DECATUR HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059452A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6977	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	31.11%	2.5%	Quarterly Medicaid CMI:			1.5029	1.5215
							2.97	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5303	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,730,040	\$2,666,568	\$0	\$418,219	\$407,136	\$0	\$580,245		\$657,872	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$216,960	(\$6,530)	\$0	(\$1,414)	(\$2,930)	(\$1,747)	\$267,334		(\$37,753)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$12,438			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$46,074	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,005,512	\$2,660,038	\$0	\$416,805	\$404,206	(\$1,747)	\$847,579	\$12,438	\$620,119	\$46,074	
8	Total Nursing Facility Days As Filed Days = 24,744	FY20 Audited C/R Days	24,983										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,744	FY20 GL-PL Ins Rpt Days								24,983			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.35	\$106.47	\$0.00	\$16.68	\$16.11	(with L&H)	\$33.93	\$0.50	\$24.82	\$1.84	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6977									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.71									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.71	\$0.00	\$16.68	\$16.11		\$33.93	\$0.50	\$24.82	\$1.84	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.65	\$62.71	\$0.00	\$16.68	\$16.11		\$30.83	\$0.50	10.98 (FRV)	\$1.84	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.65	\$62.71	\$0.00	\$16.68	\$16.11	\$0.00	\$30.83	\$0.50	\$10.98	\$1.84	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5303									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.91	\$95.97	\$0.00	\$16.68	\$16.11	\$0.00	\$30.83	\$0.50	\$10.98	\$1.84	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.45	\$101.78	\$0.00	\$16.90	\$16.52	\$0.00	\$47.93	\$0.50	\$10.98	\$1.84	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.51										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - AUGUSTA		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00059463A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.4672		1.4672	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Qtrly BIMS score: 28.00%		Nurse Hours per On-Site Day/Quality Incentive: 2.98		28.00%	1.0%	Quarterly Medicaid CMI: 1.4555		1.4555	1.5215		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4801		1.4801	1.5482		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,676,674	\$3,197,787	\$0	\$553,924	\$675,209	\$0	\$1,012,688		\$237,066	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$265,378)	(\$54,406)	\$0	\$0	\$0	\$0	(\$170,516)		(\$40,456)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$203,794			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$42,704	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,657,794	\$3,143,381	\$0	\$553,924	\$675,209	\$0	\$842,172	\$203,794	\$196,610	\$42,704	
8	Total Nursing Facility Days	As Filed Days = 29,217 FY20 Audited C/R Days	29,217										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,217 FY20 GL-PL Ins Rpt Days								29,217			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.65	\$107.59	\$0.00	\$18.96	\$23.11	(with L&H)	\$28.82	\$6.98	\$6.73	\$1.46	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4672									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.33									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.33	\$0.00	\$18.96	\$23.11		\$28.82	\$6.98	\$6.73	\$1.46	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.79	\$73.33	\$0.00	\$18.96	\$23.11		\$28.82	\$6.98	11.13 (FRV)	\$1.46	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.79	\$73.33	\$0.00	\$18.96	\$23.11	\$0.00	\$28.82	\$6.98	\$11.13	\$1.46	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4801									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.00	\$108.54	\$0.00	\$18.96	\$23.11	\$0.00	\$28.82	\$6.98	\$11.13	\$1.46	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.43	\$5.43									
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	\$25.15	\$7.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.15	\$115.59	\$0.00	\$19.18	\$23.52	\$0.00	\$46.29	\$6.98	\$11.13	\$1.46	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.29										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: BOLINGREEN HEALTH AND REHABILITATION Prvdr ID: 00059485A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Growth Allowance: N/A Qtrly BIMS score: 26.53% Nurse Hours per On-Site Day/Quality Incentive: 3.56			Facility Score: N/A Add-on Percent: 0.00% 1.0% 3.0%			Base Period Overall CMI: 1.4813 Quarterly Medicaid CMI: 1.3576 Qtrly Mcaid CMI w RUG Wght Options: 1.3776			1.4813	1.5126	1.3576	1.5215	1.3776	1.5482
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,736,067	\$3,707,416	\$0	\$790,635	\$785,598	\$0	\$1,303,554		\$148,864	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$130,356)	\$0	\$0	\$0	(\$829)	(\$7,415)	(\$109,530)		(\$12,582)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$63,960																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$12,555															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,682,226	\$3,707,416	\$0	\$790,635	\$784,769	(\$7,415)	\$1,194,024	\$63,960	\$136,282	\$12,555															
8	Total Nursing Facility Days	As Filed Days = 37,541 FY20 Audited C/R Days	37,541																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,541 FY20 GL-PL Ins Rpt Days								37,541																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.00	\$98.76	\$0.00	\$21.06	\$20.71	(with L&H)	\$31.81	\$1.70	\$3.63	\$0.33															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4813																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.67																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.67	\$0.00	\$21.06	\$20.71		\$31.81	\$1.70	\$3.63	\$0.33															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.61	\$66.67	\$0.00	\$21.06	\$20.71		\$30.83	\$1.70	10.31 (FRV)	\$0.33															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.61	\$66.67	\$0.00	\$21.06	\$20.71	\$0.00	\$30.83	\$1.70	\$10.31	\$0.33															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3776																							
18	Qtrly Routine Srvc 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	\$176.78	\$91.84	\$0.00	\$21.06	\$20.71	\$0.00	\$30.83	\$1.70	\$10.31	\$0.33															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00																
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.94	\$4.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.72	\$96.05	\$0.00	\$21.28	\$21.12	\$0.00	\$47.93	\$1.70	\$10.31	\$0.33															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.22																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,114,623	\$4,063,346	\$0	\$770,965	\$737,641	\$0	\$1,381,444		\$1,161,227	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$155,883)	\$0	\$0	\$0	\$0	\$0	(\$108,998)		(\$46,885)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$108,998		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$46,885
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,114,623	\$4,063,346	\$0	\$770,965	\$737,641	\$0	\$1,272,446	\$108,998	\$1,114,342	\$46,885
8	Total Nursing Facility Days	As Filed Days = 41,877 FY20 Audited C/R Days	41,877									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,877 FY20 GL-PL Ins Rpt Days								41,877		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.77	\$97.03	\$0.00	\$18.41	\$17.61	(with L&H)	\$30.39	\$2.60	\$26.61	\$1.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5699								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.81	\$0.00	\$18.41	\$17.61		\$30.39	\$2.60	\$26.61	\$1.12
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.38	\$61.81	\$0.00	\$18.41	\$17.61		\$30.39	\$2.60	8.44 (FRV)	\$1.12
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.38	\$61.81	\$0.00	\$18.41	\$17.61	\$0.00	\$30.39	\$2.60	\$8.44	\$1.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6435								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.15	\$101.58	\$0.00	\$18.41	\$17.61	\$0.00	\$30.39	\$2.60	\$8.44	\$1.12
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.49	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.33		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.18	\$6.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.43	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.33	\$107.70	\$0.00	\$18.63	\$18.02	\$0.00	\$47.82	\$2.60	\$8.44	\$1.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.42									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: CHAPLINWOOD NURSING HOME Prvdr ID: 00059694A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Growth Allowance: N/A				Base Period Overall CMI: 1.2699				1.2699	1.5126
			Qtrly BIMS score: 34.78%				Quarterly Medicaid CMI: 1.5073				1.5073	1.5215
			Nurse Hours per On-Site Day/Quality Incentive: 3.90				Qtrly Mcaid CMI w RUG Wght Options: 1.5347				1.5347	1.5482
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,150,086	\$3,077,975	\$0	\$552,807	\$706,701	\$0	\$985,423		\$827,180	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$162,528)	\$0	\$0	\$0	\$0	(\$5,012)	(\$127,888)		(\$29,628)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$53,495		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$29,628
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,070,681	\$3,077,975	\$0	\$552,807	\$706,701	(\$5,012)	\$857,535	\$53,495	\$797,552	\$29,628
8	Total Nursing Facility Days	As Filed Days = 32,392 FY20 Audited C/R Days	32,392									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,392 FY20 GL-PL Ins Rpt Days								32,392		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$187.40	\$95.02	\$0.00	\$17.07	\$21.66	(with L&H)	\$26.47	\$1.65	\$24.62	\$0.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2699								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.82	\$0.00	\$17.07	\$21.66		\$26.47	\$1.65	\$24.62	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.62	\$74.82	\$0.00	\$17.07	\$21.66		\$26.47	\$1.65	11.04 <i>(FRV)</i>	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.62	\$74.82	\$0.00	\$17.07	\$21.66	\$0.00	\$26.47	\$1.65	\$11.04	\$0.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5347								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.63	\$114.83	\$0.00	\$17.07	\$21.66	\$0.00	\$26.47	\$1.65	\$11.04	\$0.91
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.87	\$2.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.74	\$5.74								
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	\$27.24	\$9.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.87	\$123.97	\$0.00	\$17.29	\$22.07	\$0.00	\$43.94	\$1.65	\$11.04	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.83									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: HAZELHURST COURT CARE AND REHABILITATION CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00059705A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.5051	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	21.05%	Quarterly Medicaid CMI:				1.5819	1.5215	
					2.75	Qtrly Mcaid CMI w RUG Wght Options:				1.6099	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,548,857	\$1,755,723	\$0	\$319,749	\$352,971	\$0	\$655,942		\$464,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$71,742)	\$0	\$0	\$0	(\$999)	(\$857)	(\$53,477)		(\$16,409)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$38,854		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$16,322
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,532,291	\$1,755,723	\$0	\$319,749	\$351,972	(\$857)	\$602,465	\$38,854	\$448,063	\$16,322
8	Total Nursing Facility Days	As Filed Days = 23,782 FY20 Audited C/R Days	23,782									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,782 FY20 GL-PL Ins Rpt Days								23,782		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$148.53	\$73.83	\$0.00	\$13.45	\$14.76	(with L&H)	\$25.33	\$1.63	\$18.84	\$0.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5051								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.05	\$0.00	\$13.45	\$14.76		\$25.33	\$1.63	\$18.84	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.02	\$49.05	\$0.00	\$13.45	\$14.76		\$25.33	\$1.63	7.11 (FRV)	\$0.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$112.02	\$49.05	\$0.00	\$13.45	\$14.76	\$0.00	\$25.33	\$1.63	\$7.11	\$0.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6099								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.94	\$78.97	\$0.00	\$13.45	\$14.76	\$0.00	\$25.33	\$1.63	\$7.11	\$0.69
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$163.73	\$82.66	\$0.00	\$13.67	\$15.17	\$0.00	\$42.80	\$1.63	\$7.11	\$0.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.97									

Quarterly Case Mix Per Diem Calculation

Interim

Provider: Southwell Health and Rehab Prvdr ID: 00059826A H/B ?: Yes				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 32.1% Nurse Hours per On-Site Day/Quality Incentive: 2.92			Facility Score: 32.1%	Add-on Percent: 2.5%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2685 Quarterly Medicaid CMI: 1.3189 Qtrly Mcaid CMI w RUG Wght Options: 1.3382			Facility Specific: 1.2685 1.3189 1.3382	State-wide: 1.5126 1.5215 1.5482
---	--	--	--	---	--	--	-----------------------	----------------------	---	--	--	---	--

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2020 GL-PL Ins. Rpt								\$ 9,927		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								34,199		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2020 Peer Group Limit		\$88.52		\$32.46	\$27.62		\$30.83		\$24.17	\$0.32
	Allowed @ 95% of Std		\$194.95	\$84.09		\$30.84	\$26.24		\$29.29		\$24.17	\$0.32
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$195.24	\$84.09		\$30.84	\$26.24		\$29.29	\$ 0.29	\$24.17	\$0.32
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3382							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$112.53								
	Quarterly Medicaid CMA Allowed Per Diem		\$223.68	\$112.53		\$30.84	\$26.24		\$29.29	\$ 0.29	\$24.17	\$0.32
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$2.81	\$2.81								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.38	\$3.38								
	Nursing Home Provider Fee		\$17.10					17.10				
	Total Quarterly Per Diem Add-On Amounts		\$23.29									
	Quarterly Case Mix Based Per Diem Rate		\$246.97	\$118.72		\$30.84	\$26.24		\$46.39	\$0.29	\$24.17	\$0.32
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$172.40									

* 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 FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: CORDELE HEALTH AND REHABILITATION Prvdr ID: 00059892A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 21.05% Nurse Hours per On-Site Day/Quality Incentive: 3.67 2.0%				Base Period Overall CMI: 1.7846 Quarterly Medicaid CMI: 1.8843 Qtrly Mcaid CMI w RUG Wght Options: 1.9209				Facility Specific: 1.7846 State-wide: 1.5126 1.8843 1.5215 1.9209 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,634,593	\$3,825,261	\$0	\$578,817	\$225,012	\$279,095	\$1,125,211		\$601,197	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$98,241)	\$0	\$0	\$0	\$0	\$0	(\$93,118)		(\$5,123)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$93,118		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$5,123
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,634,593	\$3,825,261	\$0	\$578,817	\$225,012	\$279,095	\$1,032,093	\$93,118	\$596,074	\$5,123
8	Total Nursing Facility Days	As Filed Days = 22,722 FY20 Audited C/R Days	22,722									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,722 FY20 GL-PL Ins Rpt Days								22,722		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$291.99	\$168.35	\$0.00	\$25.47	\$22.19	(with L&H)	\$45.42	\$4.10	\$26.23	\$0.23
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7846								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.34	\$0.00	\$25.47	\$22.19		\$45.42	\$4.10	\$26.23	\$0.23
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.85	\$88.52	\$0.00	\$25.47	\$22.19		\$30.83	\$4.10	9.51 (FRV)	\$0.23
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.85	\$88.52	\$0.00	\$25.47	\$22.19	\$0.00	\$30.83	\$4.10	\$9.51	\$0.23
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9209								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$170.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.37	\$170.04	\$0.00	\$25.47	\$22.19	\$0.00	\$30.83	\$4.10	\$9.51	\$0.23
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.70	\$1.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.40	\$3.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$5.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$285.20	\$175.14	\$0.00	\$25.69	\$22.60	\$0.00	\$47.93	\$4.10	\$9.51	\$0.23
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$201.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: DUBLINAIR HEALTH & REHAB Prvdr ID: 00059947A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	State-wide													
													N/A	41.54%	0.00%	1.5371	1.5371	1.5126	3.03	3.03	3.0%	1.5690	1.5690	1.5215	1.5990	1.5990	1.5482
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,628,378	\$3,544,142	\$0	\$716,316	\$679,212	\$0	\$966,513		\$722,195	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$153,315)	\$0	\$0	\$0	\$0	\$0	(\$94,121)		(\$59,194)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$77,326																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$59,194															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,611,583	\$3,544,142	\$0	\$716,316	\$679,212	\$0	\$872,392	\$77,326	\$663,001	\$59,194															
8	Total Nursing Facility Days	As Filed Days = 44,319																									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,319																									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$149.18	\$79.97	\$0.00	\$16.16	\$15.33	(with L&H)	\$19.68	\$1.74	\$14.96	\$1.34															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5371																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.03																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.03	\$0.00	\$16.16	\$15.33		\$19.68	\$1.74	\$14.96	\$1.34															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.52	\$52.03	\$0.00	\$16.16	\$15.33		\$19.68	\$1.74	9.24 (FRV)	\$1.34															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.52	\$52.03	\$0.00	\$16.16	\$15.33	\$0.00	\$19.68	\$1.74	\$9.24	\$1.34															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5990																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.20																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.69	\$83.20	\$0.00	\$16.16	\$15.33	\$0.00	\$19.68	\$1.74	\$9.24	\$1.34															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.50	\$2.50																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.21	\$5.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.90	\$88.31	\$0.00	\$16.38	\$15.74	\$0.00	\$37.15	\$1.74	\$9.24	\$1.34															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.60																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: RIVER TOWNE CENTER Pvrdr ID: 00082684A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 34.75% Nurse Hours per On-Site Day/Quality Incentive: 3.21				Base Period Overall CMI: 1.7644 Quarterly Medicaid CMI: 1.9016 Qtrly Mcaid CMI w RUG Wght Options: 1.9388				Facility Specific: 1.7644 State-wide: 1.5126 1.9016 1.5215 1.9388 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,553,678	\$3,741,812	\$0	\$645,825	\$596,055	\$0	\$1,444,002		\$1,125,984	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$295,136)	(\$99,373)	\$0	\$0	(\$10,157)	(\$9,460)	(\$100,575)		(\$75,571)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$188,288		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$73,084
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,519,914	\$3,642,439	\$0	\$645,825	\$585,898	(\$9,460)	\$1,343,427	\$188,288	\$1,050,413	\$73,084
8	Total Nursing Facility Days	As Filed Days = 38,849 FY20 Audited C/R Days	38,849									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,849 FY20 GL-PL Ins Rpt Days								38,849		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.57	\$93.76	\$0.00	\$16.62	\$14.84	(with L&H)	\$34.58	\$4.85	\$27.04	\$1.88
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7644								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.14	\$0.00	\$16.62	\$14.84		\$34.58	\$4.85	\$27.04	\$1.88
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.36	\$53.14	\$0.00	\$16.62	\$14.84		\$30.83	\$4.85	8.20 (FRV)	\$1.88
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.36	\$53.14	\$0.00	\$16.62	\$14.84	\$0.00	\$30.83	\$4.85	\$8.20	\$1.88
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9388								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.25	\$103.03	\$0.00	\$16.62	\$14.84	\$0.00	\$30.83	\$4.85	\$8.20	\$1.88
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$22.90	\$5.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.15	\$108.20	\$0.00	\$16.84	\$15.25	\$0.00	\$47.93	\$4.85	\$8.20	\$1.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.54									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: HEARDMONT HEALTH AND REHABILITATION														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.4977	1.5126
Prvdr ID: 00082981A														Qtrly BIMS score	32.56%	2.5%	Quarterly Medicaid CMI:	1.4717	1.5215
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	2.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.4997	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes										
Peer Group Standards & Efficiency Measure Limits																			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,765,524	\$1,346,181	\$0	\$294,147	\$363,776	\$0	\$519,259		\$242,161	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$45,706)	\$0	\$0	\$0	\$0	\$0	(\$27,379)		(\$18,327)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$27,379									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$18,327							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,765,524	\$1,346,181	\$0	\$294,147	\$363,776	\$0	\$491,880	\$27,379	\$223,834	\$18,327							
8	Total Nursing Facility Days	As Filed Days = 17,251 FY20 Audited C/R Days	17,251																
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,251 FY20 GL-PL Ins Rpt Days								17,251									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$160.31	\$78.03	\$0.00	\$17.05	\$21.09	(with L&H)	\$28.51	\$1.59	\$12.98	\$1.06							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4977															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.10															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.10	\$0.00	\$17.05	\$21.09		\$28.51	\$1.59	\$12.98	\$1.06							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.42	\$52.10	\$0.00	\$17.05	\$21.09		\$28.51	\$1.59	9.02 (FRV)	\$1.06							
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.42	\$52.10	\$0.00	\$17.05	\$21.09	\$0.00	\$28.51	\$1.59	\$9.02	\$1.06							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4997															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.13															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.45	\$78.13	\$0.00	\$17.05	\$21.09	\$0.00	\$28.51	\$1.59	\$9.02	\$1.06							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00							
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.95	\$1.95															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.92	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.37	\$82.95	\$0.00	\$17.27	\$21.50	\$0.00	\$45.98	\$1.59	\$9.02	\$1.06							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.70																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: AUTUMN LANE HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00082992A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3872	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.19%	1.0%	Quarterly Medicaid CMI:			1.3858	1.5215
							3.63	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4096	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,274,176	\$2,516,233	\$0	\$527,765	\$657,402	\$0	\$979,633		\$1,593,143	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$148,332)	\$0	\$0	\$0	\$0	\$11,488	(\$18,327)		(\$141,493)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$41,085			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$141,493	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,308,422	\$2,516,233	\$0	\$527,765	\$657,402	\$11,488	\$961,306	\$41,085	\$1,451,650	\$141,493	
8	Total Nursing Facility Days	As Filed Days = 26,103 FY20 Audited C/R Days	26,103										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,103 FY20 GL-PL Ins Rpt Days								26,103			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.68	\$96.40	\$0.00	\$20.22	\$25.63	(with L&H)	\$36.83	\$1.57	\$55.61	\$5.42	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3872									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.49									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.49	\$0.00	\$20.22	\$25.63		\$36.83	\$1.57	\$55.61	\$5.42	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.24	\$69.49	\$0.00	\$20.22	\$25.63		\$30.83	\$1.57	35.08 (FRV)	\$5.42	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.24	\$69.49	\$0.00	\$20.22	\$25.63	\$0.00	\$30.83	\$1.57	\$35.08	\$5.42	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4096									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.70	\$97.95	\$0.00	\$20.22	\$25.63	\$0.00	\$30.83	\$1.57	\$35.08	\$5.42	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.90	\$4.90									
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	\$24.14	\$6.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.84	\$104.36	\$0.00	\$20.44	\$26.04	\$0.00	\$47.93	\$1.57	\$35.08	\$5.42	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.81										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: SIGNATURE HEALTHCARE AT TOWER ROAD														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.8647	1.5126
Prvdr ID: 00083003A														Qtrly BIMS score	15.00%	0.0%	Quarterly Medicaid CMI:	1.8228	1.5215
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	2.61	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.8590	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>										
Peer Group Standards & Efficiency Measure Limits																			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,802,957	\$5,351,365	\$0	\$739,617	\$767,837	\$0	\$2,365,115		\$2,579,023	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$220,481)	\$0	\$0	\$0	(\$6,580)	(\$6,331)	(\$127,466)		(\$80,104)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$127,466									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R											\$78,758						
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,788,700	\$5,351,365	\$0	\$739,617	\$761,257	(\$6,331)	\$2,237,649	\$127,466	\$2,498,919	\$78,758							
8	Total Nursing Facility Days	As Filed Days = 40,085																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,085																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$294.08	\$133.50	\$0.00	\$18.45	\$18.83	(with L&H)	\$55.82	\$3.18	\$62.34	\$1.96							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.8647															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.59	\$0.00	\$18.45	\$18.83		\$55.82	\$3.18	\$62.34	\$1.96							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.59	\$0.00	\$18.45	\$18.83		\$55.82	\$3.18	\$62.34	\$1.96							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.58	\$71.59	\$0.00	\$18.45	\$18.83		\$30.83	\$3.18	10.74 (FRV)	\$1.96							
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.58	\$71.59	\$0.00	\$18.45	\$18.83	\$0.00	\$30.83	\$3.18	\$10.74	\$1.96							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8590															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.09															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.08	\$133.09	\$0.00	\$18.45	\$18.83	\$0.00	\$30.83	\$3.18	\$10.74	\$1.96							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00							
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$3.99	\$3.99															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.25	\$4.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.33	\$137.61	\$0.00	\$18.67	\$19.24	\$0.00	\$47.93	\$3.18	\$10.74	\$1.96							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.67																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: GREEN ACRES HEALTH AND REHABILITATION Prvdr ID: 00083014A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	32.79%	3.35	5.0%	1.3811	1.4413	1.4640	1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>														
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,941,115	\$3,000,509	\$0	\$579,850	\$635,413	\$0	\$954,619		\$770,724	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$123,779)	\$0	\$0	\$0	\$0	(\$4,597)	(\$88,253)		(\$30,929)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$52,195													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$30,929											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,900,460	\$3,000,509	\$0	\$579,850	\$635,413	(\$4,597)	\$866,366	\$52,195	\$739,795	\$30,929											
8	Total Nursing Facility Days	As Filed Days = 29,594 FY20 Audited C/R Days	29,594																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,594 FY20 GL-PL Ins Rpt Days								29,594													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.39	\$101.39	\$0.00	\$19.59	\$21.32	(with L&H)	\$29.28	\$1.76	\$25.00	\$1.05											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3811																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.41																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.41	\$0.00	\$19.59	\$21.32		\$29.28	\$1.76	\$25.00	\$1.05											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.56	\$73.41	\$0.00	\$19.59	\$21.32		\$29.28	\$1.76	11.15 <i>(FRV)</i>	\$1.05											
Quarterly Per Diem Rate Prior to Add-ons																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.56	\$73.41	\$0.00	\$19.59	\$21.32	\$0.00	\$29.28	\$1.76	\$11.15	\$1.05											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4640																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.47																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.62	\$107.47	\$0.00	\$19.59	\$21.32	\$0.00	\$29.28	\$1.76	\$11.15	\$1.05											
Quarterly Per Diem Add-on Amounts																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.37	\$5.37																			
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	\$26.69	\$8.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.31	\$116.06	\$0.00	\$19.81	\$21.73	\$0.00	\$46.75	\$1.76	\$11.15	\$1.05											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.91																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: ABERCORN REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083025A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6277	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.93%	2.5%	Quarterly Medicaid CMI:			1.6463	1.5215
							2.83	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6758	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,212,340	\$2,820,425	\$0	\$496,600	\$459,354	\$0	\$1,142,922		\$1,293,039	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$253,854)	(\$85,468)	\$0	\$0	\$0	\$0	(\$92,674)		(\$75,712)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$166,492			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$75,712	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,200,690	\$2,734,957	\$0	\$496,600	\$459,354	\$0	\$1,050,248	\$166,492	\$1,217,327	\$75,712	
8	Total Nursing Facility Days	As Filed Days = 30,433 FY20 Audited C/R Days	30,433										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,433 FY20 GL-PL Ins Rpt Days								30,433			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.75	\$89.87	\$0.00	\$16.32	\$15.09	(with L&H)	\$34.51	\$5.47	\$40.00	\$2.49	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6277									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.21									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.21	\$0.00	\$16.32	\$15.09		\$34.51	\$5.47	\$40.00	\$2.49	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.78	\$55.21	\$0.00	\$16.32	\$15.09		\$30.83	\$5.47	11.37 (FRV)	\$2.49	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.78	\$55.21	\$0.00	\$16.32	\$15.09	\$0.00	\$30.83	\$5.47	\$11.37	\$2.49	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6758									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.09	\$92.52	\$0.00	\$16.32	\$15.09	\$0.00	\$30.83	\$5.47	\$11.37	\$2.49	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.63	\$4.63									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.20	\$7.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.29	\$99.99	\$0.00	\$16.54	\$15.50	\$0.00	\$47.93	\$5.47	\$11.37	\$2.49	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.64										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: LYNN HAVEN HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083036A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5685	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	44.19%	2.5%	Quarterly Medicaid CMI:			1.5734	1.5215
							2.98	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6030	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,433,459	\$2,500,764	\$0	\$532,928	\$772,399	\$0	\$919,260		\$708,108	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$89,705)	\$0	\$0	\$0	(\$40,811)	(\$3,804)	(\$12,380)		(\$32,710)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$40,885			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$32,524	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,417,163	\$2,500,764	\$0	\$532,928	\$731,588	(\$3,804)	\$906,880	\$40,885	\$675,398	\$32,524	
8	Total Nursing Facility Days As Filed Days = 25,527	FY20 Audited C/R Days	25,584										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,527	FY20 GL-PL Ins Rpt Days								25,584			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.75	\$97.75	\$0.00	\$20.83	\$28.45	(with L&H)	\$35.45	\$1.60	\$26.40	\$1.27	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5685									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.32									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.32	\$0.00	\$20.83	\$28.45		\$35.45	\$1.60	\$26.40	\$1.27	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.91	\$62.32	\$0.00	\$20.83	\$27.62		\$30.83	\$1.60	12.44 (FRV)	\$1.27	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.91	\$62.32	\$0.00	\$20.83	\$27.62	\$0.00	\$30.83	\$1.60	\$12.44	\$1.27	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6030									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.90									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.49	\$99.90	\$0.00	\$20.83	\$27.62	\$0.00	\$30.83	\$1.60	\$12.44	\$1.27	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.00	\$5.00									
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	\$25.35	\$8.03	\$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	\$219.84	\$107.93	\$0.00	\$21.05	\$27.62	\$0.00	\$47.93	\$1.60	\$12.44	\$1.27	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.06										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - EAST Prvdr ID: 00083047A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
			Growth Allowance: N/A Qtrly BIMS score: 25.29% Nurse Hours per On-Site Day/Quality Incentive: 4.35				Add-on Percent: 0.00% 1.0% 4.0%				Base Period Overall CMI: 1.6935 Quarterly Medicaid CMI: 1.6003 Qtrly Mcaid CMI w RUG Wght Options: 1.6314		1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,284,380	\$4,815,886	\$0	\$1,004,563	\$996,906	\$0	\$1,621,795		\$845,230	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$286,409)	\$0	\$0	\$3,792	\$0	\$0	(\$213,097)		(\$77,104)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$213,208					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R											\$23,711		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,234,890	\$4,815,886	\$0	\$1,008,355	\$996,906	\$0	\$1,408,698	\$213,208	\$768,126	\$23,711			
8	Total Nursing Facility Days	As Filed Days = 45,079 FY20 Audited C/R Days	45,079												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,079 FY20 GL-PL Ins Rpt Days								45,079					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.86	\$106.83	\$0.00	\$22.37	\$22.11	(with L&H)	\$31.25	\$4.73	\$17.04	\$0.53			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6935											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.08											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.08	\$0.00	\$22.37	\$22.11		\$31.25	\$4.73	\$17.04	\$0.53			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.36	\$63.08	\$0.00	\$22.37	\$22.11		\$30.83	\$4.73	10.71 (FRV)	\$0.53			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.36	\$63.08	\$0.00	\$22.37	\$22.11	\$0.00	\$30.83	\$4.73	\$10.71	\$0.53			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6314											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.91											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.19	\$102.91	\$0.00	\$22.37	\$22.11	\$0.00	\$30.83	\$4.73	\$10.71	\$0.53			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.12	\$4.12											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.41	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.60	\$108.59	\$0.00	\$22.59	\$22.52	\$0.00	\$47.93	\$4.73	\$10.71	\$0.53			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.38												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: THE CENTER FOR ADVANCED REHAB AT PARKSIDE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083102A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8876	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	14.08%	0.0%	Quarterly Medicaid CMI:			1.9728	1.5215
							2.18	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0115	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,689,038	\$4,856,937	\$0	\$854,938	\$797,301	\$0	\$1,791,618		\$1,388,244	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$310,135)	\$0	\$0	(\$2,500)	(\$3,213)	(\$5,907)	(\$143,878)		(\$154,637)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$124,716			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$152,394	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,656,013	\$4,856,937	\$0	\$852,438	\$794,088	(\$5,907)	\$1,647,740	\$124,716	\$1,233,607	\$152,394	
8	Total Nursing Facility Days	As Filed Days = 42,774 FY20 Audited C/R Days	42,774										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,774 FY20 GL-PL Ins Rpt Days								42,774			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.75	\$113.55	\$0.00	\$19.93	\$18.43	(with L&H)	\$38.52	\$2.92	\$28.84	\$3.56	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.8876									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.16									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.16	\$0.00	\$19.93	\$18.43		\$38.52	\$2.92	\$28.84	\$3.56	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.66	\$60.16	\$0.00	\$19.93	\$18.43		\$30.83	\$2.92	22.83 (FRV)	\$3.56	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.66	\$60.16	\$0.00	\$19.93	\$18.43	\$0.00	\$30.83	\$2.92	\$22.83	\$3.56	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0115									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.01									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.51	\$121.01	\$0.00	\$19.93	\$18.43	\$0.00	\$30.83	\$2.92	\$22.83	\$3.56	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.68	\$2.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.19	\$123.96	\$0.00	\$20.15	\$18.84	\$0.00	\$47.93	\$2.92	\$22.83	\$3.56	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.32										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - WEST		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083124A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6208	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.75%	1.0%	Quarterly Medicaid CMI:			1.6259	1.5215
							3.53	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6576	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,744,499	\$4,002,683	\$0	\$911,576	\$848,633	\$0	\$1,362,610		\$618,997	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$384,867)	(\$12,403)	\$0	\$0	\$0	(\$8,786)	(\$332,959)		(\$30,719)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$173,722			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$30,719	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,564,073	\$3,990,280	\$0	\$911,576	\$848,633	(\$8,786)	\$1,029,651	\$173,722	\$588,278	\$30,719	
8	Total Nursing Facility Days	As Filed Days = 43,829 FY20 Audited C/R Days	43,829										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,829 FY20 GL-PL Ins Rpt Days								43,829			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$172.57	\$91.04	\$0.00	\$20.80	\$19.16	(with L&H)	\$23.49	\$3.96	\$13.42	\$0.70	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6208									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.17									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.17	\$0.00	\$20.80	\$19.16		\$23.49	\$3.96	\$13.42	\$0.70	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.81	\$56.17	\$0.00	\$20.80	\$19.16		\$23.49	\$3.96	11.53 (FRV)	\$0.70	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.81	\$56.17	\$0.00	\$20.80	\$19.16	\$0.00	\$23.49	\$3.96	\$11.53	\$0.70	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6576									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.11									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.75	\$93.11	\$0.00	\$20.80	\$19.16	\$0.00	\$23.49	\$3.96	\$11.53	\$0.70	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.72	\$3.72									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.28	\$5.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.03	\$98.29	\$0.00	\$21.02	\$19.57	\$0.00	\$40.96	\$3.96	\$11.53	\$0.70	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.20										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide												
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.4920	1.4578	1.4859	1.5126	1.5215	1.5482						
													a	b	c	d	e	f	g	g	h	i										
CASE MIX BASED RATE CALCULATIONS																																
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																							
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																							
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																							
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																							
Base Period Per Diem Allowed Amounts																																
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,772,267	\$2,409,775	\$0	\$346,661	\$394,610	\$0	\$813,439		\$807,782	\$0																				
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$88,457)	\$0	\$0	\$0	\$0	\$0	(\$68,052)		(\$20,405)																					
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$51,743																						
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$20,405																				
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,755,958	\$2,409,775	\$0	\$346,661	\$394,610	\$0	\$745,387	\$51,743	\$787,377	\$20,405																				
8	Total Nursing Facility Days	As Filed Days = 28,259																														
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,259																														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$168.29	\$85.27	\$0.00	\$12.27	\$13.96	(with L&H)	\$26.38	\$1.83	\$27.86	\$0.72																				
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4920																												
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.15																												
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.15	\$0.00	\$12.27	\$13.96		\$26.38	\$1.83	\$27.86	\$0.72																				
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																					
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.03	\$57.15	\$0.00	\$12.27	\$13.96		\$26.38	\$1.83	9.72 (FRV)	\$0.72																				
Quarterly Per Diem Rate Prior to Add-ons																																
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.03	\$57.15	\$0.00	\$12.27	\$13.96	\$0.00	\$26.38	\$1.83	\$9.72	\$0.72																				
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4859																												
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.92																												
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.80	\$84.92	\$0.00	\$12.27	\$13.96	\$0.00	\$26.38	\$1.83	\$9.72	\$0.72																				
Quarterly Per Diem Add-on Amounts																																
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																					
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85																												
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.70	\$1.70																												
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																							
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.18	\$3.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00																				
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$170.98	\$88.00	\$0.00	\$12.49	\$14.37	\$0.00	\$43.85	\$1.83	\$9.72	\$0.72																				
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.41																													

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: NHC HEALTHCARE ROSSVILLE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083146A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.1945	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.16%	1.0%	Quarterly Medicaid CMI:			1.2672	1.5215
							3.50	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2873	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,290,170	\$3,568,024	\$0	\$721,256	\$563,440	\$0	\$1,134,930		\$302,520	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$198,302)	\$16,953	\$0	\$0	(\$2,026)	(\$2,539)	(\$158,891)		(\$51,799)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$161,600			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$51,379	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,304,847	\$3,584,977	\$0	\$721,256	\$561,414	(\$2,539)	\$976,039	\$161,600	\$250,721	\$51,379	
8	Total Nursing Facility Days	As Filed Days = 34,179											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,179											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.47	\$104.89	\$0.00	\$21.10	\$16.35	(with L&H)	\$28.56	\$4.73	\$7.34	\$1.50	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.1945									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.81									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.81	\$0.00	\$21.10	\$16.35		\$28.56	\$4.73	\$7.34	\$1.50	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.78	\$87.81	\$0.00	\$21.10	\$16.35		\$28.56	\$4.73	10.73 (FRV)	\$1.50	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.78	\$87.81	\$0.00	\$21.10	\$16.35	\$0.00	\$28.56	\$4.73	\$10.73	\$1.50	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2873									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.01	\$113.04	\$0.00	\$21.10	\$16.35	\$0.00	\$28.56	\$4.73	\$10.73	\$1.50	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$5.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.16	\$118.09	\$0.00	\$21.32	\$16.76	\$0.00	\$46.03	\$4.73	\$10.73	\$1.50	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.55										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: SIGNATURE HEALTHCARE OF SAVANNAH Prvdr ID: 00083157A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6025	1.5126
							25.26%	1.0%					1.7452	1.5215
							2.76	4.0%					1.7796	1.5482
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,121,152	\$4,155,736	\$0	\$669,008	\$552,046	\$0	\$1,575,685		\$168,677	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$253,476)	(\$70,618)	\$0	(\$1,483)	\$1,586	\$3,171	(\$120,071)		(\$66,061)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$154,338				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$56,701		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,078,715	\$4,085,118	\$0	\$667,525	\$553,632	\$3,171	\$1,455,614	\$154,338	\$102,616	\$56,701		
8	Total Nursing Facility Days	As Filed Days = 37,596 FY20 Audited C/R Days	37,596											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,596 FY20 GL-PL Ins Rpt Days								37,596				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.30	\$108.66	\$0.00	\$17.76	\$14.81	(with L&H)	\$38.72	\$4.11	\$2.73	\$1.51		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6025										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.81										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.81	\$0.00	\$17.76	\$14.81		\$38.72	\$4.11	\$2.73	\$1.51		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.84	\$67.81	\$0.00	\$17.76	\$14.81		\$30.83	\$4.11	10.01 (FRV)	\$1.51		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.84	\$67.81	\$0.00	\$17.76	\$14.81	\$0.00	\$30.83	\$4.11	\$10.01	\$1.51		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7796										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.67										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.70	\$120.67	\$0.00	\$17.76	\$14.81	\$0.00	\$30.83	\$4.11	\$10.01	\$1.51		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.83	\$4.83										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.30	\$6.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.00	\$127.24	\$0.00	\$17.98	\$15.22	\$0.00	\$47.93	\$4.11	\$10.01	\$1.51		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.18											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,624,196	\$6,691,579	\$0	\$1,043,153	\$1,300,115	\$0	\$1,294,620		\$294,729	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$205,466)	(\$46,641)	\$0	\$0	\$0	(\$5,225)	(\$127,287)		(\$26,313)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$182,193		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$26,313
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,627,236	\$6,644,938	\$0	\$1,043,153	\$1,300,115	(\$5,225)	\$1,167,333	\$182,193	\$268,416	\$26,313
8	Total Nursing Facility Days As Filed Days = 40,208	FY20 Audited C/R Days	40,208									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,208	FY20 GL-PL Ins Rpt Days								40,208		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$264.29	\$165.26	\$0.00	\$25.94	\$32.20	(with L&H)	\$29.03	\$4.53	\$6.68	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4632								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$112.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$112.94	\$0.00	\$25.94	\$32.20		\$29.03	\$4.53	\$6.68	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.38	\$88.52	\$0.00	\$24.48	\$27.62		\$29.03	\$4.53	22.55 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.38	\$88.52	\$0.00	\$24.48	\$27.62	\$0.00	\$29.03	\$4.53	\$22.55	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4835								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.18	\$131.32	\$0.00	\$24.48	\$27.62	\$0.00	\$29.03	\$4.53	\$22.55	\$0.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.28	\$3.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.69	\$7.22	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$264.87	\$138.54	\$0.00	\$24.48	\$27.62	\$0.00	\$46.50	\$4.53	\$22.55	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.83									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,273,558	\$3,965,362	\$0	\$697,692	\$787,282	\$0	\$1,366,309		\$456,913	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$360,430)	(\$37,362)	\$0	\$0	(\$2,182)	\$7,317	(\$243,708)		(\$84,495)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$101,373		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$81,954
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,096,455	\$3,928,000	\$0	\$697,692	\$785,100	\$7,317	\$1,122,601	\$101,373	\$372,418	\$81,954
8	Total Nursing Facility Days	As Filed Days = 41,716 FY20 Audited C/R Days	41,716									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,716 FY20 GL-PL Ins Rpt Days								41,716		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.11	\$94.16	\$0.00	\$16.72	\$19.00	(with L&H)	\$26.91	\$2.43	\$8.93	\$1.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5704								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.96	\$0.00	\$16.72	\$19.00		\$26.91	\$2.43	\$8.93	\$1.96
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.00	\$59.96	\$0.00	\$16.72	\$19.00		\$26.91	\$2.43	11.02 (FRV)	\$1.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.00	\$59.96	\$0.00	\$16.72	\$19.00	\$0.00	\$26.91	\$2.43	\$11.02	\$1.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6817								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.87	\$100.83	\$0.00	\$16.72	\$19.00	\$0.00	\$26.91	\$2.43	\$11.02	\$1.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$4.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.53	\$105.39	\$0.00	\$16.94	\$19.41	\$0.00	\$44.38	\$2.43	\$11.02	\$1.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.32									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,072,151	\$2,034,127	\$0	\$473,658	\$659,294	\$0	\$861,276		\$43,796	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$179,522)	\$0	\$0	\$0	\$0	\$0	(\$143,178)		(\$36,344)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$147,187		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$36,344
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,076,160	\$2,034,127	\$0	\$473,658	\$659,294	\$0	\$718,098	\$147,187	\$7,452	\$36,344
8	Total Nursing Facility Days As Filed Days = 24,318	FY20 Audited C/R Days	24,318									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,318	FY20 GL-PL Ins Rpt Days								24,318		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$167.62	\$83.65	\$0.00	\$19.48	\$27.11	(with L&H)	\$29.53	\$6.05	\$0.31	\$1.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5112								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.35	\$0.00	\$19.48	\$27.11		\$29.53	\$6.05	\$0.31	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.57	\$55.35	\$0.00	\$19.48	\$27.11		\$29.53	\$6.05	10.56 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.57	\$55.35	\$0.00	\$19.48	\$27.11	\$0.00	\$29.53	\$6.05	\$10.56	\$1.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6089								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.27	\$89.05	\$0.00	\$19.48	\$27.11	\$0.00	\$29.53	\$6.05	\$10.56	\$1.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.50	\$0.53	\$0.00	\$0.22	\$0.38	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.90	\$4.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.45	\$4.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.95	\$9.88	\$0.00	\$0.22	\$0.38	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.22	\$98.93	\$0.00	\$19.70	\$27.49	\$0.00	\$47.00	\$6.05	\$10.56	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.59									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific
Provider: RIVERDALE CENTER FOR NURSING AND HEALING Prvdr ID: 00083289A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	State-wide									
													N/A	33.33%	0.00%	1.4769	1.5126	3.52	3.00%	1.7194	1.5215	1.7524	1.5482
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>														
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,243,284	\$3,510,939	\$0	\$813,508	\$537,969	\$0	\$1,122,199		\$1,258,669	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$309,860)	\$0	\$0	\$0	\$1,655	\$2,228	(\$191,222)		(\$122,521)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$122,823													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R											\$123,406										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,179,653	\$3,510,939	\$0	\$813,508	\$539,624	\$2,228	\$930,977	\$122,823	\$1,136,148	\$123,406											
8	Total Nursing Facility Days	As Filed Days = 42,617 FY20 Audited C/R Days	42,617																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,617 FY20 GL-PL Ins Rpt Days								42,617													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$168.47	\$82.38	\$0.00	\$19.09	\$12.71	(with L&H)	\$21.85	\$2.88	\$26.66	\$2.90											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4769																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.78																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.78	\$0.00	\$19.09	\$12.71		\$21.85	\$2.88	\$26.66	\$2.90											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.62	\$55.78	\$0.00	\$19.09	\$12.71		\$21.85	\$2.88	10.41 (FRV)	\$2.90											
Quarterly Per Diem Rate Prior to Add-ons																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.62	\$55.78	\$0.00	\$19.09	\$12.71	\$0.00	\$21.85	\$2.88	\$10.41	\$2.90											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7524																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.75																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.59	\$97.75	\$0.00	\$19.09	\$12.71	\$0.00	\$21.85	\$2.88	\$10.41	\$2.90											
Quarterly Per Diem Add-on Amounts																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.00	\$5.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.59	\$103.65	\$0.00	\$19.31	\$13.12	\$0.00	\$39.32	\$2.88	\$10.41	\$2.90											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.87																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: ROSE CITY HEALTH AND REHABILITATION CENTER														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.7194	1.5126	
Prvdr ID: 00083311A														Qtrly BIMS score	34.09%	2.5%	Quarterly Medicaid CMI:	1.8023	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	2.67	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.8369	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,179,234	\$2,085,816	\$0	\$472,238	\$381,191	\$0	\$686,778		\$553,211	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$58,383	(\$3,859)	\$0	\$0	\$1,021	\$1,378	\$88,409		(\$28,566)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$153,817										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$28,745								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,420,179	\$2,081,957	\$0	\$472,238	\$382,212	\$1,378	\$775,187	\$153,817	\$524,645	\$28,745								
8	Total Nursing Facility Days	As Filed Days = 22,599 FY20 Audited C/R Days	22,599																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,599 FY20 GL-PL Ins Rpt Days								22,599										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.60	\$92.13	\$0.00	\$20.90	\$16.97	(with L&H)	\$34.30	\$6.81	\$23.22	\$1.27								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7194																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.58																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.58	\$0.00	\$20.90	\$16.97		\$34.30	\$6.81	\$23.22	\$1.27								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.40	\$53.58	\$0.00	\$20.90	\$16.97		\$30.83	\$6.81	11.04 (FRV)	\$1.27								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.40	\$53.58	\$0.00	\$20.90	\$16.97	\$0.00	\$30.83	\$6.81	\$11.04	\$1.27								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8369																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.42																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.24	\$98.42	\$0.00	\$20.90	\$16.97	\$0.00	\$30.83	\$6.81	\$11.04	\$1.27								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.67	\$5.94	\$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	\$209.91	\$104.36	\$0.00	\$21.12	\$17.38	\$0.00	\$47.93	\$6.81	\$11.04	\$1.27								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.61																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: THE A.G. RHODES HOME, INC.		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140005A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5785	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	67.03%	5.5%	Quarterly Medicaid CMI:			1.7473	1.5215
							4.16	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7805	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,764,384	\$6,556,521	\$0	\$1,209,796	\$1,410,221	\$0	\$2,286,048		\$301,798	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$163,929)	(\$29,911)	\$0	\$0	\$11,825	\$15,204	(\$139,645)		(\$21,402)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$139,645			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$21,812	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,761,912	\$6,526,610	\$0	\$1,209,796	\$1,422,046	\$15,204	\$2,146,403	\$139,645	\$280,396	\$21,812	
8	Total Nursing Facility Days As Filed Days = 47,332	FY20 Audited C/R Days	47,332										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,332	FY20 GL-PL Ins Rpt Days								47,332			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$248.50	\$137.89	\$0.00	\$25.56	\$30.37	(with L&H)	\$45.35	\$2.95	\$5.92	\$0.46	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5785									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.36									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.36	\$0.00	\$25.56	\$30.37		\$45.35	\$2.95	\$5.92	\$0.46	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.65	\$87.36	\$0.00	\$24.48	\$27.62		\$30.83	\$2.95	16.95 (FRV)	\$0.46	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.65	\$87.36	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$2.95	\$16.95	\$0.46	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7805									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.83	\$155.54	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$2.95	\$16.95	\$0.46	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.55	\$8.55									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.78	\$7.78									
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	\$33.96	\$16.86	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$292.79	\$172.40	\$0.00	\$24.48	\$27.62	\$0.00	\$47.93	\$2.95	\$16.95	\$0.46	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.77										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: ALTAMAHA HEALTHCARE CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140027A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.4893	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	29.79%	Quarterly Medicaid CMI:				1.4654	1.5215	
					2.67	Qtrly Mcaid CMI w RUG Wght Options:				1.4900	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,222,655	\$1,565,420	\$0	\$339,076	\$365,768	\$0	\$755,497		\$196,894	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$67,882)	\$0	\$0	\$0	\$1,670	\$1,862	(\$45,594)		(\$25,820)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$33,470		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$26,068
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,214,311	\$1,565,420	\$0	\$339,076	\$367,438	\$1,862	\$709,903	\$33,470	\$171,074	\$26,068
8	Total Nursing Facility Days	As Filed Days = 21,720 FY20 Audited C/R Days	21,720									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,720 FY20 GL-PL Ins Rpt Days								21,720		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$147.98	\$72.07	\$0.00	\$15.61	\$17.00	(with L&H)	\$32.68	\$1.54	\$7.88	\$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4893								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.39	\$0.00	\$15.61	\$17.00		\$32.68	\$1.54	\$7.88	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.79	\$48.39	\$0.00	\$15.61	\$17.00		\$30.83	\$1.54	8.22 (FRV)	\$1.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.79	\$48.39	\$0.00	\$15.61	\$17.00	\$0.00	\$30.83	\$1.54	\$8.22	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4900								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.50	\$72.10	\$0.00	\$15.61	\$17.00	\$0.00	\$30.83	\$1.54	\$8.22	\$1.20
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.72	\$0.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$20.42	\$2.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$166.92	\$74.79	\$0.00	\$15.83	\$17.41	\$0.00	\$47.93	\$1.54	\$8.22	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.37									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance				
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - GREENVILLE Prvdr ID: 00140038A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
			Growth Allowance: N/A Qtrly BIMS score: 28.00% Nurse Hours per On-Site Day/Quality Incentive: 3.07				Add-on Percent: 0.00% 1.0% 5.0%				Base Period Overall CMI: 1.3143 Quarterly Medicaid CMI: 1.3658 Qtrly Mcaid CMI w RUG Wght Options: 1.3921		Facility Specific: 1.3143 1.3658 1.3921	State-wide: 1.5126 1.5215 1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,951,056	\$2,674,476	\$0	\$392,412	\$728,444	\$0	\$876,247		\$279,477	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$285,468)	(\$36,385)	\$0	\$0	\$623	\$861	(\$207,001)		(\$43,566)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$230,248				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$46,135		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,941,971	\$2,638,091	\$0	\$392,412	\$729,067	\$861	\$669,246	\$230,248	\$235,911	\$46,135		
8	Total Nursing Facility Days	As Filed Days = 33,626 FY20 Audited C/R Days	33,626											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,626 FY20 GL-PL Ins Rpt Days								33,626				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$146.97	\$78.45	\$0.00	\$11.67	\$21.71	(with L&H)	\$19.90	\$6.85	\$7.02	\$1.37		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3143										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.69										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.69	\$0.00	\$11.67	\$21.71		\$19.90	\$6.85	\$7.02	\$1.37		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.98	\$59.69	\$0.00	\$11.67	\$21.71		\$19.90	\$6.85	10.79 (FRV)	\$1.37		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.98	\$59.69	\$0.00	\$11.67	\$21.71	\$0.00	\$19.90	\$6.85	\$10.79	\$1.37		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3921										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.09										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.38	\$83.09	\$0.00	\$11.67	\$21.71	\$0.00	\$19.90	\$6.85	\$10.79	\$1.37		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$23.61	\$5.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.99	\$88.60	\$0.00	\$11.89	\$22.12	\$0.00	\$37.37	\$6.85	\$10.79	\$1.37		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.42											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,845,066	\$4,020,514	\$0	\$544,875	\$691,382	\$0	\$1,153,858		\$434,437	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$585,731)	\$0	\$0	\$0	\$1,987	\$1,625	(\$575,344)		(\$13,999)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$148,048		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$14,073
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,421,456	\$4,020,514	\$0	\$544,875	\$693,369	\$1,625	\$578,514	\$148,048	\$420,438	\$14,073
8	Total Nursing Facility Days	As Filed Days = 34,109 FY20 Audited C/R Days	34,109									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,109 FY20 GL-PL Ins Rpt Days								34,109		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.26	\$117.87	\$0.00	\$15.97	\$20.38	(with L&H)	\$16.96	\$4.34	\$12.33	\$0.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4763								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.84	\$0.00	\$15.97	\$20.38		\$16.96	\$4.34	\$12.33	\$0.41
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.75	\$79.84	\$0.00	\$15.97	\$20.38		\$16.96	\$4.34	10.85 (FRV)	\$0.41
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.75	\$79.84	\$0.00	\$15.97	\$20.38	\$0.00	\$16.96	\$4.34	\$10.85	\$0.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5482								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.52	\$123.61	\$0.00	\$15.97	\$20.38	\$0.00	\$16.96	\$4.34	\$10.85	\$0.41
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.15	\$124.14	\$0.00	\$16.19	\$20.79	\$0.00	\$34.43	\$4.34	\$10.85	\$0.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.54									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: BRENTWOOD HEALTH AND REHABILITATION Prvdr ID: 00140071A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	24.00%	3.08	5.0%	1.3432	1.4579	1.4837	1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>														
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,302,718	\$2,770,404	\$0	\$547,951	\$535,499	\$0	\$893,587		\$555,277	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$87,184)	\$0	\$0	\$0	\$865	\$949	(\$62,226)		(\$26,772)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$54,535													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$26,865											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,296,934	\$2,770,404	\$0	\$547,951	\$536,364	\$949	\$831,361	\$54,535	\$528,505	\$26,865											
8	Total Nursing Facility Days	As Filed Days = 27,320 FY20 Audited C/R Days	27,320																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,320 FY20 GL-PL Ins Rpt Days								27,320													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.89	\$101.41	\$0.00	\$20.06	\$19.67	(with L&H)	\$30.43	\$2.00	\$19.34	\$0.98											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3432																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.50																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.50	\$0.00	\$20.06	\$19.67		\$30.43	\$2.00	\$19.34	\$0.98											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.27	\$75.50	\$0.00	\$20.06	\$19.67		\$30.43	\$2.00	11.63 <i>(FRV)</i>	\$0.98											
Quarterly Per Diem Rate Prior to Add-ons																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.27	\$75.50	\$0.00	\$20.06	\$19.67	\$0.00	\$30.43	\$2.00	\$11.63	\$0.98											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4837																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.02																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.79	\$112.02	\$0.00	\$20.06	\$19.67	\$0.00	\$30.43	\$2.00	\$11.63	\$0.98											
Quarterly Per Diem Add-on Amounts																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.46	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.30		\$0.00												
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.60	\$5.60																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.28	\$7.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.40	\$0.00	\$0.00	\$0.00											
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.07	\$119.27	\$0.00	\$20.28	\$20.08	\$0.00	\$47.83	\$2.00	\$11.63	\$0.98											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.73																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,487,814	\$2,890,955	\$0	\$400,490	\$576,181	\$0	\$914,883		\$705,305	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$227,499)	\$0	\$0	\$0	\$3,529	\$5,378	(\$175,317)		(\$61,089)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$172,277		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$62,034
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,494,626	\$2,890,955	\$0	\$400,490	\$579,710	\$5,378	\$739,566	\$172,277	\$644,216	\$62,034
8	Total Nursing Facility Days	As Filed Days = 26,301 FY20 Audited C/R Days	26,301									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,301 FY20 GL-PL Ins Rpt Days								26,301		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.92	\$109.92	\$0.00	\$15.23	\$22.25	(with L&H)	\$28.12	\$6.55	\$24.49	\$2.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3786								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.73	\$0.00	\$15.23	\$22.25		\$28.12	\$6.55	\$24.49	\$2.36
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.48	\$79.73	\$0.00	\$15.23	\$22.25		\$28.12	\$6.55	8.24 (FRV)	\$2.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.48	\$79.73	\$0.00	\$15.23	\$22.25	\$0.00	\$28.12	\$6.55	\$8.24	\$2.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4020								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.53	\$111.78	\$0.00	\$15.23	\$22.25	\$0.00	\$28.12	\$6.55	\$8.24	\$2.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.98	\$3.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.51	\$115.66	\$0.00	\$15.45	\$22.66	\$0.00	\$45.59	\$6.55	\$8.24	\$2.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: APPLING NURSING AND REHABILITATION PAVILION Prvdr ID: 00140093A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Growth Allowance: N/A Qtrly BIMS score: 28.79% Nurse Hours per On-Site Day/Quality Incentive: 1.58			Facility Score: N/A Add-on Percent: 0.00% 1.0% 2.0%			Base Period Overall CMI: 1.1345 Quarterly Medicaid CMI: 1.1414 Qtrly Mcaid CMI w RUG Wght Options: 1.1573			1.1345	1.5126	1.1414	1.5215	1.1573	1.5482
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,710,708	\$3,382,593	\$0	\$1,090,947	\$342,668	\$580,324	\$1,614,778		\$699,398	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$332,014)	(\$85,434)	\$0	\$0	\$0	\$0	(\$214,993)		(\$31,587)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$300,427																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$31,587															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,710,708	\$3,297,159	\$0	\$1,090,947	\$342,668	\$580,324	\$1,399,785	\$300,427	\$667,811	\$31,587															
8	Total Nursing Facility Days	As Filed Days = 36,693 FY20 Audited C/R Days	36,693																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,693 FY20 GL-PL Ins Rpt Days								36,693																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.14	\$89.86	\$0.00	\$29.73	\$25.15	(with L&H)	\$38.15	\$8.19	\$18.20	\$0.86															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.1345																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.21																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.21	\$0.00	\$29.73	\$25.15		\$38.15	\$8.19	\$18.20	\$0.86															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.72	\$79.21	\$0.00	\$29.73	\$25.15		\$30.83	\$8.19	26.75 (FRV)	\$0.86															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.72	\$79.21	\$0.00	\$29.73	\$25.15	\$0.00	\$30.83	\$8.19	\$26.75	\$0.86															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1573																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.67																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.18	\$91.67	\$0.00	\$29.73	\$25.15	\$0.00	\$30.83	\$8.19	\$26.75	\$0.86															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00																
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$21.01	\$3.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.19	\$94.95	\$0.00	\$29.95	\$25.56	\$0.00	\$47.93	\$8.19	\$26.75	\$0.86															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.82																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - ASHBURN		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140104A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.6839		1.6839	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Qtrly BIMS score: 34.88%		Nurse Hours per On-Site Day/Quality Incentive: 3.74		3.74	2.5%	Quarterly Medicaid CMI: 1.6557		1.6557	1.5215		
							5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6875		1.6875	1.5482		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,251,687	\$2,438,628	\$0	\$370,416	\$597,352	\$0	\$690,889		\$154,402	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$203,197)	(\$25,414)	\$0	\$0	(\$2,322)	(\$3,150)	(\$146,129)		(\$26,182)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$154,956			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$28,253	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,231,699	\$2,413,214	\$0	\$370,416	\$595,030	(\$3,150)	\$544,760	\$154,956	\$128,220	\$28,253	
8	Total Nursing Facility Days	As Filed Days = 20,485 FY20 Audited C/R Days	20,485										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,485 FY20 GL-PL Ins Rpt Days								20,485			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.56	\$117.80	\$0.00	\$18.08	\$28.89	(with L&H)	\$26.59	\$7.56	\$6.26	\$1.38	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6839									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.96									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.96	\$0.00	\$18.08	\$28.89		\$26.59	\$7.56	\$6.26	\$1.38	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.65	\$69.96	\$0.00	\$18.08	\$27.62		\$26.59	\$7.56	10.46 (FRV)	\$1.38	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.65	\$69.96	\$0.00	\$18.08	\$27.62	\$0.00	\$26.59	\$7.56	\$10.46	\$1.38	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6875									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.06									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.75	\$118.06	\$0.00	\$18.08	\$27.62	\$0.00	\$26.59	\$7.56	\$10.46	\$1.38	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.90	\$5.90									
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	\$27.07	\$9.38	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.82	\$127.44	\$0.00	\$18.30	\$27.62	\$0.00	\$44.06	\$7.56	\$10.46	\$1.38	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.79										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - BROOKHAVEN		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140115A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.7843	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	26.92%	Quarterly Medicaid CMI:				1.5868	1.5215	
					3.29	Qtrly Mcaid CMI w RUG Wght Options:				1.6152	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,168,802	\$6,144,676	\$0	\$931,347	\$1,202,612	\$0	\$1,998,178		\$891,989	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$474,502)	(\$85,067)	\$0	\$0	(\$2,414)	(\$2,377)	(\$269,203)		(\$115,441)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$321,188		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$117,288
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,132,776	\$6,059,609	\$0	\$931,347	\$1,200,198	(\$2,377)	\$1,728,975	\$321,188	\$776,548	\$117,288
8	Total Nursing Facility Days	As Filed Days = 49,823 FY20 Audited C/R Days	49,823									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 49,823 FY20 GL-PL Ins Rpt Days								49,823		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.44	\$121.62	\$0.00	\$18.69	\$24.04	(with L&H)	\$34.70	\$6.45	\$15.59	\$2.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7843								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.16	\$0.00	\$18.69	\$24.04		\$34.70	\$6.45	\$15.59	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.25	\$68.16	\$0.00	\$18.69	\$24.04		\$30.83	\$6.45	10.73 (FRV)	\$2.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.25	\$68.16	\$0.00	\$18.69	\$24.04	\$0.00	\$30.83	\$6.45	\$10.73	\$2.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6152								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.18	\$110.09	\$0.00	\$18.69	\$24.04	\$0.00	\$30.83	\$6.45	\$10.73	\$2.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.50	\$5.50								
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	\$24.86	\$7.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.04	\$117.22	\$0.00	\$18.91	\$24.45	\$0.00	\$47.93	\$6.45	\$10.73	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: THE OAKS - ATHENS SKILLED NURSING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140126A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6540	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	18.84%	0.0%	Quarterly Medicaid CMI:			1.5069	1.5215
							3.15	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5309	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,527,937	\$5,763,850	\$0	\$919,150	\$1,580,402	\$0	\$1,859,506		\$2,405,029	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$663,366)	(\$211,171)	\$0	\$4,140	(\$12,926)	(\$42,260)	(\$129,241)		(\$271,908)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$301,786			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$317,889	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,484,246	\$5,552,679	\$0	\$923,290	\$1,567,476	(\$42,260)	\$1,730,265	\$301,786	\$2,133,121	\$317,889	
8	Total Nursing Facility Days	As Filed Days = 45,074 FY20 Audited C/R Days	45,074										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,074 FY20 GL-PL Ins Rpt Days								45,074			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$276.97	\$123.19	\$0.00	\$20.48	\$33.84	(with L&H)	\$38.39	\$6.70	\$47.32	\$7.05	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6540									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.48									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.48	\$0.00	\$20.48	\$33.84		\$38.39	\$6.70	\$47.32	\$7.05	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.84	\$74.48	\$0.00	\$20.48	\$27.62		\$30.83	\$6.70	28.68 (FRV)	\$7.05	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.84	\$74.48	\$0.00	\$20.48	\$27.62	\$0.00	\$30.83	\$6.70	\$28.68	\$7.05	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5309									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.02									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.38	\$114.02	\$0.00	\$20.48	\$27.62	\$0.00	\$30.83	\$6.70	\$28.68	\$7.05	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.70	\$5.70									
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	\$23.55	\$6.23	\$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	\$258.93	\$120.25	\$0.00	\$20.70	\$27.62	\$0.00	\$47.93	\$6.70	\$28.68	\$7.05	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.37										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: EAST LAKE ARBOR Prvdr ID: 00140137A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Growth Allowance: N/A Qtrly BIMS score: 29.33% Nurse Hours per On-Site Day/Quality Incentive: 3.11			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 1.0% Add-on Percent: 3.0%			Base Period Overall CMI: 1.7779 Quarterly Medicaid CMI: 1.9150 Qtrly Mcaid CMI w RUG Wght Options: 1.9530			1.7779	1.5126	1.9150	1.5215	1.9530	1.5482
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,592,400	\$2,949,897	\$0	\$507,289	\$492,348	\$0	\$1,296,302		\$346,564	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$178,170)	\$0	\$0	\$0	\$1,507	\$1,384	(\$163,318)		(\$17,743)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$157,354																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$17,847															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,589,431	\$2,949,897	\$0	\$507,289	\$493,855	\$1,384	\$1,132,984	\$157,354	\$328,821	\$17,847															
8	Total Nursing Facility Days	As Filed Days = 31,882 FY20 Audited C/R Days	31,882																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,882 FY20 GL-PL Ins Rpt Days								31,882																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$175.32	\$92.53	\$0.00	\$15.91	\$15.53	(with L&H)	\$35.54	\$4.94	\$10.31	\$0.56															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7779																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.05																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.05	\$0.00	\$15.91	\$15.53		\$35.54	\$4.94	\$10.31	\$0.56															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.98	\$52.05	\$0.00	\$15.91	\$15.53		\$30.83	\$4.94	10.16 (FRV)	\$0.56															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.98	\$52.05	\$0.00	\$15.91	\$15.53	\$0.00	\$30.83	\$4.94	\$10.16	\$0.56															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9530																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.65																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.58	\$101.65	\$0.00	\$15.91	\$15.53	\$0.00	\$30.83	\$4.94	\$10.16	\$0.56															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.33	\$4.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.91	\$106.25	\$0.00	\$16.13	\$15.94	\$0.00	\$47.93	\$4.94	\$10.16	\$0.56															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.61																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: AUTUMN BREEZE HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140159A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5298	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	38.46%	2.5%	Quarterly Medicaid CMI:			1.5612	1.5215
							2.62	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5920	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,482,467	\$2,594,715	\$0	\$487,382	\$593,160	\$0	\$864,124		\$943,086	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$132,053)	\$0	\$0	\$0	\$0	\$0	(\$87,394)		(\$44,659)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$87,394			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$44,659	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,482,467	\$2,594,715	\$0	\$487,382	\$593,160	\$0	\$776,730	\$87,394	\$898,427	\$44,659	
8	Total Nursing Facility Days	As Filed Days = 30,465 FY20 Audited C/R Days	30,465										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,465 FY20 GL-PL Ins Rpt Days								30,465			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.97	\$85.17	\$0.00	\$16.00	\$19.47	(with L&H)	\$25.50	\$2.87	\$29.49	\$1.47	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5298									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.67									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.67	\$0.00	\$16.00	\$19.47		\$25.50	\$2.87	\$29.49	\$1.47	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.79	\$55.67	\$0.00	\$16.00	\$19.47		\$25.50	\$2.87	9.81 (FRV)	\$1.47	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.79	\$55.67	\$0.00	\$16.00	\$19.47	\$0.00	\$25.50	\$2.87	\$9.81	\$1.47	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5920									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.63									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.75	\$88.63	\$0.00	\$16.00	\$19.47	\$0.00	\$25.50	\$2.87	\$9.81	\$1.47	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.22	\$2.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.51	\$5.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.26	\$94.04	\$0.00	\$16.22	\$19.88	\$0.00	\$42.97	\$2.87	\$9.81	\$1.47	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.62										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: THE OAKS - CARROLLTON SKILLED NURSING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140181A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6135	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:			1.4760	1.5215
							3.56	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4995	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,146,632	\$1,579,317	\$0	\$229,395	\$366,794	\$0	\$570,032		\$401,094	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$171,067)	(\$55,310)	\$0	\$2,383	\$158	(\$9,657)	(\$49,819)		(\$58,822)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$85,620			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$79,536	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,140,721	\$1,524,007	\$0	\$231,778	\$366,952	(\$9,657)	\$520,213	\$85,620	\$342,272	\$79,536	
8	Total Nursing Facility Days	As Filed Days = 14,479											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,479											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.55	\$107.99	\$0.00	\$16.42	\$25.32	(with L&H)	\$36.86	\$6.07	\$24.25	\$5.64	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6135									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.93									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.93	\$0.00	\$16.42	\$25.32		\$36.86	\$6.07	\$24.25	\$5.64	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.76	\$66.93	\$0.00	\$16.42	\$25.32		\$30.83	\$6.07	20.55 (FRV)	\$5.64	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.76	\$66.93	\$0.00	\$16.42	\$25.32	\$0.00	\$30.83	\$6.07	\$20.55	\$5.64	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4995									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.36									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.19	\$100.36	\$0.00	\$16.42	\$25.32	\$0.00	\$30.83	\$6.07	\$20.55	\$5.64	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.02	\$5.02									
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	\$25.79	\$8.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.98	\$108.42	\$0.00	\$16.64	\$25.73	\$0.00	\$47.93	\$6.07	\$20.55	\$5.64	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.41										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: BAPTIST VILLAGE, INC. Prvdr ID: 00140203A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
			Growth Allowance: N/A Qtrly BIMS score: 31.91% Nurse Hours per On-Site Day/Quality Incentive: 4.47				Add-on Percent: 0.00% 2.5% 3.0%				Base Period Overall CMI: 1.3719 Quarterly Medicaid CMI: 1.4098 Qtrly Mcaid CMI w RUG Wght Options: 1.4357		1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$18,962,182	\$10,028,698	\$0	\$2,458,540	\$2,280,897	\$0	\$3,500,776		\$693,271	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$195,524)	\$0	\$0	\$0	\$0	\$0	(\$135,205)		(\$60,319)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$141,441					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$60,319			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$18,968,418	\$10,028,698	\$0	\$2,458,540	\$2,280,897	\$0	\$3,365,571	\$141,441	\$632,952	\$60,319			
8	Total Nursing Facility Days	As Filed Days = 80,225 FY20 Audited C/R Days	80,225												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 80,225 FY20 GL-PL Ins Rpt Days								80,225					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$236.44	\$125.01	\$0.00	\$30.65	\$28.43	(with L&H)	\$41.95	\$1.76	\$7.89	\$0.75			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3719											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.12	\$0.00	\$30.65	\$28.43		\$41.95	\$1.76	\$7.89	\$0.75			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.12	\$0.00	\$30.65	\$28.43		\$41.95	\$1.76	\$7.89	\$0.75			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.57	\$88.52	\$0.00	\$24.48	\$27.62		\$30.83	\$1.76	18.61 (FRV)	\$0.75			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.57	\$88.52	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.76	\$18.61	\$0.75			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4357											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.09											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.14	\$127.09	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.76	\$18.61	\$0.75			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.18	\$3.18											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.81	\$3.81											
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	\$6.99	\$6.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.13	\$134.08	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.76	\$18.61	\$0.75			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.60												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: THE OAKS - BETHANY SKILLED NURSING Prvdr ID: 00140258A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5256	1.5126
							35.56%	2.5%					1.5757	1.5215
							3.16	5.0%					1.6055	1.5482
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,109,390	\$5,063,607	\$0	\$891,524	\$1,119,583	\$0	\$1,441,788		\$592,888	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$490,041)	(\$46,897)	\$0	\$0	(\$5,078)	(\$5,281)	(\$315,245)		(\$117,540)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$343,323				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$120,242		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,082,914	\$5,016,710	\$0	\$891,524	\$1,114,505	(\$5,281)	\$1,126,543	\$343,323	\$475,348	\$120,242		
8	Total Nursing Facility Days	As Filed Days = 52,619 FY20 Audited C/R Days	52,619											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,619 FY20 GL-PL Ins Rpt Days								52,619				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$172.61	\$95.34	\$0.00	\$16.94	\$21.08	(with L&H)	\$21.41	\$6.52	\$9.03	\$2.29		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5256										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.49										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.49	\$0.00	\$16.94	\$21.08		\$21.41	\$6.52	\$9.03	\$2.29		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.40	\$62.49	\$0.00	\$16.94	\$21.08		\$21.41	\$6.52	13.67 (FRV)	\$2.29		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.40	\$62.49	\$0.00	\$16.94	\$21.08	\$0.00	\$21.41	\$6.52	\$13.67	\$2.29		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6055										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.33										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.24	\$100.33	\$0.00	\$16.94	\$21.08	\$0.00	\$21.41	\$6.52	\$13.67	\$2.29		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.02	\$5.02										
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	\$26.16	\$8.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.40	\$108.39	\$0.00	\$17.16	\$21.49	\$0.00	\$38.88	\$6.52	\$13.67	\$2.29		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.48											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - BETHANY Prvdr ID: 00140269A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A Qtrly BIMS score: 37.33% Nurse Hours per On-Site Day/Quality Incentive: 2.75				0.00%	2.5%	Base Period Overall CMI: 1.6508 Quarterly Medicaid CMI: 1.4966 Qtrly Mcaid CMI w RUG Wght Options: 1.5216			1.6508	1.5126
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,537,678	\$3,144,223	\$0	\$471,738	\$605,462	\$0	\$934,812		\$381,443	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$267,880)	(\$46,977)	\$0	\$0	\$0	\$0	(\$180,784)		(\$40,119)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$208,441		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$41,910
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,520,149	\$3,097,246	\$0	\$471,738	\$605,462	\$0	\$754,028	\$208,441	\$341,324	\$41,910
8	Total Nursing Facility Days	As Filed Days = 29,767 FY20 Audited C/R Days	29,767									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,767 FY20 GL-PL Ins Rpt Days								29,767		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$185.45	\$104.05	\$0.00	\$15.85	\$20.34	(with L&H)	\$25.33	\$7.00	\$11.47	\$1.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6508								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.03	\$0.00	\$15.85	\$20.34		\$25.33	\$7.00	\$11.47	\$1.41
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.90	\$63.03	\$0.00	\$15.85	\$20.34		\$25.33	\$7.00	13.94 (FRV)	\$1.41
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.90	\$63.03	\$0.00	\$15.85	\$20.34	\$0.00	\$25.33	\$7.00	\$13.94	\$1.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5216								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.78	\$95.91	\$0.00	\$15.85	\$20.34	\$0.00	\$25.33	\$7.00	\$13.94	\$1.41
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.75	\$5.75								
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	\$26.78	\$8.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.56	\$104.59	\$0.00	\$16.07	\$20.75	\$0.00	\$42.80	\$7.00	\$13.94	\$1.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.10									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide										
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
Provider: CUMMING HEALTH & REHAB Prvdr ID: 00140302A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6735	1.5126	Qtrly BIMS score	47.62%	5.5%	Quarterly Medicaid CMI:	1.5187	1.5215	Nurse Hours per On-Site Day/Quality Incentive:	3.62	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5470	1.5482
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																					
Peer Group Standards & Efficiency Measure Limits																														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																					
Base Period Per Diem Allowed Amounts																														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,639,995	\$4,003,719	\$0	\$707,905	\$814,853	\$0	\$911,301		\$202,217	\$0																		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$337,631)	\$0	\$0	\$0	(\$185,012)	\$48,538	(\$165,752)		(\$35,405)																			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$143,937																				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R																	\$36,584											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,482,885	\$4,003,719	\$0	\$707,905	\$629,841	\$48,538	\$745,549	\$143,937	\$166,812	\$36,584																		
8	Total Nursing Facility Days	As Filed Days = 25,917 FY20 Audited C/R Days	25,917																											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,917 FY20 GL-PL Ins Rpt Days								25,917																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$250.14	\$154.48	\$0.00	\$27.31	\$26.18	(with L&H)	\$28.77	\$5.55	\$6.44	\$1.41																		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6735																										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.31																										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$92.31	\$0.00	\$27.31	\$26.18		\$28.77	\$5.55	\$6.44	\$1.41																		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.26	\$88.52	\$0.00	\$24.48	\$26.18		\$28.77	\$5.55	11.35 (FRV)	\$1.41																		
Quarterly Per Diem Rate Prior to Add-ons																														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A																		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.26	\$88.52	\$0.00	\$24.48	\$26.18	\$0.00	\$28.77	\$5.55	\$11.35	\$1.41																		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5470																										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.94																										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.68	\$136.94	\$0.00	\$24.48	\$26.18	\$0.00	\$28.77	\$5.55	\$11.35	\$1.41																		
Quarterly Per Diem Add-on Amounts																														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00																			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.53	\$7.53																										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.11	\$4.11																										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.52	\$11.64	\$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	\$264.20	\$148.58	\$0.00	\$24.48	\$26.59	\$0.00	\$46.24	\$5.55	\$11.35	\$1.41																		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.33																											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: RIVERSIDE HEALTH CARE CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140324A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.3694	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	36.51%	Quarterly Medicaid CMI:				1.5504	1.5215	
					2.93	Qtrly Mcaid CMI w RUG Wght Options:				1.5760	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,505,472	\$5,095,950	\$0	\$733,904	\$968,240	\$0	\$1,551,889		\$2,155,489	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$383,865)	\$0	\$0	\$0	\$0	\$0	(\$313,476)		(\$70,389)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$304,356		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$70,389
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,496,352	\$5,095,950	\$0	\$733,904	\$968,240	\$0	\$1,238,413	\$304,356	\$2,085,100	\$70,389
8	Total Nursing Facility Days As Filed Days = 52,796	FY20 Audited C/R Days	52,796									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,796	FY20 GL-PL Ins Rpt Days								52,796		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.80	\$96.52	\$0.00	\$13.90	\$18.34	(with L&H)	\$23.46	\$5.76	\$39.49	\$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3694								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.49	\$0.00	\$13.90	\$18.34		\$23.46	\$5.76	\$39.49	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.35	\$70.49	\$0.00	\$13.90	\$18.34		\$23.46	\$5.76	9.07 (FRV)	\$1.33
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.35	\$70.49	\$0.00	\$13.90	\$18.34	\$0.00	\$23.46	\$5.76	\$9.07	\$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5760								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.95	\$111.09	\$0.00	\$13.90	\$18.34	\$0.00	\$23.46	\$5.76	\$9.07	\$1.33
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.74	\$6.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.69	\$117.73	\$0.00	\$14.12	\$18.75	\$0.00	\$40.93	\$5.76	\$9.07	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.94									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: RIVERSIDE HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140346A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4317	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	17.24%	0.0%	Quarterly Medicaid CMI:			1.3773	1.5215
							2.86	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4001	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,581,873	\$2,428,447	\$0	\$537,588	\$599,231	\$0	\$876,978		\$139,629	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$79,781)	\$0	\$0	\$0	\$0	(\$4,600)	(\$65,022)		(\$10,159)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$38,610			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$10,159	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,550,861	\$2,428,447	\$0	\$537,588	\$599,231	(\$4,600)	\$811,956	\$38,610	\$129,470	\$10,159	
8	Total Nursing Facility Days	As Filed Days = 25,249 FY20 Audited C/R Days	25,249										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,249 FY20 GL-PL Ins Rpt Days								25,249			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$180.24	\$96.18	\$0.00	\$21.29	\$23.55	(with L&H)	\$32.16	\$1.53	\$5.13	\$0.40	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4317									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.18									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.18	\$0.00	\$21.29	\$23.55		\$32.16	\$1.53	\$5.13	\$0.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.16	\$67.18	\$0.00	\$21.29	\$23.55		\$30.83	\$1.53	10.38 (FRV)	\$0.40	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.16	\$67.18	\$0.00	\$21.29	\$23.55	\$0.00	\$30.83	\$1.53	\$10.38	\$0.40	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4001									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.06									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.04	\$94.06	\$0.00	\$21.29	\$23.55	\$0.00	\$30.83	\$1.53	\$10.38	\$0.40	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.64	\$5.64									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.90	\$6.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.94	\$100.23	\$0.00	\$21.51	\$23.96	\$0.00	\$47.93	\$1.53	\$10.38	\$0.40	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.63										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: BONTERRA TRANSITIONAL CARE & REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140357A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3779	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.25%	1.0%	Quarterly Medicaid CMI:			1.5942	1.5215
							2.51	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6233	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,129,366	\$3,370,657	\$0	\$616,194	\$620,457	\$0	\$1,345,981		\$1,176,077	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$289,578)	(\$21,831)	\$0	(\$543)	\$20,398	(\$1,426)	(\$234,790)		(\$51,386)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$225,874			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$53,384	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,119,046	\$3,348,826	\$0	\$615,651	\$640,855	(\$1,426)	\$1,111,191	\$225,874	\$1,124,691	\$53,384	
8	Total Nursing Facility Days As Filed Days = 37,606	FY20 Audited C/R Days	37,606										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,606	FY20 GL-PL Ins Rpt Days								37,606			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.31	\$89.05	\$0.00	\$16.37	\$17.00	(with L&H)	\$29.55	\$6.01	\$29.91	\$1.42	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3779									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.63									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.63	\$0.00	\$16.37	\$17.00		\$29.55	\$6.01	\$29.91	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.03	\$64.63	\$0.00	\$16.37	\$17.00		\$29.55	\$6.01	10.05 (FRV)	\$1.42	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.03	\$64.63	\$0.00	\$16.37	\$17.00	\$0.00	\$29.55	\$6.01	\$10.05	\$1.42	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6233									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.31	\$104.91	\$0.00	\$16.37	\$17.00	\$0.00	\$29.55	\$6.01	\$10.05	\$1.42	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	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 Srvc)	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	\$22.83	\$4.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.14	\$109.64	\$0.00	\$16.59	\$17.41	\$0.00	\$47.02	\$6.01	\$10.05	\$1.42	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.28										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: ANDERSON MILL HEALTH AND REHABILITATION CENTER														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.7329	1.5126
Prvdr ID: 00140379A														Qtrly BIMS score	22.89%	1.0%	Quarterly Medicaid CMI:	1.6697	1.5215
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.08	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6996	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes										
Peer Group Standards & Efficiency Measure Limits																			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,038,260	\$5,534,918	\$0	\$742,271	\$722,101	\$0	\$1,467,294		\$1,571,676	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$502,287)	(\$584,129)	\$0	\$0	(\$3,330)	(\$3,069)	\$158,700		(\$70,459)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$402,204									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R																	\$69,835
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,008,012	\$4,950,789	\$0	\$742,271	\$718,771	(\$3,069)	\$1,625,994	\$402,204	\$1,501,217	\$69,835							
8	Total Nursing Facility Days	As Filed Days = 47,433 FY20 Audited C/R Days	47,433																
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 47,433 FY20 GL-PL Ins Rpt Days									47,433								
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.99	\$104.37	\$0.00	\$15.65	\$15.09	(with L&H)	\$34.28	\$8.48	\$31.65	\$1.47							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7329															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.23															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.23	\$0.00	\$15.65	\$15.09		\$34.28	\$8.48	\$31.65	\$1.47							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.11	\$60.23	\$0.00	\$15.65	\$15.09		\$30.83	\$8.48	9.36 (FRV)	\$1.47							
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.11	\$60.23	\$0.00	\$15.65	\$15.09	\$0.00	\$30.83	\$8.48	\$9.36	\$1.47							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6996															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.37															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.25	\$102.37	\$0.00	\$15.65	\$15.09	\$0.00	\$30.83	\$8.48	\$9.36	\$1.47							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00							
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.35	\$4.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.60	\$106.99	\$0.00	\$15.87	\$15.50	\$0.00	\$47.93	\$8.48	\$9.36	\$1.47							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.38																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - VIRGINIA PARK Prvdr ID: 00140401A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.5927	1.5126
							30.43%	2.5%					1.4122	1.5215
							3.27	4.0%					1.4360	1.5482
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,308,416	\$4,750,078	\$0	\$640,008	\$896,208	\$0	\$1,358,668		\$663,454	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$349,433)	(\$69,905)	\$0	\$0	\$11,741	\$18,788	(\$244,472)		(\$65,585)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$260,780				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$69,964		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,289,727	\$4,680,173	\$0	\$640,008	\$907,949	\$18,788	\$1,114,196	\$260,780	\$597,869	\$69,964		
8	Total Nursing Facility Days	As Filed Days = 39,423 FY20 Audited C/R Days	39,423											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,423 FY20 GL-PL Ins Rpt Days								39,423				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.27	\$118.72	\$0.00	\$16.23	\$23.51	(with L&H)	\$28.26	\$6.61	\$15.17	\$1.77		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5927										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.54										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.54	\$0.00	\$16.23	\$23.51		\$28.26	\$6.61	\$15.17	\$1.77		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.24	\$74.54	\$0.00	\$16.23	\$23.51		\$28.26	\$6.61	11.32 (FRV)	\$1.77		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.24	\$74.54	\$0.00	\$16.23	\$23.51	\$0.00	\$28.26	\$6.61	\$11.32	\$1.77		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4360										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.04										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.74	\$107.04	\$0.00	\$16.23	\$23.51	\$0.00	\$28.26	\$6.61	\$11.32	\$1.77		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.28	\$4.28										
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	\$25.59	\$7.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.33	\$114.53	\$0.00	\$16.45	\$23.92	\$0.00	\$45.73	\$6.61	\$11.32	\$1.77		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.42											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: BRIGHTMOOR NURSING CENTER, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140412A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5710	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.86%	2.5%	Quarterly Medicaid CMI:			1.4654	1.5215
							2.82	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4913	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,071,688	\$5,141,294	\$0	\$1,078,865	\$1,615,294	\$0	\$1,266,182		\$970,053	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$256,220)	(\$10,027)	\$0	\$995	\$45,916	\$41,433	(\$197,153)		(\$137,384)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$183,002			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$141,901	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,140,371	\$5,131,267	\$0	\$1,079,860	\$1,661,210	\$41,433	\$1,069,029	\$183,002	\$832,669	\$141,901	
8	Total Nursing Facility Days	As Filed Days = 43,189 FY20 Audited C/R Days	43,189										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,189 FY20 GL-PL Ins Rpt Days								43,189			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.79	\$118.81	\$0.00	\$25.00	\$39.42	(with L&H)	\$24.75	\$4.24	\$19.28	\$3.29	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5710									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.63									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.63	\$0.00	\$25.00	\$39.42		\$24.75	\$4.24	\$19.28	\$3.29	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.46	\$75.63	\$0.00	\$24.48	\$27.62		\$24.75	\$4.24	18.45 (FRV)	\$3.29	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.46	\$75.63	\$0.00	\$24.48	\$27.62	\$0.00	\$24.75	\$4.24	\$18.45	\$3.29	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4913									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.79									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.62	\$112.79	\$0.00	\$24.48	\$27.62	\$0.00	\$24.75	\$4.24	\$18.45	\$3.29	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.20	\$6.73	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.82	\$119.52	\$0.00	\$24.48	\$27.62	\$0.00	\$42.22	\$4.24	\$18.45	\$3.29	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.04										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: BROWN'S HEALTH & REHAB CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140434A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.5869	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	24.53%	Quarterly Medicaid CMI:				1.5105	1.5215	
					2.75	Qtrly Mcaid CMI w RUG Wght Options:				1.5383	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,175,255	\$1,529,817	\$0	\$319,091	\$341,665	\$0	\$636,237		\$348,445	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$69,836)	\$0	\$0	\$0	(\$935)	(\$824)	(\$45,924)		(\$22,153)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$34,009		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$22,038
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,161,466	\$1,529,817	\$0	\$319,091	\$340,730	(\$824)	\$590,313	\$34,009	\$326,292	\$22,038
8	Total Nursing Facility Days As Filed Days = 21,240	FY20 Audited C/R Days	21,240									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,240	FY20 GL-PL Ins Rpt Days								21,240		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$148.84	\$72.03	\$0.00	\$15.02	\$16.00	(with L&H)	\$27.79	\$1.60	\$15.36	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5869								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$45.39	\$0.00	\$15.02	\$16.00		\$27.79	\$1.60	\$15.36	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.00	\$45.39	\$0.00	\$15.02	\$16.00		\$27.79	\$1.60	12.16 (FRV)	\$1.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.00	\$45.39	\$0.00	\$15.02	\$16.00	\$0.00	\$27.79	\$1.60	\$12.16	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5383								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.43	\$69.82	\$0.00	\$15.02	\$16.00	\$0.00	\$27.79	\$1.60	\$12.16	\$1.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.70	\$0.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.40	\$1.40								
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	\$20.73	\$2.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.16	\$72.45	\$0.00	\$15.24	\$16.41	\$0.00	\$45.26	\$1.60	\$12.16	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.30									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: PRUITTHEALTH - LANIER Prvdr ID: 00140456A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Growth Allowance: N/A Qtrly BIMS score: 34.62% Nurse Hours per On-Site Day/Quality Incentive: 2.50			Facility Score: N/A Add-on Percent: 0.00% 2.5% 5.0%			Base Period Overall CMI: 1.5781 Quarterly Medicaid CMI: 1.6574 Qtrly Mcaid CMI w RUG Wght Options: 1.6867			1.5781	1.5126	1.6574	1.5215	1.6867	1.5482
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,102,767	\$3,258,281	\$0	\$544,739	\$691,332	\$0	\$1,143,639		\$464,776	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$309,470)	(\$27,410)	\$0	\$0	(\$2,433)	(\$4,136)	(\$227,880)		(\$47,611)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$237,427																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$48,156															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,078,880	\$3,230,871	\$0	\$544,739	\$688,899	(\$4,136)	\$915,759	\$237,427	\$417,165	\$48,156															
8	Total Nursing Facility Days As Filed Days = 30,960	FY20 Audited C/R Days	30,960																								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,960	FY20 GL-PL Ins Rpt Days								30,960																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.35	\$104.36	\$0.00	\$17.59	\$22.12	(with L&H)	\$29.58	\$7.67	\$13.47	\$1.56															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5781																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.13																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.13	\$0.00	\$17.59	\$22.12		\$29.58	\$7.67	\$13.47	\$1.56															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.65	\$66.13	\$0.00	\$17.59	\$22.12		\$29.58	\$7.67	8.00 (FRV)	\$1.56															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.65	\$66.13	\$0.00	\$17.59	\$22.12	\$0.00	\$29.58	\$7.67	\$8.00	\$1.56															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6867																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.54																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.06	\$111.54	\$0.00	\$17.59	\$22.12	\$0.00	\$29.58	\$7.67	\$8.00	\$1.56															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.58	\$5.58																							
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	\$27.00	\$8.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.06	\$120.44	\$0.00	\$17.81	\$22.53	\$0.00	\$47.05	\$7.67	\$8.00	\$1.56															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.97																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,853,727	\$2,519,517	\$0	\$677,281	\$480,485	\$0	\$791,174		\$385,270	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$58,240)	\$0	\$0	\$0	\$657	\$733	(\$40,888)		(\$18,742)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$40,888		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$18,796
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,855,171	\$2,519,517	\$0	\$677,281	\$481,142	\$733	\$750,286	\$40,888	\$366,528	\$18,796
8	Total Nursing Facility Days	As Filed Days = 24,789 FY20 Audited C/R Days	24,789									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,789 FY20 GL-PL Ins Rpt Days								24,789		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.87	\$101.64	\$0.00	\$27.32	\$19.44	(with L&H)	\$30.27	\$1.65	\$14.79	\$0.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4950								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.99	\$0.00	\$27.32	\$19.44		\$30.27	\$1.65	\$14.79	\$0.76
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.26	\$67.99	\$0.00	\$24.48	\$19.44		\$30.27	\$1.65	28.67 (FRV)	\$0.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.26	\$67.99	\$0.00	\$24.48	\$19.44	\$0.00	\$30.27	\$1.65	\$28.67	\$0.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7718								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.73	\$120.46	\$0.00	\$24.48	\$19.44	\$0.00	\$30.27	\$1.65	\$28.67	\$0.76
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$24.43	\$6.55	\$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	\$250.16	\$127.01	\$0.00	\$24.48	\$19.85	\$0.00	\$47.74	\$1.65	\$28.67	\$0.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.80									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: CALHOUN NURSING HOME Prvdr ID: 00140478A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A		Facility Score: 43.64%	Add-on Percent: 0.00%	Base Period Overall CMI: 1.7573				Facility Specific: 1.7573	State-wide: 1.5126		
		Qtrly BIMS score: 3.87		Facility Score: 43.64%	Add-on Percent: 2.5%	Quarterly Medicaid CMI: 1.8167				Facility Specific: 1.8167	State-wide: 1.5215		
		Nurse Hours per On-Site Day/Quality Incentive: 3.87		Facility Score: 3.87	Add-on Percent: 4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8530				Facility Specific: 1.8530	State-wide: 1.5482		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,349,776	\$2,836,973	\$0	\$375,910	\$418,932	\$0	\$513,906		\$204,055	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$145,722)	(\$19,457)	\$0	\$0	\$0	\$0	(\$108,913)		(\$17,352)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$105,043			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$17,352	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,326,449	\$2,817,516	\$0	\$375,910	\$418,932	\$0	\$404,993	\$105,043	\$186,703	\$17,352	
8	Total Nursing Facility Days	As Filed Days = 21,086 FY20 Audited C/R Days	21,086										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,086 FY20 GL-PL Ins Rpt Days								21,086			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$205.18	\$133.62	\$0.00	\$17.83	\$19.87	(with L&H)	\$19.21	\$4.98	\$8.85	\$0.82	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7573									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.04									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.04	\$0.00	\$17.83	\$19.87		\$19.21	\$4.98	\$8.85	\$0.82	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.91	\$76.04	\$0.00	\$17.83	\$19.87		\$19.21	\$4.98	13.16 (FRV)	\$0.82	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.91	\$76.04	\$0.00	\$17.83	\$19.87	\$0.00	\$19.21	\$4.98	\$13.16	\$0.82	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8530									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.90									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.77	\$140.90	\$0.00	\$17.83	\$19.87	\$0.00	\$19.21	\$4.98	\$13.16	\$0.82	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.52	\$3.52									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.64	\$5.64									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.79	\$9.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.56	\$150.59	\$0.00	\$18.05	\$20.28	\$0.00	\$36.68	\$4.98	\$13.16	\$0.82	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.60										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: CANTON CENTER FOR NURSING AND HEALING LLC Prvdr ID: 00140511A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4146	1.5126
							29.41%	1.0%					1.7776	1.5215
							4.50	2.0%					1.8108	1.5482
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,758,245	\$3,535,068	\$0	\$762,903	\$1,012,687	\$0	\$1,318,330		\$129,257	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$144,315)	\$0	\$0	\$0	\$0	\$0	(\$96,681)		(\$47,634)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$96,681				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$47,634		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,758,245	\$3,535,068	\$0	\$762,903	\$1,012,687	\$0	\$1,221,649	\$96,681	\$81,623	\$47,634		
8	Total Nursing Facility Days	As Filed Days = 29,380 FY20 Audited C/R Days	29,380											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,380 FY20 GL-PL Ins Rpt Days								29,380				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$230.03	\$120.32	\$0.00	\$25.97	\$34.47	(with L&H)	\$41.58	\$3.29	\$2.78	\$1.62		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4146										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.05										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.05	\$0.00	\$25.97	\$34.47		\$41.58	\$3.29	\$2.78	\$1.62		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.06	\$85.05	\$0.00	\$24.48	\$27.62		\$30.83	\$3.29	12.17 (FRV)	\$1.62		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.06	\$85.05	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.29	\$12.17	\$1.62		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8108										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.01										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.02	\$154.01	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.29	\$12.17	\$1.62		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$22.25	\$5.15	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$276.27	\$159.16	\$0.00	\$24.48	\$27.62	\$0.00	\$47.93	\$3.29	\$12.17	\$1.62		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.38											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance			Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i			
Provider: UNIVERSITY NURSING & REHAB CTR Prvdr ID: 00140533A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
			Growth Allowance: N/A Qtrly BIMS score: 19.18% Nurse Hours per On-Site Day/Quality Incentive: 2.72				Add-on Percent: 0.00% 0.0% 2.0%				Base Period Overall CMI: 1.5039 Quarterly Medicaid CMI: 1.5913 Qtrly Mcaid CMI w RUG Wght Options: 1.6200		1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,333,291	\$3,978,091	\$0	\$656,932	\$638,501	\$0	\$1,258,733		\$801,034	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$133,893)	\$0	\$0	\$0	\$0	\$0	(\$80,767)		(\$53,126)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$80,767					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$53,126			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,333,291	\$3,978,091	\$0	\$656,932	\$638,501	\$0	\$1,177,966	\$80,767	\$747,908	\$53,126			
8	Total Nursing Facility Days	As Filed Days = 35,914 FY20 Audited C/R Days	35,914												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,914 FY20 GL-PL Ins Rpt Days								35,914					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.19	\$110.77	\$0.00	\$18.29	\$17.78	(with L&H)	\$32.80	\$2.25	\$20.82	\$1.48			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5039											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.66											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.66	\$0.00	\$18.29	\$17.78		\$32.80	\$2.25	\$20.82	\$1.48			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.31	\$73.66	\$0.00	\$18.29	\$17.78		\$30.83	\$2.25	8.02 (FRV)	\$1.48			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.31	\$73.66	\$0.00	\$18.29	\$17.78	\$0.00	\$30.83	\$2.25	\$8.02	\$1.48			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6200											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.33											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.98	\$119.33	\$0.00	\$18.29	\$17.78	\$0.00	\$30.83	\$2.25	\$8.02	\$1.48			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$2.39	\$2.39											
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	\$20.65	\$2.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.63	\$122.25	\$0.00	\$18.51	\$18.19	\$0.00	\$47.93	\$2.25	\$8.02	\$1.48			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.15												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: THE COTTAGES AT ROCKMART		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140544A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6592	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	13.46%	0.0%	Quarterly Medicaid CMI:			1.5960	1.5215
							4.30	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6258	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,437,518	\$2,141,650	\$0	\$365,474	\$437,567	\$0	\$983,479		\$509,348	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$196,704)	\$0	\$0	\$0	\$1,487	\$1,826	(\$170,085)		(\$29,932)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$165,488			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$30,159	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,436,461	\$2,141,650	\$0	\$365,474	\$439,054	\$1,826	\$813,394	\$165,488	\$479,416	\$30,159	
8	Total Nursing Facility Days	As Filed Days = 21,895 FY20 Audited C/R Days	21,895										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,895 FY20 GL-PL Ins Rpt Days								21,895			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.63	\$97.81	\$0.00	\$16.69	\$20.14	(with L&H)	\$37.15	\$7.56	\$21.90	\$1.38	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6592									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.95									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.95	\$0.00	\$16.69	\$20.14		\$37.15	\$7.56	\$21.90	\$1.38	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.17	\$58.95	\$0.00	\$16.69	\$20.14		\$30.83	\$7.56	8.62 (FRV)	\$1.38	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.17	\$58.95	\$0.00	\$16.69	\$20.14	\$0.00	\$30.83	\$7.56	\$8.62	\$1.38	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6258									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.06	\$95.84	\$0.00	\$16.69	\$20.14	\$0.00	\$30.83	\$7.56	\$8.62	\$1.38	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.14	\$3.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.20	\$99.25	\$0.00	\$16.91	\$20.55	\$0.00	\$47.93	\$7.56	\$8.62	\$1.38	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.83										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: CALHOUN HEALTH CARE CENTER Prvdr ID: 00140577A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	26.83%	5.06	1.5628	1.6480	1.6809	1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,036,326	\$2,296,736	\$0	\$574,405	\$487,902	\$0	\$1,072,036		\$605,247	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$197,649)	\$0	\$0	\$0	\$1,132	\$988	(\$157,309)		(\$42,460)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$152,753												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$42,491										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,033,921	\$2,296,736	\$0	\$574,405	\$489,034	\$988	\$914,727	\$152,753	\$562,787	\$42,491										
8	Total Nursing Facility Days	As Filed Days = 28,127 FY20 Audited C/R Days	28,127																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,127 FY20 GL-PL Ins Rpt Days								28,127												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.97	\$81.66	\$0.00	\$20.42	\$17.42	(with L&H)	\$32.52	\$5.43	\$20.01	\$1.51										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5628																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.25																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.25	\$0.00	\$20.42	\$17.42		\$32.52	\$5.43	\$20.01	\$1.51										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.19	\$52.25	\$0.00	\$20.42	\$17.42		\$30.83	\$5.43	9.33 <i>(FRV)</i>	\$1.51										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.19	\$52.25	\$0.00	\$20.42	\$17.42	\$0.00	\$30.83	\$5.43	\$9.33	\$1.51										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6809																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.83																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.77	\$87.83	\$0.00	\$20.42	\$17.42	\$0.00	\$30.83	\$5.43	\$9.33	\$1.51										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.76	\$1.76																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.90	\$3.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.67	\$91.00	\$0.00	\$20.64	\$17.83	\$0.00	\$47.93	\$5.43	\$9.33	\$1.51										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.43																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: CAMELLIA HEALTH & REHABILITATION														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5059	1.5126
Prvdr ID: 00140588A														Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:	1.5860	1.5215
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.53	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6151	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>										
Peer Group Standards & Efficiency Measure Limits																			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,047,128	\$2,215,985	\$0	\$473,847	\$445,883	\$0	\$704,919		\$206,494	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$76,492)	\$1,345	\$0	\$0	\$1,430	(\$845)	(\$55,131)		(\$23,291)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$48,918									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R											\$23,472						
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,043,026	\$2,217,330	\$0	\$473,847	\$447,313	(\$845)	\$649,788	\$48,918	\$183,203	\$23,472							
8	Total Nursing Facility Days	As Filed Days = 21,923		21,923															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,923								21,923									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.42	\$101.14	\$0.00	\$21.61	\$20.37	(with L&H)	\$29.64	\$2.23	\$8.36	\$1.07							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5059															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.16															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.16	\$0.00	\$21.61	\$20.37		\$29.64	\$2.23	\$8.36	\$1.07							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.99	\$67.16	\$0.00	\$21.61	\$20.37		\$29.64	\$2.23	9.91	\$1.07							
											(FRV)								
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.99	\$67.16	\$0.00	\$21.61	\$20.37	\$0.00	\$29.64	\$2.23	\$9.91	\$1.07							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6151															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.47															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.30	\$108.47	\$0.00	\$21.61	\$20.37	\$0.00	\$29.64	\$2.23	\$9.91	\$1.07							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvc)	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 Srvc)	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.89	\$114.96	\$0.00	\$21.83	\$20.78	\$0.00	\$47.11	\$2.23	\$9.91	\$1.07							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.59																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: FORT GAINES HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140599A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.7833		1.7833	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Qtrly BIMS score: 45.00%		Nurse Hours per On-Site Day/Quality Incentive: 3.44		45.00%	5.5%	Quarterly Medicaid CMI: 1.8345		1.8345	1.5215		
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8696		1.8696	1.5482		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,298,134	\$1,422,522	\$0	\$371,077	\$401,488	\$0	\$773,721		\$329,326	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$54,415)	(\$2,034)	\$0	\$0	\$1,188	\$36	(\$13,464)		(\$40,141)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$12,426			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$32,503	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,288,648	\$1,420,488	\$0	\$371,077	\$402,676	\$36	\$760,257	\$12,426	\$289,185	\$32,503	
8	Total Nursing Facility Days As Filed Days = 19,414	FY20 Audited C/R Days	19,414										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,414	FY20 GL-PL Ins Rpt Days								19,414			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.39	\$73.17	\$0.00	\$19.11	\$20.74	(with L&H)	\$39.16	\$0.64	\$14.90	\$1.67	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7833									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.03									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$41.03	\$0.00	\$19.11	\$20.74		\$39.16	\$0.64	\$14.90	\$1.67	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.57	\$41.03	\$0.00	\$19.11	\$20.74		\$30.83	\$0.64	22.55 (FRV)	\$1.67	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.57	\$41.03	\$0.00	\$19.11	\$20.74	\$0.00	\$30.83	\$0.64	\$22.55	\$1.67	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8696									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.25	\$76.71	\$0.00	\$19.11	\$20.74	\$0.00	\$30.83	\$0.64	\$22.55	\$1.67	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.22	\$4.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.55	\$7.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.80	\$84.53	\$0.00	\$19.33	\$21.15	\$0.00	\$47.93	\$0.64	\$22.55	\$1.67	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.53										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: HARBORVIEW HEALTH SYSTEMS THOMASTON		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140621A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.4869	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.39%	1.0%	Quarterly Medicaid CMI:				1.6492	1.5215
							2.18	1.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6796	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,255,998	\$3,178,452	\$0	\$547,731	\$530,509	\$0	\$1,106,334		\$892,972	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$140,105)	(\$64,750)	\$0	\$0	(\$4,121)	(\$14,007)	(\$11,770)		(\$45,457)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$76,520				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$46,425		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,238,838	\$3,113,702	\$0	\$547,731	\$526,388	(\$14,007)	\$1,094,564	\$76,520	\$847,515	\$46,425		
8	Total Nursing Facility Days	As Filed Days = 37,830												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,830								37,830				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$164.91	\$82.31	\$0.00	\$14.48	\$13.54	(with L&H)	\$28.93	\$2.02	\$22.40	\$1.23		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4869										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.36										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.36	\$0.00	\$14.48	\$13.54		\$28.93	\$2.02	\$22.40	\$1.23		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.42	\$55.36	\$0.00	\$14.48	\$13.54		\$28.93	\$2.02	8.86 (FRV)	\$1.23		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.42	\$55.36	\$0.00	\$14.48	\$13.54	\$0.00	\$28.93	\$2.02	\$8.86	\$1.23		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6796										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.98										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.04	\$92.98	\$0.00	\$14.48	\$13.54	\$0.00	\$28.93	\$2.02	\$8.86	\$1.23		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.93	\$0.93										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.49	\$2.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.53	\$95.37	\$0.00	\$14.70	\$13.95	\$0.00	\$46.40	\$2.02	\$8.86	\$1.23		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.07											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: BRIAN CENTER HEALTH & REHABILITATION CANTON Prvdr ID: 00140643A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 25.86% Nurse Hours per On-Site Day/Quality Incentive: 2.59				Base Period Overall CMI: 1.5933 Quarterly Medicaid CMI: 1.6415 Qtrly Mcaid CMI w RUG Wght Options: 1.6707				Facility Specific: 1.5933 State-wide: 1.5126 1.6415 1.5215 1.6707 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,835,277	\$3,921,379	\$0	\$494,292	\$587,685	\$0	\$1,161,821		\$670,100	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$267,384	\$0	\$0	\$0	\$644	\$1,047	\$119,125		\$146,568	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$98,044		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$60,711
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,261,416	\$3,921,379	\$0	\$494,292	\$588,329	\$1,047	\$1,280,946	\$98,044	\$816,668	\$60,711
8	Total Nursing Facility Days	As Filed Days = 33,133 FY20 Audited C/R Days	33,133									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,133 FY20 GL-PL Ins Rpt Days								33,133		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.16	\$118.35	\$0.00	\$14.92	\$17.79	(with L&H)	\$38.66	\$2.96	\$24.65	\$1.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5933								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.28	\$0.00	\$14.92	\$17.79		\$38.66	\$2.96	\$24.65	\$1.83
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.49	\$74.28	\$0.00	\$14.92	\$17.79		\$30.83	\$2.96	12.88 (FRV)	\$1.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.49	\$74.28	\$0.00	\$14.92	\$17.79	\$0.00	\$30.83	\$2.96	\$12.88	\$1.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6707								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.31	\$124.10	\$0.00	\$14.92	\$17.79	\$0.00	\$30.83	\$2.96	\$12.88	\$1.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$21.98	\$4.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.29	\$128.35	\$0.00	\$15.14	\$18.20	\$0.00	\$47.93	\$2.96	\$12.88	\$1.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.64									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: HEALTHCARE AT COLLEGE PARK, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140654A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4093	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.20%	2.5%	Quarterly Medicaid CMI:			1.3683	1.5215
							2.32	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3908	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,066,332	\$2,451,550	\$0	\$489,750	\$514,953	\$0	\$841,566		\$768,513	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$109,128)	(\$8,578)	\$0	\$0	\$0	\$0	(\$48,127)		(\$52,423)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$48,127			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$52,423	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,057,754	\$2,442,972	\$0	\$489,750	\$514,953	\$0	\$793,439	\$48,127	\$716,090	\$52,423	
8	Total Nursing Facility Days	As Filed Days = 28,678 FY20 Audited C/R Days	28,678										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,678 FY20 GL-PL Ins Rpt Days								28,678			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.38	\$85.19	\$0.00	\$17.08	\$17.96	(with L&H)	\$27.67	\$1.68	\$24.97	\$1.83	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4093									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.45									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.45	\$0.00	\$17.08	\$17.96		\$27.67	\$1.68	\$24.97	\$1.83	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.10	\$60.45	\$0.00	\$17.08	\$17.96		\$27.67	\$1.68	8.43 (FRV)	\$1.83	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.10	\$60.45	\$0.00	\$17.08	\$17.96	\$0.00	\$27.67	\$1.68	\$8.43	\$1.83	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3908									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.07									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.72	\$84.07	\$0.00	\$17.08	\$17.96	\$0.00	\$27.67	\$1.68	\$8.43	\$1.83	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.68	\$1.68									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.41	\$4.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.13	\$88.38	\$0.00	\$17.30	\$18.37	\$0.00	\$45.14	\$1.68	\$8.43	\$1.83	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.02										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,856,137	\$3,040,192	\$0	\$493,175	\$720,458	\$0	\$978,487		\$623,825	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$170,891)	\$0	\$0	\$0	\$0	\$0	(\$104,159)		(\$66,732)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$77,704		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$66,732
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,829,682	\$3,040,192	\$0	\$493,175	\$720,458	\$0	\$874,328	\$77,704	\$557,093	\$66,732
8	Total Nursing Facility Days	FY20 Audited C/R Days	41,024									
	As Filed Days = 41,024											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								41,024		
	As Filed Days = 41,024											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$142.10	\$74.11	\$0.00	\$12.02	\$17.56	(with L&H)	\$21.31	\$1.89	\$13.58	\$1.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3576								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.59	\$0.00	\$12.02	\$17.56		\$21.31	\$1.89	\$13.58	\$1.63
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.72	\$54.59	\$0.00	\$12.02	\$17.56		\$21.31	\$1.89	14.72 (FRV)	\$1.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.72	\$54.59	\$0.00	\$12.02	\$17.56	\$0.00	\$21.31	\$1.89	\$14.72	\$1.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3934								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.20	\$76.07	\$0.00	\$12.02	\$17.56	\$0.00	\$21.31	\$1.89	\$14.72	\$1.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.90	\$1.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.57	\$5.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.77	\$81.54	\$0.00	\$12.24	\$17.97	\$0.00	\$38.78	\$1.89	\$14.72	\$1.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.75									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - EASTSIDE Prvdr ID: 00140687A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A Qtrly BIMS score: 30.30% Nurse Hours per On-Site Day/Quality Incentive: 2.32				0.00%	2.5%	Base Period Overall CMI: 1.5078 Quarterly Medicaid CMI: 1.2792 Qtrly Mcaid CMI w RUG Wght Options: 1.2999				1.5078	1.5126
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,661,476	\$3,267,940	\$0	\$482,351	\$763,616	\$0	\$850,461		\$297,108	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$264,520)	(\$70,910)	\$0	\$6,780	\$12,138	(\$26,235)	(\$145,810)		(\$40,483)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$183,389			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$47,249	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,627,594	\$3,197,030	\$0	\$489,131	\$775,754	(\$26,235)	\$704,651	\$183,389	\$256,625	\$47,249	
8	Total Nursing Facility Days	As Filed Days = 30,870 FY20 Audited C/R Days		29,765									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,870 FY20 GL-PL Ins Rpt Days								29,765			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.06	\$107.41	\$0.00	\$16.43	\$25.18	(with L&H)	\$23.67	\$6.16	\$8.62	\$1.59	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5078									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.23									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.23	\$0.00	\$16.43	\$25.18		\$23.67	\$6.16	\$8.62	\$1.59	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.97	\$71.23	\$0.00	\$16.43	\$25.18		\$23.67	\$6.16	11.71 (FRV)	\$1.59	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.97	\$71.23	\$0.00	\$16.43	\$25.18	\$0.00	\$23.67	\$6.16	\$11.71	\$1.59	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2999									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.33	\$92.59	\$0.00	\$16.43	\$25.18	\$0.00	\$23.67	\$6.16	\$11.71	\$1.59	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$24.64	\$6.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.97	\$99.13	\$0.00	\$16.65	\$25.59	\$0.00	\$41.14	\$6.16	\$11.71	\$1.59	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.65										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: ROME HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140753A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.7082	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	29.82%	Quarterly Medicaid CMI:				1.7489	1.5215	
					2.87	Qtrly Mcaid CMI w RUG Wght Options:				1.7790	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,891,381	\$4,015,970	\$0	\$555,189	\$529,813	\$0	\$804,366		\$1,986,043	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$757,717)	(\$1,034,633)	\$0	(\$6,197)	(\$1,415)	\$56,447	\$281,868		(\$53,787)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$4,302		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$51,305
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,189,271	\$2,981,337	\$0	\$548,992	\$528,398	\$56,447	\$1,086,234	\$4,302	\$1,932,256	\$51,305
8	Total Nursing Facility Days As Filed Days = 29,123	FY20 Audited C/R Days	30,291									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,123	FY20 GL-PL Ins Rpt Days								30,291		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$237.33	\$98.42	\$0.00	\$18.12	\$19.31	(with L&H)	\$35.86	\$0.14	\$63.79	\$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7082								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.62	\$0.00	\$18.12	\$19.31		\$35.86	\$0.14	\$63.79	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.61	\$57.62	\$0.00	\$18.12	\$19.31		\$30.83	\$0.14	13.90 (FRV)	\$1.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.61	\$57.62	\$0.00	\$18.12	\$19.31	\$0.00	\$30.83	\$0.14	\$13.90	\$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7790								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.50	\$102.51	\$0.00	\$18.12	\$19.31	\$0.00	\$30.83	\$0.14	\$13.90	\$1.69
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.37	\$4.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.87	\$107.15	\$0.00	\$18.34	\$19.72	\$0.00	\$47.93	\$0.14	\$13.90	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.83									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
				a	b	c	d	e	f	g	g	h	i	
Provider: PRUITTHEALTH - CRESTWOOD, LLC Prvdr ID: 00140764A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 55.00% Nurse Hours per On-Site Day/Quality Incentive: 3.32			Facility Score Add-on Percent: 0.00% 5.5% 4.0%		Case Mix Index (CMI) Data Base Period Overall CMI: 1.4906 Quarterly Medicaid CMI: 1.4889 Qtrly Mcaid CMI w RUG Wght Options: 1.5167			Facility Specific 1.4906 1.4889 1.5167		State-wide 1.5126 1.5215 1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,357,667	\$2,406,031	\$0	\$407,421	\$524,747	\$0	\$747,867		\$271,601	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$194,044)	\$0	\$0	\$0	\$0	\$0	(\$162,281)		(\$31,763)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$161,291				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$31,763		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,356,677	\$2,406,031	\$0	\$407,421	\$524,747	\$0	\$585,586	\$161,291	\$239,838	\$31,763		
8	Total Nursing Facility Days	As Filed Days = 25,287 FY20 Audited C/R Days	25,287											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,287 FY20 GL-PL Ins Rpt Days								25,287				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$172.29	\$95.15	\$0.00	\$16.11	\$20.75	(with L&H)	\$23.16	\$6.38	\$9.48	\$1.26		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4906										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.83										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.83	\$0.00	\$16.11	\$20.75		\$23.16	\$6.38	\$9.48	\$1.26		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.23	\$63.83	\$0.00	\$16.11	\$20.75		\$23.16	\$6.38	9.74 (FRV)	\$1.26		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.23	\$63.83	\$0.00	\$16.11	\$20.75	\$0.00	\$23.16	\$6.38	\$9.74	\$1.26		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5167										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.81										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.21	\$96.81	\$0.00	\$16.11	\$20.75	\$0.00	\$23.16	\$6.38	\$9.74	\$1.26		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.32	\$5.32										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.87	\$3.87										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.82	\$9.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.03	\$106.53	\$0.00	\$16.33	\$21.16	\$0.00	\$40.63	\$6.38	\$9.74	\$1.26		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.70											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: GATEWAY HEALTH AND REHAB		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140786A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.5486				1.5486	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 27.27%	1.0%	Quarterly Medicaid CMI: 1.7562				1.7562	1.5215	
				2.88	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7907				1.7907	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,521,943	\$1,919,799	\$0	\$335,259	\$410,999	\$0	\$591,599		\$264,287	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$94,087)	\$0	\$0	\$0	(\$2,648)	(\$2,754)	(\$76,182)		(\$12,503)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$87,749		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$12,339
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,527,944	\$1,919,799	\$0	\$335,259	\$408,351	(\$2,754)	\$515,417	\$87,749	\$251,784	\$12,339
8	Total Nursing Facility Days	As Filed Days = 19,556 FY20 Audited C/R Days	19,556									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,556 FY20 GL-PL Ins Rpt Days								19,556		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$180.41	\$98.17	\$0.00	\$17.14	\$20.74	(with L&H)	\$26.36	\$4.49	\$12.88	\$0.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5486								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.39	\$0.00	\$17.14	\$20.74		\$26.36	\$4.49	\$12.88	\$0.63
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.07	\$63.39	\$0.00	\$17.14	\$20.74		\$26.36	\$4.49	7.32 (FRV)	\$0.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.07	\$63.39	\$0.00	\$17.14	\$20.74	\$0.00	\$26.36	\$4.49	\$7.32	\$0.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7907								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.19	\$113.51	\$0.00	\$17.14	\$20.74	\$0.00	\$26.36	\$4.49	\$7.32	\$0.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.41	\$3.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.18	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.37	\$118.59	\$0.00	\$17.36	\$21.15	\$0.00	\$43.83	\$4.49	\$7.32	\$0.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.20									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: DAWSON HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140808A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4412	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	46.94%	5.5%	Quarterly Medicaid CMI:			1.3668	1.5215
							3.52	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3888	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,795,850	\$2,605,092	\$0	\$521,157	\$504,066	\$0	\$795,442		\$370,093	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$69,659)	\$0	\$0	\$0	\$718	(\$3,424)	(\$45,657)		(\$21,296)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$39,260			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$21,350	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,786,801	\$2,605,092	\$0	\$521,157	\$504,784	(\$3,424)	\$749,785	\$39,260	\$348,797	\$21,350	
8	Total Nursing Facility Days	As Filed Days = 22,722 FY20 Audited C/R Days	22,722										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,722 FY20 GL-PL Ins Rpt Days								22,722			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.67	\$114.65	\$0.00	\$22.94	\$22.06	(with L&H)	\$33.00	\$1.73	\$15.35	\$0.94	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4412									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.55									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.55	\$0.00	\$22.94	\$22.06		\$33.00	\$1.73	\$15.35	\$0.94	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.25	\$79.55	\$0.00	\$22.94	\$22.06		\$30.83	\$1.73	10.20 (FRV)	\$0.94	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.25	\$79.55	\$0.00	\$22.94	\$22.06	\$0.00	\$30.83	\$1.73	\$10.20	\$0.94	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3888									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.48									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.18	\$110.48	\$0.00	\$22.94	\$22.06	\$0.00	\$30.83	\$1.73	\$10.20	\$0.94	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$6.08	\$6.08									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$26.55	\$8.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.73	\$119.30	\$0.00	\$23.16	\$22.47	\$0.00	\$47.93	\$1.73	\$10.20	\$0.94	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.47										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: CARROLLTON MANOR, INCORPORATED		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140852A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5253	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.66%	2.5%	Quarterly Medicaid CMI:				1.6540	1.5215
							3.79	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6831	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,609,657	\$3,340,238	\$0	\$696,088	\$624,754	\$0	\$717,456		\$231,121	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$251,199)	(\$43,431)	\$0	\$0	\$0	\$0	(\$169,062)		(\$38,706)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$149,400				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$38,706		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,546,564	\$3,296,807	\$0	\$696,088	\$624,754	\$0	\$548,394	\$149,400	\$192,415	\$38,706		
8	Total Nursing Facility Days	As Filed Days = 32,793 FY20 Audited C/R Days	32,793											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,793 FY20 GL-PL Ins Rpt Days								32,793				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.14	\$100.53	\$0.00	\$21.23	\$19.05	(with L&H)	\$16.72	\$4.56	\$5.87	\$1.18		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5253										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.91										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.91	\$0.00	\$21.23	\$19.05		\$16.72	\$4.56	\$5.87	\$1.18		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.88	\$65.91	\$0.00	\$21.23	\$19.05		\$16.72	\$4.56	11.23 (FRV)	\$1.18		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.88	\$65.91	\$0.00	\$21.23	\$19.05	\$0.00	\$16.72	\$4.56	\$11.23	\$1.18		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6831										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.93										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.90	\$110.93	\$0.00	\$21.23	\$19.05	\$0.00	\$16.72	\$4.56	\$11.23	\$1.18		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.73	\$6.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.63	\$117.56	\$0.00	\$21.45	\$19.46	\$0.00	\$34.19	\$4.56	\$11.23	\$1.18		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.40											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: EARLY MEMORIAL NURSING FACILITY Prvdr ID: 00140874A														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.1428	1.5126	
	Case Mix Per Diem Rate Effective Date:	10/1/2022												Qtrly BIMS score	15.29%	0.0%	Quarterly Medicaid CMI:	1.0976	1.5215	
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/22												Nurse Hours per On-Site Day/Quality Incentive:	3.58	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.1102	1.5482	
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
Peer Group Standards & Efficiency Measure Limits																				
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,247,948	\$3,011,830	\$0	\$998,983	\$121,201	\$10,827	\$595,836		\$509,271	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$48,863)	(\$9,720)	\$0	\$0	\$6,872	\$613	(\$57,042)		\$10,414									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$43,628										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$0								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,242,713	\$3,002,110	\$0	\$998,983	\$128,073	\$11,440	\$538,794	\$43,628	\$519,685	\$0								
8	Total Nursing Facility Days	As Filed Days = 34,812																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,812																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$150.57	\$86.22	\$0.00	\$28.69	\$4.01	(with L&H)	\$15.47	\$1.25	\$14.93	\$0.00								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.1428																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.45																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.45	\$0.00	\$28.69	\$4.01		\$15.47	\$1.25	\$14.93	\$0.00								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.32	\$75.45	\$0.00	\$28.69	\$4.01		\$15.47	\$1.25	10.45 (FRV)	\$0.00								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.32	\$75.45	\$0.00	\$28.69	\$4.01	\$0.00	\$15.47	\$1.25	\$10.45	\$0.00								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1102																
18	Qtrly Routine Srvc 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	\$143.63	\$83.76	\$0.00	\$28.69	\$4.01	\$0.00	\$15.47	\$1.25	\$10.45	\$0.00								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	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	\$20.73	\$3.04	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.36	\$86.80	\$0.00	\$28.91	\$4.01	\$0.00	\$32.94	\$1.25	\$10.45	\$0.00								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.45																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide					
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:
Provider: EASTVIEW NURSING CENTER Prvdr ID: 00140885A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	1.6478	1.6478	1.5126	45.45%	3.53	5.5%	3.0%	1.5549	1.5215	1.5818	1.5482
CASE MIX BASED RATE CALCULATIONS																									
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																
Base Period Per Diem Allowed Amounts																									
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,486,331	\$1,862,317	\$0	\$474,807	\$468,212	\$0	\$599,178		\$81,817	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$144,391)	\$0	\$0	\$0	\$0	\$0	(\$96,951)		(\$47,440)														
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$86,977															
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$47,440													
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,476,357	\$1,862,317	\$0	\$474,807	\$468,212	\$0	\$502,227	\$86,977	\$34,377	\$47,440													
8	Total Nursing Facility Days	As Filed Days = 22,653 FY20 Audited C/R Days	22,653																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,653 FY20 GL-PL Ins Rpt Days								22,653															
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$153.46	\$82.21	\$0.00	\$20.96	\$20.67	<i>(with L&H)</i>	\$22.17	\$3.84	\$1.52	\$2.09													
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6478																					
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.89																					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.89	\$0.00	\$20.96	\$20.67		\$22.17	\$3.84	\$1.52	\$2.09													
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A														
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.43	\$49.89	\$0.00	\$20.96	\$20.67		\$22.17	\$3.84	8.81 <i>(FRV)</i>	\$2.09													
Quarterly Per Diem Rate Prior to Add-ons																									
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A													
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.43	\$49.89	\$0.00	\$20.96	\$20.67	\$0.00	\$22.17	\$3.84	\$8.81	\$2.09													
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5818																					
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.92																					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.46	\$78.92	\$0.00	\$20.96	\$20.67	\$0.00	\$22.17	\$3.84	\$8.81	\$2.09													
Quarterly Per Diem Add-on Amounts																									
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00														
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.34	\$4.34																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$25.34	\$7.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00													
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.80	\$86.16	\$0.00	\$21.18	\$21.08	\$0.00	\$39.64	\$3.84	\$8.81	\$2.09													
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.28																						

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: EFFINGHAM CARE & REHABILITATION CENTER														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.2337	1.5126
Prvdr ID: 00140907A														Qtrly BIMS score	37.50%	2.5%	Quarterly Medicaid CMI:	1.3208	1.5215
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.65	7.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3423	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes										
Peer Group Standards & Efficiency Measure Limits																			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,343,060	\$5,402,909	\$0	\$1,080,182	\$608,750	\$1,092,263	\$2,372,040		\$786,916	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$151,641)	\$0	\$0	\$0	\$0	\$0	(\$106,864)		(\$44,777)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$106,864									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$44,777							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,343,060	\$5,402,909	\$0	\$1,080,182	\$608,750	\$1,092,263	\$2,265,176	\$106,864	\$742,139	\$44,777							
8	Total Nursing Facility Days	As Filed Days = 36,383 FY20 Audited C/R Days	36,383																
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,383 FY20 GL-PL Ins Rpt Days								36,383									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$311.77	\$148.50	\$0.00	\$29.69	\$46.75	(with L&H)	\$62.26	\$2.94	\$20.40	\$1.23							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2337															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$120.37															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$120.37	\$0.00	\$29.69	\$46.75		\$62.26	\$2.94	\$20.40	\$1.23							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.38	\$88.52	\$0.00	\$29.69	\$27.62		\$30.83	\$2.94	10.55 (FRV)	\$1.23							
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.38	\$88.52	\$0.00	\$29.69	\$27.62	\$0.00	\$30.83	\$2.94	\$10.55	\$1.23							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3423															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.82															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.68	\$118.82	\$0.00	\$29.69	\$27.62	\$0.00	\$30.83	\$2.94	\$10.55	\$1.23							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00							
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.32	\$8.32															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.61	\$11.29	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$250.29	\$130.11	\$0.00	\$29.91	\$27.62	\$0.00	\$47.93	\$2.94	\$10.55	\$1.23							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.89																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: SOUTHERN PINES Prvdr ID: 00140918A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 18.92% Qtrly BIMS score: 3.93 Nurse Hours per On-Site Day/Quality Incentive: 3.0%				Base Period Overall CMI: 1.8544 Quarterly Medicaid CMI: 1.6002 Qtrly Mcaid CMI w RUG Wght Options: 1.6284				Facility Specific: 1.8544 State-wide: 1.5126 1.6002 1.5215 1.6284 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,746,765	\$2,018,808	\$0	\$405,387	\$524,020	\$0	\$674,134		\$124,416	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$101,852)	(\$19,955)	\$0	\$0	\$0	\$1,203	(\$56,784)		(\$26,316)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$62,397		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$29,862
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,737,172	\$1,998,853	\$0	\$405,387	\$524,020	\$1,203	\$617,350	\$62,397	\$98,100	\$29,862
8	Total Nursing Facility Days	As Filed Days = 17,816 FY20 Audited C/R Days	17,816									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,816 FY20 GL-PL Ins Rpt Days								17,816		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.76	\$112.19	\$0.00	\$22.75	\$29.48	(with L&H)	\$34.65	\$3.50	\$5.51	\$1.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.8544								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$22.75	\$29.48		\$34.65	\$3.50	\$5.51	\$1.68
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.00	\$60.50	\$0.00	\$22.75	\$27.62		\$30.83	\$3.50	35.12 (FRV)	\$1.68
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.00	\$60.50	\$0.00	\$22.75	\$27.62	\$0.00	\$30.83	\$3.50	\$35.12	\$1.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6284								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.02	\$98.52	\$0.00	\$22.75	\$27.62	\$0.00	\$30.83	\$3.50	\$35.12	\$1.68
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	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	\$20.81	\$3.49	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.83	\$102.01	\$0.00	\$22.97	\$27.62	\$0.00	\$47.93	\$3.50	\$35.12	\$1.68
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.80									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:				
Provider: EMANUEL COUNTY NURSING HOME Prvdr ID: 00140929A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	31.43%	2.5%	4.37	3.0%	1.2222	1.2759	1.2991	1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,737,851	\$1,898,478	\$0	\$642,150	\$275,097	\$228,665	\$611,186		\$82,275	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$6,388)	\$0	\$0	\$0	\$0	\$0	(\$6,388)		\$0													
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$6,388														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$0												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,737,851	\$1,898,478	\$0	\$642,150	\$275,097	\$228,665	\$604,798	\$6,388	\$82,275	\$0												
8	Total Nursing Facility Days	As Filed Days = 16,435 FY20 Audited C/R Days	16,435																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,435 FY20 GL-PL Ins Rpt Days								16,435														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.43	\$115.51	\$0.00	\$39.07	\$30.65	<i>(with L&H)</i>	\$36.80	\$0.39	\$5.01	\$0.00												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2222																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.51																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.51	\$0.00	\$39.07	\$30.65		\$36.80	\$0.39	\$5.01	\$0.00												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.22	\$88.52	\$0.00	\$32.46	\$27.62		\$30.83	\$0.39	15.40 <i>(FRV)</i>	\$0.00												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.22	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$0.39	\$15.40	\$0.00												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2991																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.00																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.70	\$115.00	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$0.39	\$15.40	\$0.00												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.43	\$6.33	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.13	\$121.33	\$0.00	\$32.46	\$27.62	\$0.00	\$47.93	\$0.39	\$15.40	\$0.00												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.02																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.3203	1.5126				
Provider: PRUITTHEALTH - BLUE RIDGE Prvdr ID: 00140973A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.3203	1.5126	1.5431	1.5215	1.5722	1.5482
CASE MIX BASED RATE CALCULATIONS																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,821,459	\$3,212,961	\$0	\$458,517	\$900,295	\$0	\$992,214		\$257,472	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$242,779)	(\$77,535)	\$0	\$0	\$9,045	\$13,566	(\$154,247)		(\$33,608)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$205,891																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R																	\$36,118							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,820,689	\$3,135,426	\$0	\$458,517	\$909,340	\$13,566	\$837,967	\$205,891	\$223,864	\$36,118														
8	Total Nursing Facility Days	As Filed Days = 27,322																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,322																								
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.04	\$114.76	\$0.00	\$16.78	\$33.78	(with L&H)	\$30.67	\$7.54	\$8.19	\$1.32														
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3203																						
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.92																						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.92	\$0.00	\$16.78	\$33.78		\$30.67	\$7.54	\$8.19	\$1.32														
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A															
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.49	\$86.92	\$0.00	\$16.78	\$27.62		\$30.67	\$7.54	9.64 (FRV)	\$1.32														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.49	\$86.92	\$0.00	\$16.78	\$27.62	\$0.00	\$30.67	\$7.54	\$9.64	\$1.32														
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5722																						
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.66																						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.23	\$136.66	\$0.00	\$16.78	\$27.62	\$0.00	\$30.67	\$7.54	\$9.64	\$1.32														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.87	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.12		\$0.00															
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.42	\$3.42																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.83	\$6.83																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.22	\$10.78	\$0.00	\$0.22	\$0.00	\$0.00	\$17.22	\$0.00	\$0.00	\$0.00														
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.45	\$147.44	\$0.00	\$17.00	\$27.62	\$0.00	\$47.89	\$7.54	\$9.64	\$1.32														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.01																							

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
Provider: FIFTH AVENUE HEALTH CARE Prvdr ID: 00140984A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													
							Facility Score: N/A	Add-on Percent: 0.00%	Base Period Overall CMI: 1.6774				1.5126
							Qtrly BIMS score: 36.96%	2.5%	Quarterly Medicaid CMI: 1.6077				1.5215
							Nurse Hours per On-Site Day/Quality Incentive: 3.72	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6367				1.5482
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,359,667	\$3,482,048	\$0	\$611,560	\$777,008	\$0	\$887,226		\$601,825	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$167,972)	(\$13,960)	\$0	\$516	(\$202)	\$1,618	(\$129,591)		(\$26,353)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$144,849			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$26,523	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,363,067	\$3,468,088	\$0	\$612,076	\$776,806	\$1,618	\$757,635	\$144,849	\$575,472	\$26,523	
8	Total Nursing Facility Days	As Filed Days = 30,185 FY20 Audited C/R Days	30,185										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,185 FY20 GL-PL Ins Rpt Days								30,185			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.80	\$114.89	\$0.00	\$20.28	\$25.79	(with L&H)	\$25.10	\$4.80	\$19.06	\$0.88	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6774									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.49									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.49	\$0.00	\$20.28	\$25.79		\$25.10	\$4.80	\$19.06	\$0.88	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.60	\$68.49	\$0.00	\$20.28	\$25.79		\$25.10	\$4.80	11.26 (FRV)	\$0.88	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.60	\$68.49	\$0.00	\$20.28	\$25.79	\$0.00	\$25.10	\$4.80	\$11.26	\$0.88	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6367									
18	Qtrly Routine Srvc 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	\$200.21	\$112.10	\$0.00	\$20.28	\$25.79	\$0.00	\$25.10	\$4.80	\$11.26	\$0.88	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.36	\$3.36									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.79	\$6.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.00	\$118.79	\$0.00	\$20.50	\$26.20	\$0.00	\$42.57	\$4.80	\$11.26	\$0.88	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.93										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - FITZGERALD		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140995A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4638	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	14.52%	0.0%	Quarterly Medicaid CMI:			1.5541	1.5215
							3.12	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5826	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,530,922	\$2,262,081	\$0	\$408,847	\$642,360	\$0	\$884,582		\$333,052	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$204,754)	(\$11,761)	\$0	\$0	\$0	\$0	(\$168,805)		(\$24,188)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$159,176			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$25,832	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,511,176	\$2,250,320	\$0	\$408,847	\$642,360	\$0	\$715,777	\$159,176	\$308,864	\$25,832	
8	Total Nursing Facility Days	As Filed Days = 22,746 FY20 Audited C/R Days	22,746										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,746 FY20 GL-PL Ins Rpt Days								22,746			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.33	\$98.93	\$0.00	\$17.97	\$28.24	(with L&H)	\$31.47	\$7.00	\$13.58	\$1.14	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4638									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.58									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.58	\$0.00	\$17.97	\$28.24		\$31.47	\$7.00	\$13.58	\$1.14	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.21	\$67.58	\$0.00	\$17.97	\$27.62		\$30.83	\$7.00	12.07 (FRV)	\$1.14	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.21	\$67.58	\$0.00	\$17.97	\$27.62	\$0.00	\$30.83	\$7.00	\$12.07	\$1.14	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5826									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.58	\$106.95	\$0.00	\$17.97	\$27.62	\$0.00	\$30.83	\$7.00	\$12.07	\$1.14	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$23.20	\$5.88	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.78	\$112.83	\$0.00	\$18.19	\$27.62	\$0.00	\$47.93	\$7.00	\$12.07	\$1.14	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.26										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: FOLKSTON PARK CARE AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141006A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4653	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.74%	1.0%	Quarterly Medicaid CMI:			1.4987	1.5215
							2.73	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5262	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,222,074	\$2,363,900	\$0	\$347,530	\$395,727	\$0	\$741,835		\$373,082	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$87,034)	\$0	\$0	\$0	(\$783)	(\$814)	(\$61,126)		(\$24,311)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$45,083			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$24,213	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,204,336	\$2,363,900	\$0	\$347,530	\$394,944	(\$814)	\$680,709	\$45,083	\$348,771	\$24,213	
8	Total Nursing Facility Days	As Filed Days = 27,650											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,650								27,650			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$152.05	\$85.49	\$0.00	\$12.57	\$14.25	(with L&H)	\$24.62	\$1.63	\$12.61	\$0.88	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4653									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.34									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.34	\$0.00	\$12.57	\$14.25		\$24.62	\$1.63	\$12.61	\$0.88	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.49	\$58.34	\$0.00	\$12.57	\$14.25		\$24.62	\$1.63	9.20 (FRV)	\$0.88	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.49	\$58.34	\$0.00	\$12.57	\$14.25	\$0.00	\$24.62	\$1.63	\$9.20	\$0.88	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5262									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.19	\$89.04	\$0.00	\$12.57	\$14.25	\$0.00	\$24.62	\$1.63	\$9.20	\$0.88	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	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 Srvc)	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	\$22.19	\$4.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.38	\$93.13	\$0.00	\$12.79	\$14.66	\$0.00	\$42.09	\$1.63	\$9.20	\$0.88	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.96										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - FORSYTH Prvdr ID: 00141017A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A Qtrly BIMS score: 32.61% Nurse Hours per On-Site Day/Quality Incentive: 2.78				0.00%	2.5%	Base Period Overall CMI: 1.4918 Quarterly Medicaid CMI: 1.5328 Qtrly Mcaid CMI w RUG Wght Options: 1.5579				1.4918	1.5126
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,930,918	\$2,212,088	\$0	\$333,715	\$513,511	\$0	\$702,548		\$169,056	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$186,147)	(\$13,397)	\$0	\$0	(\$1,832)	(\$2,593)	(\$141,244)		(\$27,081)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$146,789			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$29,331	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,920,891	\$2,198,691	\$0	\$333,715	\$511,679	(\$2,593)	\$561,304	\$146,789	\$141,975	\$29,331	
8	Total Nursing Facility Days As Filed Days = 23,333	FY20 Audited C/R Days	23,333										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,333	FY20 GL-PL Ins Rpt Days								23,333			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$168.04	\$94.23	\$0.00	\$14.30	\$21.82	(with L&H)	\$24.06	\$6.29	\$6.08	\$1.26	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4918									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.16									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.16	\$0.00	\$14.30	\$21.82		\$24.06	\$6.29	\$6.08	\$1.26	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.57	\$63.16	\$0.00	\$14.30	\$21.82		\$24.06	\$6.29	8.68 (FRV)	\$1.26	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.57	\$63.16	\$0.00	\$14.30	\$21.82	\$0.00	\$24.06	\$6.29	\$8.68	\$1.26	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5579									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.81	\$98.40	\$0.00	\$14.30	\$21.82	\$0.00	\$24.06	\$6.29	\$8.68	\$1.26	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.92	\$4.92									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.01	\$7.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.82	\$106.31	\$0.00	\$14.52	\$22.23	\$0.00	\$41.53	\$6.29	\$8.68	\$1.26	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.79										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: FORT VALLEY HEALTH AND REHAB		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141028A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance: N/A	0.00%	Base Period Overall CMI: 1.7458				1.7458	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 36.36%	2.5%	Quarterly Medicaid CMI: 1.8771				1.8771	1.5215	
				2.98	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.9128				1.9128	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,286,108	\$2,017,470	\$0	\$330,896	\$374,665	\$0	\$903,123		\$659,954	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$71,287)	(\$3,889)	\$0	\$0	\$0	\$0	(\$31,995)		(\$35,403)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$28,695		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$35,403
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,278,919	\$2,013,581	\$0	\$330,896	\$374,665	\$0	\$871,128	\$28,695	\$624,551	\$35,403
8	Total Nursing Facility Days	As Filed Days = 22,359 FY20 Audited C/R Days	22,359									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,359 FY20 GL-PL Ins Rpt Days								22,359		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.37	\$90.06	\$0.00	\$14.80	\$16.76	(with L&H)	\$38.96	\$1.28	\$27.93	\$1.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7458								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.59	\$0.00	\$14.80	\$16.76		\$38.96	\$1.28	\$27.93	\$1.58
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.54	\$51.59	\$0.00	\$14.80	\$16.76		\$30.83	\$1.28	9.70 (FRV)	\$1.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.54	\$51.59	\$0.00	\$14.80	\$16.76	\$0.00	\$30.83	\$1.28	\$9.70	\$1.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9128								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.63	\$98.68	\$0.00	\$14.80	\$16.76	\$0.00	\$30.83	\$1.28	\$9.70	\$1.58
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$22.70	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.33	\$103.65	\$0.00	\$15.02	\$17.17	\$0.00	\$47.93	\$1.28	\$9.70	\$1.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.42									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - FRANKLIN Prvdr ID: 00141039A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.3576	1.5126
							25.53%	1.0%					1.4289	1.5215
							3.04	5.0%					1.4535	1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,616,200	\$2,577,919	\$0	\$367,448	\$539,358	\$0	\$820,671		\$310,804	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$186,793)	(\$45,444)	\$0	\$0	\$0	\$0	(\$122,311)		(\$19,038)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$158,868				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$20,391		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,608,666	\$2,532,475	\$0	\$367,448	\$539,358	\$0	\$698,360	\$158,868	\$291,766	\$20,391		
8	Total Nursing Facility Days	As Filed Days = 25,519 FY20 Audited C/R Days		25,519										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,519 FY20 GL-PL Ins Rpt Days								25,519				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$180.61	\$99.24	\$0.00	\$14.40	\$21.14	(with L&H)	\$27.37	\$6.23	\$11.43	\$0.80		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3576										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.10										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.10	\$0.00	\$14.40	\$21.14		\$27.37	\$6.23	\$11.43	\$0.80		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.35	\$73.10	\$0.00	\$14.40	\$21.14		\$27.37	\$6.23	10.31 (FRV)	\$0.80		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.35	\$73.10	\$0.00	\$14.40	\$21.14	\$0.00	\$27.37	\$6.23	\$10.31	\$0.80		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4535										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.25										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.50	\$106.25	\$0.00	\$14.40	\$21.14	\$0.00	\$27.37	\$6.23	\$10.31	\$0.80		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.31	\$5.31										
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	\$25.00	\$6.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.50	\$113.15	\$0.00	\$14.62	\$21.55	\$0.00	\$44.84	\$6.23	\$10.31	\$0.80		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.80											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: NEW HORIZONS LANIER PARK Prvdr ID: 00141072A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Qtrly BIMS score: 18.60% Nurse Hours per On-Site Day/Quality Incentive: 3.46				Base Period Overall CMI: 1.2712 Quarterly Medicaid CMI: 1.2182 Qtrly Mcaid CMI w RUG Wght Options: 1.2355				Facility Specific: 1.2712 State-wide: 1.5126 Facility Specific: 1.2182 State-wide: 1.5215 Facility Specific: 1.2355 State-wide: 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,235,867	\$5,434,765	\$0	\$1,632,382	\$582,855	\$979,991	\$2,123,685		\$1,482,189	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$98,039)	\$0	\$0	\$0	\$0	\$0	(\$77,368)		(\$20,671)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$77,368		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$20,671
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,235,867	\$5,434,765	\$0	\$1,632,382	\$582,855	\$979,991	\$2,046,317	\$77,368	\$1,461,518	\$20,671
8	Total Nursing Facility Days	As Filed Days = 39,838 FY20 Audited C/R Days	39,838									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,838 FY20 GL-PL Ins Rpt Days								39,838		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$307.15	\$136.42	\$0.00	\$40.98	\$39.23	(with L&H)	\$51.37	\$1.94	\$36.69	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2712								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$107.32	\$0.00	\$40.98	\$39.23		\$51.37	\$1.94	\$36.69	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.66	\$88.52	\$0.00	\$32.46	\$27.62		\$30.83	\$1.94	19.77 (FRV)	\$0.52
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.66	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$1.94	\$19.77	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2355								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.51	\$109.37	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$1.94	\$19.77	\$0.52
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	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	\$19.29	\$2.19	\$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	\$241.80	\$111.56	\$0.00	\$32.46	\$27.62	\$0.00	\$47.93	\$1.94	\$19.77	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.53									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: DOUGLASVILLE NURSING AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141083A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4960	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.06%	2.5%	Quarterly Medicaid CMI:			1.6453	1.5215
							3.61	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6757	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$14,489,567	\$9,294,387	\$0	\$1,256,573	\$1,238,528	\$0	\$1,952,979		\$747,100	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$115,487)	\$10,607	\$0	(\$7,200)	(\$1,805)	\$4,299	\$687		(\$122,075)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$0			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$121,457	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$14,495,537	\$9,304,994	\$0	\$1,249,373	\$1,236,723	\$4,299	\$1,953,666	\$0	\$625,025	\$121,457	
8	Total Nursing Facility Days As Filed Days = 77,448	FY20 Audited C/R Days	74,298										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,448	FY20 GL-PL Ins Rpt Days								74,298			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.10	\$125.24	\$0.00	\$16.82	\$16.70	(with L&H)	\$26.30	\$0.00	\$8.41	\$1.63	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4960									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.72									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.72	\$0.00	\$16.82	\$16.70		\$26.30	\$0.00	\$8.41	\$1.63	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.35	\$83.72	\$0.00	\$16.82	\$16.70		\$26.30	\$0.00	13.18 (FRV)	\$1.63	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.35	\$83.72	\$0.00	\$16.82	\$16.70	\$0.00	\$26.30	\$0.00	\$13.18	\$1.63	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6757									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.92	\$140.29	\$0.00	\$16.82	\$16.70	\$0.00	\$26.30	\$0.00	\$13.18	\$1.63	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.51	\$3.51									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$24.95	\$6.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.87	\$147.14	\$0.00	\$17.04	\$17.11	\$0.00	\$43.77	\$0.00	\$13.18	\$1.63	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.08										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: GIBSON HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141116A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5166	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.00%	2.5%	Quarterly Medicaid CMI:			1.3875	1.5215
							2.87	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4075	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,103,528	\$2,645,567	\$0	\$540,722	\$562,554	\$0	\$923,261		\$431,424	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$126,359)	\$0	\$0	\$0	(\$9,951)	(\$13,627)	(\$63,066)		(\$39,715)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$54,990			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$38,204	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,070,363	\$2,645,567	\$0	\$540,722	\$552,603	(\$13,627)	\$860,195	\$54,990	\$391,709	\$38,204	
8	Total Nursing Facility Days	As Filed Days = 28,686 FY20 Audited C/R Days	28,686										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,686 FY20 GL-PL Ins Rpt Days								28,686			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.77	\$92.23	\$0.00	\$18.85	\$18.79	(with L&H)	\$29.99	\$1.92	\$13.66	\$1.33	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5166									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.81									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.81	\$0.00	\$18.85	\$18.79		\$29.99	\$1.92	\$13.66	\$1.33	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.52	\$60.81	\$0.00	\$18.85	\$18.79		\$29.99	\$1.92	10.83 (FRV)	\$1.33	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.52	\$60.81	\$0.00	\$18.85	\$18.79	\$0.00	\$29.99	\$1.92	\$10.83	\$1.33	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4075									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.59									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.30	\$85.59	\$0.00	\$18.85	\$18.79	\$0.00	\$29.99	\$1.92	\$10.83	\$1.33	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.34	\$5.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.64	\$90.83	\$0.00	\$19.07	\$19.20	\$0.00	\$47.46	\$1.92	\$10.83	\$1.33	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.16										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PARKSIDE CENTER FOR NURSING AND REHAB AT ELLIJAY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141127A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7449	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.15%	1.0%	Quarterly Medicaid CMI:			1.9071	1.5215
							3.55	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9452	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,444,169	\$3,593,633	\$0	\$598,974	\$758,885	\$0	\$1,319,242		\$173,435	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$147,398)	(\$4,500)	\$0	\$0	\$1	\$1	(\$63,052)		(\$79,848)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$63,052			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$79,848	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,439,671	\$3,589,133	\$0	\$598,974	\$758,886	\$1	\$1,256,190	\$63,052	\$93,587	\$79,848	
8	Total Nursing Facility Days	As Filed Days = 34,518 FY20 Audited C/R Days	34,518										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,518 FY20 GL-PL Ins Rpt Days								34,518			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$186.56	\$103.98	\$0.00	\$17.35	\$21.99	(with L&H)	\$36.39	\$1.83	\$2.71	\$2.31	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7449									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.59									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.59	\$0.00	\$17.35	\$21.99		\$36.39	\$1.83	\$2.71	\$2.31	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.17	\$59.59	\$0.00	\$17.35	\$21.99		\$30.83	\$1.83	17.27 (FRV)	\$2.31	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.17	\$59.59	\$0.00	\$17.35	\$21.99	\$0.00	\$30.83	\$1.83	\$17.27	\$2.31	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9452									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.49	\$115.91	\$0.00	\$17.35	\$21.99	\$0.00	\$30.83	\$1.83	\$17.27	\$2.31	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.74	\$4.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.23	\$119.92	\$0.00	\$17.57	\$22.40	\$0.00	\$47.93	\$1.83	\$17.27	\$2.31	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.10										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: COMFORT CREEK NURSING AND REHABILITATION CENTER														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5365	1.5126	
Prvdr ID: 00141138A														Qtrly BIMS score	35.48%	2.5%	Quarterly Medicaid CMI:	1.4781	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	2.45	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5041	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,621,885	\$2,269,728	\$0	\$399,587	\$475,220	\$0	\$753,598		\$723,752	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$130,937)	\$0	\$0	\$0	\$0	\$0	(\$96,829)		(\$34,108)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$78,683										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$34,108								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,603,739	\$2,269,728	\$0	\$399,587	\$475,220	\$0	\$656,769	\$78,683	\$689,644	\$34,108								
8	Total Nursing Facility Days	As Filed Days = 32,239																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,239																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$142.79	\$70.40	\$0.00	\$12.39	\$14.74	(with L&H)	\$20.37	\$2.44	\$21.39	\$1.06								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5365																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.82																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$45.82	\$0.00	\$12.39	\$14.74		\$20.37	\$2.44	\$21.39	\$1.06								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$105.80	\$45.82	\$0.00	\$12.39	\$14.74		\$20.37	\$2.44	8.98 (FRV)	\$1.06								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$105.80	\$45.82	\$0.00	\$12.39	\$14.74	\$0.00	\$20.37	\$2.44	\$8.98	\$1.06								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5041																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.92																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$128.90	\$68.92	\$0.00	\$12.39	\$14.74	\$0.00	\$20.37	\$2.44	\$8.98	\$1.06								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.72	\$1.72																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.38	\$1.38																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.73	\$3.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$150.63	\$72.55	\$0.00	\$12.61	\$15.15	\$0.00	\$37.84	\$2.44	\$8.98	\$1.06								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$100.15																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: GLENN-MOR NURSING HOME Prvdr ID: 00141149A		Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.2369	1.5126	
				Qtrly BIMS score	15.56%	0.0%	Quarterly Medicaid CMI:			1.3608	1.5215	
				Nurse Hours per On-Site Day/Quality Incentive:	3.93	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3835	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,686,832	\$2,411,698	\$0	\$598,660	\$397,696	\$393,742	\$1,206,071		\$678,965	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$126,771)	\$0	\$0	\$0	(\$578)	(\$573)	(\$118,973)		(\$6,647)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$118,973		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$6,638
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,685,672	\$2,411,698	\$0	\$598,660	\$397,118	\$393,169	\$1,087,098	\$118,973	\$672,318	\$6,638
8	Total Nursing Facility Days	As Filed Days = 22,348 FY20 Audited C/R Days	22,348									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,348 FY20 GL-PL Ins Rpt Days								22,348		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$254.41	\$107.92	\$0.00	\$26.79	\$35.36	(with L&H)	\$48.64	\$5.32	\$30.08	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2369								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.25	\$0.00	\$26.79	\$35.36		\$48.64	\$5.32	\$30.08	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.17	\$87.25	\$0.00	\$26.79	\$27.62		\$30.83	\$5.32	9.06 (FRV)	\$0.30
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.17	\$87.25	\$0.00	\$26.79	\$27.62	\$0.00	\$30.83	\$5.32	\$9.06	\$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3835								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.63	\$120.71	\$0.00	\$26.79	\$27.62	\$0.00	\$30.83	\$5.32	\$9.06	\$0.30
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.47	\$4.15	\$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	\$242.10	\$124.86	\$0.00	\$27.01	\$27.62	\$0.00	\$47.93	\$5.32	\$9.06	\$0.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.75									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: GLENVUE HEALTH AND REHAB														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5764	1.5126	
Prvdr ID: 00141171A														Qtrly BIMS score	20.00%	1.0%	Quarterly Medicaid CMI:	1.5723	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.12	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6025	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,801,799	\$3,756,779	\$0	\$791,208	\$717,561	\$0	\$1,149,422		\$1,386,829	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$227,453)	(\$2,689)	\$0	\$0	(\$5,287)	(\$6,410)	(\$127,826)		(\$85,241)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$127,826										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R																		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,786,023	\$3,754,090	\$0	\$791,208	\$712,274	(\$6,410)	\$1,021,596	\$127,826	\$1,301,588	\$83,851								
8	Total Nursing Facility Days	FY20 Audited C/R Days	43,407																	
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								43,407										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.38	\$86.49	\$0.00	\$18.23	\$16.26	(with L&H)	\$23.54	\$2.94	\$29.99	\$1.93								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5764																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.86																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.86	\$0.00	\$18.23	\$16.26		\$23.54	\$2.94	\$29.99	\$1.93								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.67	\$54.86	\$0.00	\$18.23	\$16.26		\$23.54	\$2.94	9.91 (FRV)	\$1.93								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.67	\$54.86	\$0.00	\$18.23	\$16.26	\$0.00	\$23.54	\$2.94	\$9.91	\$1.93								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6025																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.91																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.72	\$87.91	\$0.00	\$18.23	\$16.26	\$0.00	\$23.54	\$2.94	\$9.91	\$1.93								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.15	\$4.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.87	\$91.96	\$0.00	\$18.45	\$16.67	\$0.00	\$41.01	\$2.94	\$9.91	\$1.93								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.33																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: GRACEMORE NURSING AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141182A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4044	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	51.61%	5.5%	Quarterly Medicaid CMI:			1.4931	1.5215
							3.94	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5184	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,156,762	\$1,702,190	\$0	\$427,523	\$449,610	\$0	\$509,396		\$68,043	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$66,852)	\$5,608	\$0	\$0	\$0	\$0	(\$49,131)		(\$23,329)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$47,012			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$23,329	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,160,251	\$1,707,798	\$0	\$427,523	\$449,610	\$0	\$460,265	\$47,012	\$44,714	\$23,329	
8	Total Nursing Facility Days	As Filed Days = 16,376 FY20 Audited C/R Days	16,376										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,376 FY20 GL-PL Ins Rpt Days								16,376			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$192.99	\$104.29	\$0.00	\$26.11	\$27.46	(with L&H)	\$28.11	\$2.87	\$2.73	\$1.42	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4044									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.26									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.26	\$0.00	\$26.11	\$27.46		\$28.11	\$2.87	\$2.73	\$1.42	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.95	\$74.26	\$0.00	\$24.48	\$27.46		\$28.11	\$2.87	8.35 (FRV)	\$1.42	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.95	\$74.26	\$0.00	\$24.48	\$27.46	\$0.00	\$28.11	\$2.87	\$8.35	\$1.42	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5184									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.76									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.45	\$112.76	\$0.00	\$24.48	\$27.46	\$0.00	\$28.11	\$2.87	\$8.35	\$1.42	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.02	\$0.53	\$0.00	\$0.00	\$0.12	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.20	\$6.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$27.70	\$10.11	\$0.00	\$0.00	\$0.12	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.15	\$122.87	\$0.00	\$24.48	\$27.58	\$0.00	\$45.58	\$2.87	\$8.35	\$1.42	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.04										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - GRANDVIEW		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141215A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.4980	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	12.96%	0.0%	Quarterly Medicaid CMI:				1.5153	1.5215
							2.63	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5427	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,742,723	\$2,527,320	\$0	\$421,527	\$620,762	\$0	\$765,809		\$407,305	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$223,785)	\$0	\$0	\$0	\$0	\$0	(\$146,861)		(\$76,924)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$146,861				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$78,894		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,744,693	\$2,527,320	\$0	\$421,527	\$620,762	\$0	\$618,948	\$146,861	\$330,381	\$78,894		
8	Total Nursing Facility Days	As Filed Days = 24,111 FY20 Audited C/R Days	24,111											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,111 FY20 GL-PL Ins Rpt Days								24,111				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.78	\$104.82	\$0.00	\$17.48	\$25.75	(with L&H)	\$25.67	\$6.09	\$13.70	\$3.27		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4980										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.97										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.97	\$0.00	\$17.48	\$25.75		\$25.67	\$6.09	\$13.70	\$3.27		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.95	\$69.97	\$0.00	\$17.48	\$25.75		\$25.67	\$6.09	10.72 (FRV)	\$3.27		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.95	\$69.97	\$0.00	\$17.48	\$25.75	\$0.00	\$25.67	\$6.09	\$10.72	\$3.27		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5427										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.94										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.92	\$107.94	\$0.00	\$17.48	\$25.75	\$0.00	\$25.67	\$6.09	\$10.72	\$3.27		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.32	\$4.32										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.95	\$4.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.87	\$112.79	\$0.00	\$17.70	\$26.16	\$0.00	\$43.14	\$6.09	\$10.72	\$3.27		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.08											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.5546	1.5126	
Provider: GRANDVIEW HEALTH CARE CENTER Prvdr ID: 00141226A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	34.15%	2.5%	3.29	3.0%	2.0213	1.5482			
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>														
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,131,058	\$1,795,068	\$0	\$434,847	\$296,850	\$0	\$757,813		\$846,480	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$131,544)	\$0	\$0	\$0	\$10,944	\$6,576	(\$97,562)		(\$51,502)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$91,598													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$54,541											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,145,653	\$1,795,068	\$0	\$434,847	\$307,794	\$6,576	\$660,251	\$91,598	\$794,978	\$54,541											
8	Total Nursing Facility Days	As Filed Days = 20,327 FY20 Audited C/R Days	20,327																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,327 FY20 GL-PL Ins Rpt Days								20,327													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.95	\$88.31	\$0.00	\$21.39	\$15.47	(with L&H)	\$32.48	\$4.51	\$39.11	\$2.68											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5546																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.80																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.80	\$0.00	\$21.39	\$15.47		\$32.48	\$4.51	\$39.11	\$2.68											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.84	\$56.80	\$0.00	\$21.39	\$15.47		\$30.83	\$4.51	11.16 <i>(FRV)</i>	\$2.68											
Quarterly Per Diem Rate Prior to Add-ons																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.84	\$56.80	\$0.00	\$21.39	\$15.47	\$0.00	\$30.83	\$4.51	\$11.16	\$2.68											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0213																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.81																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.85	\$114.81	\$0.00	\$21.39	\$15.47	\$0.00	\$30.83	\$4.51	\$11.16	\$2.68											
Quarterly Per Diem Add-on Amounts																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00												
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.87	\$2.87																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.44	\$3.44																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.57	\$6.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.42	\$121.65	\$0.00	\$21.61	\$15.88	\$0.00	\$47.93	\$4.51	\$11.16	\$2.68											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.24																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,498,956	\$3,206,802	\$0	\$697,678	\$586,923	\$0	\$1,169,167		\$838,386	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$159,880)	(\$92,809)	\$0	\$0	\$0	\$0	\$27,299		(\$94,370)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$65,510		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$94,370
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,498,956	\$3,113,993	\$0	\$697,678	\$586,923	\$0	\$1,196,466	\$65,510	\$744,016	\$94,370
8	Total Nursing Facility Days	As Filed Days = 27,941 FY20 Audited C/R Days	27,941									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,941 FY20 GL-PL Ins Rpt Days								27,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$232.60	\$111.45	\$0.00	\$24.97	\$21.01	(with L&H)	\$42.82	\$2.34	\$26.63	\$3.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4875								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.93	\$0.00	\$24.97	\$21.01		\$42.82	\$2.34	\$26.63	\$3.38
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.82	\$74.93	\$0.00	\$24.48	\$21.01		\$30.83	\$2.34	17.85 (FRV)	\$3.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.82	\$74.93	\$0.00	\$24.48	\$21.01	\$0.00	\$30.83	\$2.34	\$17.85	\$3.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7090								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.95	\$128.06	\$0.00	\$24.48	\$21.01	\$0.00	\$30.83	\$2.34	\$17.85	\$3.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.04	\$7.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.12	\$5.12								
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	\$30.20	\$12.69	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.15	\$140.75	\$0.00	\$24.48	\$21.42	\$0.00	\$47.93	\$2.34	\$17.85	\$3.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: ROSWELL NURSING & REHAB CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141248A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6710	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	39.47%	2.5%	Quarterly Medicaid CMI:			1.6841	1.5215
							2.95	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7163	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$17,328,425	\$9,511,639	\$0	\$1,398,672	\$1,425,551	\$0	\$2,782,819		\$2,209,744	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$331,896)	\$0	\$0	\$0	\$0	\$0	(\$184,888)		(\$147,008)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$184,888			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$147,008	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$17,328,425	\$9,511,639	\$0	\$1,398,672	\$1,425,551	\$0	\$2,597,931	\$184,888	\$2,062,736	\$147,008	
8	Total Nursing Facility Days	FY20 Audited C/R Days	73,998										
	As Filed Days = 73,998												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								73,998			
	As Filed Days = 73,998												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.18	\$128.54	\$0.00	\$18.90	\$19.26	(with L&H)	\$35.11	\$2.50	\$27.88	\$1.99	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6710									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.92									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.92	\$0.00	\$18.90	\$19.26		\$35.11	\$2.50	\$27.88	\$1.99	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.38	\$76.92	\$0.00	\$18.90	\$19.26		\$30.83	\$2.50	9.98 (FRV)	\$1.99	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.38	\$76.92	\$0.00	\$18.90	\$19.26	\$0.00	\$30.83	\$2.50	\$9.98	\$1.99	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7163									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.02									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.48	\$132.02	\$0.00	\$18.90	\$19.26	\$0.00	\$30.83	\$2.50	\$9.98	\$1.99	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.30	\$3.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$24.20	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.68	\$138.49	\$0.00	\$19.12	\$19.67	\$0.00	\$47.93	\$2.50	\$9.98	\$1.99	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.94										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: PREMIER ESTATES OF DUBLIN, LLC Prvdr ID: 00141281A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	1.4777	1.5126	20.00%	1.0%	1.3380	1.5215	0.00	1.0%	1.3606	1.5482
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,268,491	\$2,361,578	\$0	\$614,306	\$556,722	\$0	\$928,585		\$807,300	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$128,703)	\$0	\$0	\$0	\$0	\$0	(\$105,391)		(\$23,312)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$73,781														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$23,312												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,236,881	\$2,361,578	\$0	\$614,306	\$556,722	\$0	\$823,194	\$73,781	\$783,988	\$23,312												
8	Total Nursing Facility Days	FY20 Audited C/R Days	31,749																					
	As Filed Days = 31,749																							
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								31,749														
	As Filed Days = 31,749																							
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$164.94	\$74.38	\$0.00	\$19.35	\$17.54	<i>(with L&H)</i>	\$25.93	\$2.32	\$24.69	\$0.73												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4777																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.34																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.34	\$0.00	\$19.35	\$17.54		\$25.93	\$2.32	\$24.69	\$0.73												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.86	\$50.34	\$0.00	\$19.35	\$17.54		\$25.93	\$2.32	8.65 <i>(FRV)</i>	\$0.73												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.86	\$50.34	\$0.00	\$19.35	\$17.54	\$0.00	\$25.93	\$2.32	\$8.65	\$0.73												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3606																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.49																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.01	\$68.49	\$0.00	\$19.35	\$17.54	\$0.00	\$25.93	\$2.32	\$8.65	\$0.73												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.68	\$0.68																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.68	\$0.68																				
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	\$19.99	\$1.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$163.00	\$70.38	\$0.00	\$19.57	\$17.95	\$0.00	\$43.40	\$2.32	\$8.65	\$0.73												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.43																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: HABERSHAM HOME Pvdr ID: 00141292A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
			Growth Allowance: N/A Qtrly BIMS score: 49.06% Nurse Hours per On-Site Day/Quality Incentive: 3.29				Add-on Percent: 0.00% 5.5% 2.0%				Base Period Overall CMI: 1.3149 Quarterly Medicaid CMI: 1.3327 Qtrly Mcaid CMI w RUG Wght Options: 1.3535		1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,701,335	\$3,017,576	\$0	\$1,359,787	\$1,098,223	\$478,655	\$907,919		\$839,175	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$145,724)	\$0	\$0	\$0	\$0	\$0	(\$67,892)		(\$77,832)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$67,892					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$77,832			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,701,335	\$3,017,576	\$0	\$1,359,787	\$1,098,223	\$478,655	\$840,027	\$67,892	\$761,343	\$77,832			
8	Total Nursing Facility Days	As Filed Days = 26,945 FY20 Audited C/R Days	26,945												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,945 FY20 GL-PL Ins Rpt Days								26,945					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$285.83	\$111.99	\$0.00	\$50.47	\$58.52	(with L&H)	\$31.18	\$2.52	\$28.26	\$2.89			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3149											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.17											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.17	\$0.00	\$50.47	\$58.52		\$31.18	\$2.52	\$28.26	\$2.89			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.17	\$85.17	\$0.00	\$32.46	\$27.62		\$30.83	\$2.52	9.68 (FRV)	\$2.89			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.17	\$85.17	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$2.52	\$9.68	\$2.89			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3535											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.28											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.28	\$115.28	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$2.52	\$9.68	\$2.89			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.34	\$6.34											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$26.28	\$9.18	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.56	\$124.46	\$0.00	\$32.46	\$27.62	\$0.00	\$47.93	\$2.52	\$9.68	\$2.89			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.85												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
				a	b	c	d	e	f	g	g	h	i	
Provider: WARNER ROBINS REHABILITATION CENTER Prvdr ID: 00141303A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 24.36% Nurse Hours per On-Site Day/Quality Incentive: 3.09			Facility Score Add-on Percent: 0.00% 1.0% 5.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.5133 Quarterly Medicaid CMI: 1.3675 Qtrly Mcaid CMI w RUG Wght Options: 1.3881			Facility Specific 1.5126 1.5215 1.5482	
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,165,898	\$3,090,039	\$0	\$513,598	\$589,274	\$0	\$1,249,980		\$723,007	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$321,095)	(\$14,862)	\$0	\$0	\$0	\$0	(\$195,050)		(\$111,183)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$209,912				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$111,183		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,165,898	\$3,075,177	\$0	\$513,598	\$589,274	\$0	\$1,054,930	\$209,912	\$611,824	\$111,183		
8	Total Nursing Facility Days	As Filed Days = 41,910 FY20 Audited C/R Days	41,910											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,910 FY20 GL-PL Ins Rpt Days								41,910				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$147.12	\$73.38	\$0.00	\$12.25	\$14.06	(with L&H)	\$25.17	\$5.01	\$14.60	\$2.65		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5133										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.49										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.49	\$0.00	\$12.25	\$14.06		\$25.17	\$5.01	\$14.60	\$2.65		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.07	\$48.49	\$0.00	\$12.25	\$14.06		\$25.17	\$5.01	9.44 (FRV)	\$2.65		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$117.07	\$48.49	\$0.00	\$12.25	\$14.06	\$0.00	\$25.17	\$5.01	\$9.44	\$2.65		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3881										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.31										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$135.89	\$67.31	\$0.00	\$12.25	\$14.06	\$0.00	\$25.17	\$5.01	\$9.44	\$2.65		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.67	\$0.67										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.67	\$4.57	\$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	\$158.56	\$71.88	\$0.00	\$12.47	\$14.47	\$0.00	\$42.64	\$5.01	\$9.44	\$2.65		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$106.10											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: HARALSON NSG & REHAB CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141325A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.6451	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	38.10%	Quarterly Medicaid CMI:				1.6580	1.5215	
					2.92	Qtrly Mcaid CMI w RUG Wght Options:				1.6886	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,110,105	\$3,651,200	\$0	\$702,373	\$639,707	\$0	\$1,187,320		\$929,505	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$53,073)	(\$2,500)	\$0	\$0	(\$6,526)	(\$6,099)	(\$10,807)		(\$27,141)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$10,807		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$26,606
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,094,445	\$3,648,700	\$0	\$702,373	\$633,181	(\$6,099)	\$1,176,513	\$10,807	\$902,364	\$26,606
8	Total Nursing Facility Days As Filed Days = 38,456	FY20 Audited C/R Days	38,456									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,456	FY20 GL-PL Ins Rpt Days								38,456		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.47	\$94.88	\$0.00	\$18.26	\$16.31	(with L&H)	\$30.59	\$0.28	\$23.46	\$0.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6451								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.67	\$0.00	\$18.26	\$16.31		\$30.59	\$0.28	\$23.46	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.74	\$57.67	\$0.00	\$18.26	\$16.31		\$30.59	\$0.28	8.94 (FRV)	\$0.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.74	\$57.67	\$0.00	\$18.26	\$16.31	\$0.00	\$30.59	\$0.28	\$8.94	\$0.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6886								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.45	\$97.38	\$0.00	\$18.26	\$16.31	\$0.00	\$30.59	\$0.28	\$8.94	\$0.69
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.34	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.18		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.79	\$5.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.28	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.24	\$103.26	\$0.00	\$18.48	\$16.72	\$0.00	\$47.87	\$0.28	\$8.94	\$0.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.36									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: NANCY HART CENTER FOR NURSING AND HEALING LLC		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141336A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.2705	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	13.73%	Quarterly Medicaid CMI:				1.6068	1.5215	
					5.37	Qtrly Mcaid CMI w RUG Wght Options:				1.6350	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,078,075	\$1,609,325	\$0	\$330,575	\$426,757	\$0	\$566,623		\$144,795	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$89,801)	\$0	\$0	\$0	(\$644)	(\$573)	(\$72,956)		(\$15,628)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$74,118		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$15,583
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,077,975	\$1,609,325	\$0	\$330,575	\$426,113	(\$573)	\$493,667	\$74,118	\$129,167	\$15,583
8	Total Nursing Facility Days As Filed Days = 18,034	FY20 Audited C/R Days	18,034									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,034	FY20 GL-PL Ins Rpt Days								18,034		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.67	\$89.24	\$0.00	\$18.33	\$23.60	(with L&H)	\$27.37	\$4.11	\$7.16	\$0.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2705								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.24	\$0.00	\$18.33	\$23.60		\$27.37	\$4.11	\$7.16	\$0.86
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.01	\$70.24	\$0.00	\$18.33	\$23.60		\$27.37	\$4.11	8.50 (FRV)	\$0.86
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.01	\$70.24	\$0.00	\$18.33	\$23.60	\$0.00	\$27.37	\$4.11	\$8.50	\$0.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6350								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.61	\$114.84	\$0.00	\$18.33	\$23.60	\$0.00	\$27.37	\$4.11	\$8.50	\$0.86
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	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	\$22.08	\$3.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.69	\$118.82	\$0.00	\$18.55	\$24.01	\$0.00	\$44.84	\$4.11	\$8.50	\$0.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.94									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: HEART OF GEORGIA NURSING HOME Prvdr ID: 00141358A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A Qtrly BIMS score: 35.37% Nurse Hours per On-Site Day/Quality Incentive: 2.72				N/A	0.00% 2.5% 6.0%	Base Period Overall CMI: 1.6509 Quarterly Medicaid CMI: 1.7130 Qtrly Mcaid CMI w RUG Wght Options: 1.7470			1.6509 1.7130 1.7470	1.5126 1.5215 1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,622,322	\$2,967,387	\$0	\$615,227	\$492,634	\$0	\$734,341		\$2,812,733	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$97,721)	\$0	\$0	\$0	\$0	\$0	(\$66,702)		(\$31,019)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$64,199		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$31,019
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,619,819	\$2,967,387	\$0	\$615,227	\$492,634	\$0	\$667,639	\$64,199	\$2,781,714	\$31,019
8	Total Nursing Facility Days	As Filed Days = 33,095 FY20 Audited C/R Days	33,095									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,095 FY20 GL-PL Ins Rpt Days								33,095		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$230.24	\$89.66	\$0.00	\$18.59	\$14.89	(with L&H)	\$20.17	\$1.94	\$84.05	\$0.94
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6509								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.31	\$0.00	\$18.59	\$14.89		\$20.17	\$1.94	\$84.05	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.19	\$54.31	\$0.00	\$18.59	\$14.89		\$20.17	\$1.94	12.35 (FRV)	\$0.94
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.19	\$54.31	\$0.00	\$18.59	\$14.89	\$0.00	\$20.17	\$1.94	\$12.35	\$0.94
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7470								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.76	\$94.88	\$0.00	\$18.59	\$14.89	\$0.00	\$20.17	\$1.94	\$12.35	\$0.94
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.69	\$5.69								
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	\$26.69	\$8.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.45	\$103.47	\$0.00	\$18.81	\$15.30	\$0.00	\$37.64	\$1.94	\$12.35	\$0.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.01									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - VALDOSTA, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141369A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5992	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.27%	1.0%	Quarterly Medicaid CMI:			1.7975	1.5215
							3.19	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8330	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,552,451	\$3,051,448	\$0	\$471,028	\$689,274	\$0	\$951,906		\$388,795	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$265,091)	(\$40,602)	\$0	\$0	\$0	\$0	(\$175,159)		(\$49,330)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$200,303			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$53,191	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,540,854	\$3,010,846	\$0	\$471,028	\$689,274	\$0	\$776,747	\$200,303	\$339,465	\$53,191	
8	Total Nursing Facility Days	As Filed Days = 32,606 FY20 Audited C/R Days	32,606										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,606 FY20 GL-PL Ins Rpt Days								32,606			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.93	\$92.34	\$0.00	\$14.45	\$21.14	(with L&H)	\$23.82	\$6.14	\$10.41	\$1.63	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5992									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.74	\$0.00	\$14.45	\$21.14		\$23.82	\$6.14	\$10.41	\$1.63	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.32	\$57.74	\$0.00	\$14.45	\$21.14		\$23.82	\$6.14	10.40 (FRV)	\$1.63	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.32	\$57.74	\$0.00	\$14.45	\$21.14	\$0.00	\$23.82	\$6.14	\$10.40	\$1.63	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8330									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.42	\$105.84	\$0.00	\$14.45	\$21.14	\$0.00	\$23.82	\$6.14	\$10.40	\$1.63	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.23	\$4.23									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.92	\$5.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.34	\$111.66	\$0.00	\$14.67	\$21.55	\$0.00	\$41.29	\$6.14	\$10.40	\$1.63	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.68										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent
Provider: PRUITTHEALTH - ATHENS HERITAGE Prvdr ID: 00141391A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	State-wide							
													N/A	25.76%	3.54	0.00%	1.0%	5.0%	Base Period Overall CMI:	1.5974	1.5126
													25.76%	1.0%	5.0%	Quarterly Medicaid CMI:	1.7127	1.5215			
													3.54	5.0%	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.7444	1.5482			
CASE MIX BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,973,375	\$3,794,603	\$0	\$581,589	\$858,960	\$0	\$1,182,397		\$555,826	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$343,094)	(\$66,954)	\$0	\$0	\$2,007	\$1,921	(\$145,578)		(\$134,490)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$211,340											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$139,639									
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,981,260	\$3,727,649	\$0	\$581,589	\$860,967	\$1,921	\$1,036,819	\$211,340	\$421,336	\$139,639									
8	Total Nursing Facility Days	As Filed Days = 33,851																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,851																			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.24	\$110.12	\$0.00	\$17.18	\$25.49	(with L&H)	\$30.63	\$6.24	\$12.45	\$4.13									
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5974																	
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.94																	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.94	\$0.00	\$17.18	\$25.49		\$30.63	\$6.24	\$12.45	\$4.13									
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A										
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.33	\$68.94	\$0.00	\$17.18	\$25.49		\$30.63	\$6.24	15.72 (FRV)	\$4.13									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.33	\$68.94	\$0.00	\$17.18	\$25.49	\$0.00	\$30.63	\$6.24	\$15.72	\$4.13									
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7444																	
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.26																	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.65	\$120.26	\$0.00	\$17.18	\$25.49	\$0.00	\$30.63	\$6.24	\$15.72	\$4.13									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.15		\$0.00										
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.01	\$6.01																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.62	\$7.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.25	\$0.00	\$0.00	\$0.00									
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.27	\$128.00	\$0.00	\$17.40	\$25.90	\$0.00	\$47.88	\$6.24	\$15.72	\$4.13									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.13																		

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,147,821	\$3,457,391	\$0	\$677,965	\$863,870	\$0	\$1,236,776		\$911,819	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$329,896)	(\$24,887)	\$0	\$0	(\$510)	(\$552)	(\$140,969)		(\$162,978)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$143,603		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$129,689
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,091,217	\$3,432,504	\$0	\$677,965	\$863,360	(\$552)	\$1,095,807	\$143,603	\$748,841	\$129,689
8	Total Nursing Facility Days As Filed Days = 36,984	FY20 Audited C/R Days	36,977									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,984	FY20 GL-PL Ins Rpt Days								36,977		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.76	\$92.83	\$0.00	\$18.33	\$23.33	(with L&H)	\$29.63	\$3.88	\$20.25	\$3.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6038								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.88	\$0.00	\$18.33	\$23.33		\$29.63	\$3.88	\$20.25	\$3.51
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.21	\$57.88	\$0.00	\$18.33	\$23.33		\$29.63	\$3.88	10.65 (FRV)	\$3.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.21	\$57.88	\$0.00	\$18.33	\$23.33	\$0.00	\$29.63	\$3.88	\$10.65	\$3.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5510								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.10	\$89.77	\$0.00	\$18.33	\$23.33	\$0.00	\$29.63	\$3.88	\$10.65	\$3.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.80	\$1.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.33	\$3.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.43	\$93.00	\$0.00	\$18.55	\$23.74	\$0.00	\$47.10	\$3.88	\$10.65	\$3.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: HARTWELL HEALTH AND REHABILITATION														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.3933	1.5126
Prvdr ID: 00141413A														Qtrly BIMS score	26.42%	1.0%	Quarterly Medicaid CMI:	1.2853	1.5215
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.19	6.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3038	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes										
Peer Group Standards & Efficiency Measure Limits																			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,681,181	\$3,087,638	\$0	\$709,021	\$562,575	\$0	\$1,057,613		\$264,334	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$108,146)	\$0	\$0	\$0	\$0	(\$6,820)	(\$86,640)		(\$14,686)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$49,244									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$14,686							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,636,965	\$3,087,638	\$0	\$709,021	\$562,575	(\$6,820)	\$970,973	\$49,244	\$249,648	\$14,686							
8	Total Nursing Facility Days	As Filed Days = 30,594 FY20 Audited C/R Days	30,594																
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,594 FY20 GL-PL Ins Rpt Days									30,594								
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.26	\$100.92	\$0.00	\$23.18	\$18.17	(with L&H)	\$31.74	\$1.61	\$8.16	\$0.48							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3933															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.43	\$0.00	\$23.18	\$18.17		\$31.74	\$1.61	\$8.16	\$0.48							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.43	\$0.00	\$23.18	\$18.17		\$31.74	\$1.61	\$8.16	\$0.48							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.95	\$72.43	\$0.00	\$23.18	\$18.17		\$30.83	\$1.61	9.25 (FRV)	\$0.48							
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.95	\$72.43	\$0.00	\$23.18	\$18.17	\$0.00	\$30.83	\$1.61	\$9.25	\$0.48							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3038															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.43															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.95	\$94.43	\$0.00	\$23.18	\$18.17	\$0.00	\$30.83	\$1.61	\$9.25	\$0.48							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.67	\$5.67															
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	\$24.87	\$7.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.82	\$101.57	\$0.00	\$23.40	\$18.58	\$0.00	\$47.93	\$1.61	\$9.25	\$0.48							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.29																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - MONROE Prvdr ID: 00141468A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.3787	1.5126
							27.91%	1.0%					1.3390	1.5215
							3.22	5.0%					1.3577	1.5482
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,620,558	\$2,544,745	\$0	\$455,133	\$597,436	\$0	\$757,486		\$265,758	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$188,809)	\$0	\$0	\$0	\$0	\$0	(\$169,008)		(\$19,801)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$169,008				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$21,369		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,622,126	\$2,544,745	\$0	\$455,133	\$597,436	\$0	\$588,478	\$169,008	\$245,957	\$21,369		
8	Total Nursing Facility Days	As Filed Days = 26,313 FY20 Audited C/R Days	26,313											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,313 FY20 GL-PL Ins Rpt Days								26,313				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$175.65	\$96.71	\$0.00	\$17.30	\$22.70	(with L&H)	\$22.36	\$6.42	\$9.35	\$0.81		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3787										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.14										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.14	\$0.00	\$17.30	\$22.70		\$22.36	\$6.42	\$9.35	\$0.81		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.28	\$70.14	\$0.00	\$17.30	\$22.70		\$22.36	\$6.42	9.55 (FRV)	\$0.81		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.28	\$70.14	\$0.00	\$17.30	\$22.70	\$0.00	\$22.36	\$6.42	\$9.55	\$0.81		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3577										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.23										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.37	\$95.23	\$0.00	\$17.30	\$22.70	\$0.00	\$22.36	\$6.42	\$9.55	\$0.81		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.76	\$4.76										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.34	\$6.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.71	\$101.47	\$0.00	\$17.52	\$23.11	\$0.00	\$39.83	\$6.42	\$9.55	\$0.81		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.21											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance				
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - HOLLY HILL, LLC Prvdr ID: 00141479A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
			Growth Allowance: N/A Qtrly BIMS score: 16.13% Nurse Hours per On-Site Day/Quality Incentive: 2.91				Add-on Percent: 0.00% 0.0% 5.0%				Base Period Overall CMI: 1.5147 Quarterly Medicaid CMI: 1.5039 Qtrly Mcaid CMI w RUG Wght Options: 1.5297		Facility Specific: 1.5147 1.5039 1.5297	State-wide: 1.5126 1.5215 1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,276,993	\$3,032,762	\$0	\$462,941	\$578,380	\$0	\$840,855		\$362,055	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$250,955)	(\$30,357)	\$0	\$0	\$0	\$0	(\$193,235)		(\$27,363)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$206,689				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$29,127		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,261,854	\$3,002,405	\$0	\$462,941	\$578,380	\$0	\$647,620	\$206,689	\$334,692	\$29,127		
8	Total Nursing Facility Days	As Filed Days = 28,348 FY20 Audited C/R Days	28,348											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,348 FY20 GL-PL Ins Rpt Days								28,348				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$185.62	\$105.91	\$0.00	\$16.33	\$20.40	(with L&H)	\$22.85	\$7.29	\$11.81	\$1.03		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5147										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.92										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.92	\$0.00	\$16.33	\$20.40		\$22.85	\$7.29	\$11.81	\$1.03		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.75	\$69.92	\$0.00	\$16.33	\$20.40		\$22.85	\$7.29	9.93 (FRV)	\$1.03		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.75	\$69.92	\$0.00	\$16.33	\$20.40	\$0.00	\$22.85	\$7.29	\$9.93	\$1.03		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5297										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.96										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.79	\$106.96	\$0.00	\$16.33	\$20.40	\$0.00	\$22.85	\$7.29	\$9.93	\$1.03		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$23.98	\$5.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.77	\$112.84	\$0.00	\$16.55	\$20.81	\$0.00	\$40.32	\$7.29	\$9.93	\$1.03		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.75											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: WYNFIELD PARK HEALTH AND REHABILITATION														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.4527	1.5126
Prvdr ID: 00141512A														Qtrly BIMS score	26.50%	1.0%	Quarterly Medicaid CMI:	1.3603	1.5215
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.36	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3816	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>										
Peer Group Standards & Efficiency Measure Limits																			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,063,217	\$5,848,804	\$0	\$1,314,166	\$1,122,547	\$0	\$1,851,967		\$925,733	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$175,146)	\$4,846	\$0	\$0	\$0	\$6,811	(\$154,138)		(\$32,665)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$98,215									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$32,665							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,018,951	\$5,853,650	\$0	\$1,314,166	\$1,122,547	\$6,811	\$1,697,829	\$98,215	\$893,068	\$32,665							
8	Total Nursing Facility Days	As Filed Days = 60,369																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 60,369																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.52	\$96.96	\$0.00	\$21.77	\$18.71	(with L&H)	\$28.12	\$1.63	\$14.79	\$0.54							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4527															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.75															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.75	\$0.00	\$21.77	\$18.71		\$28.12	\$1.63	\$14.79	\$0.54							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.99	\$66.75	\$0.00	\$21.77	\$18.71		\$28.12	\$1.63	23.47 (FRV)	\$0.54							
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.99	\$66.75	\$0.00	\$21.77	\$18.71	\$0.00	\$28.12	\$1.63	\$23.47	\$0.54							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3816															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.22															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.46	\$92.22	\$0.00	\$21.77	\$18.71	\$0.00	\$28.12	\$1.63	\$23.47	\$0.54							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.32	\$4.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.78	\$96.44	\$0.00	\$21.99	\$19.12	\$0.00	\$45.59	\$1.63	\$23.47	\$0.54							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.76																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: MACON REHABILITATION AND HEALTHCARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141523A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7271	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.03%	1.0%	Quarterly Medicaid CMI:			1.7986	1.5215
							3.13	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8319	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,056,756	\$2,744,792	\$0	\$525,366	\$634,162	\$0	\$981,889		\$1,170,547	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$191,682)	\$0	\$0	\$0	\$0	\$0	(\$111,338)		(\$80,344)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$125,883			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$80,344	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,071,301	\$2,744,792	\$0	\$525,366	\$634,162	\$0	\$870,551	\$125,883	\$1,090,203	\$80,344	
8	Total Nursing Facility Days	As Filed Days = 29,674 FY20 Audited C/R Days	29,674										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,674 FY20 GL-PL Ins Rpt Days								29,674			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.60	\$92.50	\$0.00	\$17.70	\$21.37	(with L&H)	\$29.34	\$4.24	\$36.74	\$2.71	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7271									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.56									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.56	\$0.00	\$17.70	\$21.37		\$29.34	\$4.24	\$36.74	\$2.71	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.88	\$53.56	\$0.00	\$17.70	\$21.37		\$29.34	\$4.24	10.96 (FRV)	\$2.71	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.88	\$53.56	\$0.00	\$17.70	\$21.37	\$0.00	\$29.34	\$4.24	\$10.96	\$2.71	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8319									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.12									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.44	\$98.12	\$0.00	\$17.70	\$21.37	\$0.00	\$29.34	\$4.24	\$10.96	\$2.71	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.96	\$1.96									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.57	\$3.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.01	\$101.59	\$0.00	\$17.92	\$21.78	\$0.00	\$46.81	\$4.24	\$10.96	\$2.71	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.68										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
				a	b	c	d	e	f	g	g	h	i		
Provider: FRIENDSHIP HEALTH AND REHAB Prvdr ID: 00141567A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 36.00% Nurse Hours per On-Site Day/Quality Incentive: 3.26			Facility Score Add-on Percent: 0.00% 2.5% 2.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.6381 Quarterly Medicaid CMI: 1.9796 Qtrly Mcaid CMI w RUG Wght Options: 2.0192			Facility Specific 1.6381 1.9796 2.0192		State-wide 1.5126 1.5215 1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,292,129	\$2,950,655	\$0	\$506,766	\$661,959	\$0	\$781,342		\$391,407	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$141,827)	(\$80,055)	\$0	\$80,055	\$0	\$0	(\$127,130)		(\$14,697)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$128,784					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$14,697			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,293,783	\$2,870,600	\$0	\$586,821	\$661,959	\$0	\$654,212	\$128,784	\$376,710	\$14,697			
8	Total Nursing Facility Days	As Filed Days = 25,191 FY20 Audited C/R Days	25,191												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,191 FY20 GL-PL Ins Rpt Days								25,191					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.13	\$113.95	\$0.00	\$23.29	\$26.28	(with L&H)	\$25.97	\$5.11	\$14.95	\$0.58			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6381											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.56											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.56	\$0.00	\$23.29	\$26.28		\$25.97	\$5.11	\$14.95	\$0.58			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.45	\$69.56	\$0.00	\$23.29	\$26.28		\$25.97	\$5.11	8.66 (FRV)	\$0.58			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.45	\$69.56	\$0.00	\$23.29	\$26.28	\$0.00	\$25.97	\$5.11	\$8.66	\$0.58			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0192											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.46											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.35	\$140.46	\$0.00	\$23.29	\$26.28	\$0.00	\$25.97	\$5.11	\$8.66	\$0.58			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.51	\$3.51											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$24.95	\$6.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$255.30	\$147.31	\$0.00	\$23.51	\$26.69	\$0.00	\$43.44	\$5.11	\$8.66	\$0.58			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.65												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: MIONA GERIATRIC & DEMENTIA CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141578A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7517	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	61.84%	5.5%	Quarterly Medicaid CMI:			1.6679	1.5215
							3.13	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6990	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,705,811	\$2,946,894	\$0	\$515,536	\$493,564	\$0	\$632,584		\$117,233	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$84,364)	\$0	\$0	\$0	\$0	\$0	(\$51,389)		(\$32,975)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$51,389			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$32,975	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,705,811	\$2,946,894	\$0	\$515,536	\$493,564	\$0	\$581,195	\$51,389	\$84,258	\$32,975	
8	Total Nursing Facility Days As Filed Days = 30,097	FY20 Audited C/R Days	30,097										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,097	FY20 GL-PL Ins Rpt Days								30,097			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$156.36	\$97.91	\$0.00	\$17.13	\$16.40	(with L&H)	\$19.31	\$1.71	\$2.80	\$1.10	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7517									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.89									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.89	\$0.00	\$17.13	\$16.40		\$19.31	\$1.71	\$2.80	\$1.10	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.75	\$55.89	\$0.00	\$17.13	\$16.40		\$19.31	\$1.71	11.21 (FRV)	\$1.10	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.75	\$55.89	\$0.00	\$17.13	\$16.40	\$0.00	\$19.31	\$1.71	\$11.21	\$1.10	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6990									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.96									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.82	\$94.96	\$0.00	\$17.13	\$16.40	\$0.00	\$19.31	\$1.71	\$11.21	\$1.10	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$5.22	\$5.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.70	\$8.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.52	\$103.56	\$0.00	\$17.35	\$16.81	\$0.00	\$36.78	\$1.71	\$11.21	\$1.10	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.57										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: THE PLACE AT DEANS BRIDGE Prvdr ID: 00141589A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Growth Allowance: N/A				Base Period Overall CMI: 1.4140				1.4140	1.5126
			Qtrly BIMS score: 50.00%				Quarterly Medicaid CMI: 1.1717				1.1717	1.5215
			Nurse Hours per On-Site Day/Quality Incentive: 3.61				Qtrly Mcaid CMI w RUG Wght Options: 1.1881				1.1881	1.5482
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,278,912	\$2,828,112	\$0	\$514,540	\$539,674	\$0	\$1,077,343		\$319,243	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$400,662)	\$0	\$0	\$0	\$0	\$0	(\$334,737)		(\$65,925)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$334,737		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$65,925
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,278,912	\$2,828,112	\$0	\$514,540	\$539,674	\$0	\$742,606	\$334,737	\$253,318	\$65,925
8	Total Nursing Facility Days	FY20 Audited C/R Days	28,607									
	As Filed Days = 28,607											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								28,607		
	As Filed Days = 28,607											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.54	\$98.86	\$0.00	\$17.99	\$18.87	<i>(with L&H)</i>	\$25.96	\$11.70	\$8.86	\$2.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4140								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.92	\$0.00	\$17.99	\$18.87		\$25.96	\$11.70	\$8.86	\$2.30
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.90	\$69.92	\$0.00	\$17.99	\$18.87		\$25.96	\$11.70	10.16 <i>(FRV)</i>	\$2.30
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.90	\$69.92	\$0.00	\$17.99	\$18.87	\$0.00	\$25.96	\$11.70	\$10.16	\$2.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1881								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.05	\$83.07	\$0.00	\$17.99	\$18.87	\$0.00	\$25.96	\$11.70	\$10.16	\$2.30
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$4.57	\$4.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$24.86	\$6.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.91	\$89.83	\$0.00	\$18.21	\$19.28	\$0.00	\$43.43	\$11.70	\$10.16	\$2.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.36									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: HARBORVIEW HEALTH SYSTEMS JESUP		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141611A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.4929	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	16.18%	0.0%	Quarterly Medicaid CMI:				1.7813	1.5215
							2.41	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.8146	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,287,161	\$2,560,164	\$0	\$467,677	\$483,728	\$0	\$926,621		\$848,971	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$85,268)	(\$27,504)	\$0	(\$6,570)	(\$5,054)	(\$294)	\$1,481		(\$47,327)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$58,205				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$46,225		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,306,323	\$2,532,660	\$0	\$461,107	\$478,674	(\$294)	\$928,102	\$58,205	\$801,644	\$46,225		
8	Total Nursing Facility Days	As Filed Days = 31,491 FY20 Audited C/R Days	31,491											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,491 FY20 GL-PL Ins Rpt Days								31,491				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$168.50	\$80.42	\$0.00	\$14.64	\$15.19	(with L&H)	\$29.47	\$1.85	\$25.46	\$1.47		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4929										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.87	\$0.00	\$14.64	\$15.19		\$29.47	\$1.85	\$25.46	\$1.47		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.54	\$53.87	\$0.00	\$14.64	\$15.19		\$29.47	\$1.85	8.05 (FRV)	\$1.47		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.54	\$53.87	\$0.00	\$14.64	\$15.19	\$0.00	\$29.47	\$1.85	\$8.05	\$1.47		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8146										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.75										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.42	\$97.75	\$0.00	\$14.64	\$15.19	\$0.00	\$29.47	\$1.85	\$8.05	\$1.47		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$1.96	\$1.96										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.59	\$2.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.01	\$100.24	\$0.00	\$14.86	\$15.60	\$0.00	\$46.94	\$1.85	\$8.05	\$1.47		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.93											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: JOE-ANNE BURGIN HEALTH AND REHABILITATION Prvdr ID: 00141633A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	State-wide										
													N/A	30.91%	0.00%	1.1492	1.1492	1.5126	3.12	3.12	5.00%	1.3624	1.3624	1.5215
													0.00%	3.12	5.00%	1.3807	1.3807	1.5482						
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,598,405	\$2,532,516	\$0	\$761,413	\$199,305	\$325,294	\$624,558		\$155,319	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$26,933)	\$0	\$0	\$0	\$0	\$0	(\$19,350)		(\$7,583)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$19,350														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$7,583												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,598,405	\$2,532,516	\$0	\$761,413	\$199,305	\$325,294	\$605,208	\$19,350	\$147,736	\$7,583												
8	Total Nursing Facility Days	FY20 Audited C/R Days	25,878																					
	As Filed Days = 25,878																							
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								25,878														
	As Filed Days = 25,878																							
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$177.69	\$97.86	\$0.00	\$29.42	\$20.27	(with L&H)	\$23.39	\$0.75	\$5.71	\$0.29												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.1492																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.15																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.15	\$0.00	\$29.42	\$20.27		\$23.39	\$0.75	\$5.71	\$0.29												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.17	\$85.15	\$0.00	\$24.48	\$20.27		\$23.39	\$0.75	19.84 (FRV)	\$0.29												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.17	\$85.15	\$0.00	\$24.48	\$20.27	\$0.00	\$23.39	\$0.75	\$19.84	\$0.29												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3807																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.57																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.59	\$117.57	\$0.00	\$24.48	\$20.27	\$0.00	\$23.39	\$0.75	\$19.84	\$0.29												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.88	\$5.88																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.23	\$9.35	\$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	\$233.82	\$126.92	\$0.00	\$24.48	\$20.68	\$0.00	\$40.86	\$0.75	\$19.84	\$0.29												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.54																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: SCOTT HEALTH & REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141644A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5388	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	34.15%	2.5%	Quarterly Medicaid CMI:			1.4074	1.5215
							3.45	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4320	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,411,698	\$2,007,810	\$0	\$345,210	\$388,075	\$0	\$560,739		\$109,864	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$65,003)	\$0	\$0	\$0	\$0	(\$2,010)	(\$48,935)		(\$14,058)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$42,418			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$14,058	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,403,171	\$2,007,810	\$0	\$345,210	\$388,075	(\$2,010)	\$511,804	\$42,418	\$95,806	\$14,058	
8	Total Nursing Facility Days	As Filed Days = 19,724 FY20 Audited C/R Days	19,724										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,724 FY20 GL-PL Ins Rpt Days								19,724			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$172.54	\$101.80	\$0.00	\$17.50	\$19.57	(with L&H)	\$25.95	\$2.15	\$4.86	\$0.71	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5388									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.15									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.15	\$0.00	\$17.50	\$19.57		\$25.95	\$2.15	\$4.86	\$0.71	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.66	\$66.15	\$0.00	\$17.50	\$19.57		\$25.95	\$2.15	10.63 (FRV)	\$0.71	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.66	\$66.15	\$0.00	\$17.50	\$19.57	\$0.00	\$25.95	\$2.15	\$10.63	\$0.71	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4320									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.73									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.24	\$94.73	\$0.00	\$17.50	\$19.57	\$0.00	\$25.95	\$2.15	\$10.63	\$0.71	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.68	\$5.68									
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	\$26.68	\$8.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.92	\$103.31	\$0.00	\$17.72	\$19.98	\$0.00	\$43.42	\$2.15	\$10.63	\$0.71	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.62										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: KEYSVILLE NURSING HOME & REHAB Prvdr ID: 00141655A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 45.10% Nurse Hours per On-Site Day/Quality Incentive: 2.87				Base Period Overall CMI: 1.3499 Quarterly Medicaid CMI: 1.4310 Qtrly Mcaid CMI w RUG Wght Options: 1.4578				Facility Specific: 1.3499 State-wide: 1.5126 1.4310 1.5215 1.4578 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,362,241	\$1,742,686	\$0	\$430,166	\$442,835	\$0	\$358,922		\$387,632	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$68,851)	\$0	\$0	\$0	\$0	\$0	(\$46,057)		(\$22,794)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$46,057		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$22,794
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,362,241	\$1,742,686	\$0	\$430,166	\$442,835	\$0	\$312,865	\$46,057	\$364,838	\$22,794
8	Total Nursing Facility Days	As Filed Days = 18,770 FY20 Audited C/R Days	18,770									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,770 FY20 GL-PL Ins Rpt Days								18,770		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.12	\$92.84	\$0.00	\$22.92	\$23.59	(with L&H)	\$16.67	\$2.45	\$19.44	\$1.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3499								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.77	\$0.00	\$22.92	\$23.59		\$16.67	\$2.45	\$19.44	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.62	\$68.77	\$0.00	\$22.92	\$23.59		\$16.67	\$2.45	13.01 (FRV)	\$1.21
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.62	\$68.77	\$0.00	\$22.92	\$23.59	\$0.00	\$16.67	\$2.45	\$13.01	\$1.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4578								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.10	\$100.25	\$0.00	\$22.92	\$23.59	\$0.00	\$16.67	\$2.45	\$13.01	\$1.21
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$5.51	\$5.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.15	\$9.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.25	\$109.30	\$0.00	\$23.14	\$24.00	\$0.00	\$34.14	\$2.45	\$13.01	\$1.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.61									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: COUNTRYSIDE HEALTH CENTER Prvdr ID: 00141666A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A Qtrly BIMS score: 19.57% Nurse Hours per On-Site Day/Quality Incentive: 2.85				0.00%	0.0%	Base Period Overall CMI: 1.5442 Quarterly Medicaid CMI: 1.5268 Qtrly Mcaid CMI w RUG Wght Options: 1.5547			1.5442	1.5126
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,039,238	\$1,552,115	\$0	\$286,438	\$358,866	\$0	\$586,083		\$255,736	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$65,769)	\$0	\$0	\$0	(\$3,306)	(\$2,388)	(\$42,918)		(\$17,157)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$32,943		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$16,885
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,023,297	\$1,552,115	\$0	\$286,438	\$355,560	(\$2,388)	\$543,165	\$32,943	\$238,579	\$16,885
8	Total Nursing Facility Days	As Filed Days = 20,494 FY20 Audited C/R Days	20,494									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,494 FY20 GL-PL Ins Rpt Days								20,494		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$147.52	\$75.74	\$0.00	\$13.98	\$17.23	(with L&H)	\$26.50	\$1.61	\$11.64	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5442								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.05	\$0.00	\$13.98	\$17.23		\$26.50	\$1.61	\$11.64	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.33	\$49.05	\$0.00	\$13.98	\$17.23		\$26.50	\$1.61	6.14 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.33	\$49.05	\$0.00	\$13.98	\$17.23	\$0.00	\$26.50	\$1.61	\$6.14	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5547								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.54	\$76.26	\$0.00	\$13.98	\$17.23	\$0.00	\$26.50	\$1.61	\$6.14	\$0.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.92	\$2.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$163.46	\$79.08	\$0.00	\$14.20	\$17.64	\$0.00	\$43.97	\$1.61	\$6.14	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: LAKE CITY NURSING AND REHABILITATION CENTER LLC														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6064	1.5126	
Prvdr ID: 00141699A														Qtrly BIMS score	39.80%	2.5%	Quarterly Medicaid CMI:	1.5619	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	2.65	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5901	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$14,622,884	\$9,075,986	\$0	\$1,365,091	\$1,504,727	\$0	\$1,711,817		\$965,263	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$201,585)	\$0	\$0	(\$8,066)	\$0	\$8,066	(\$109,162)		(\$92,423)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$98,306										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$92,423								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$14,612,028	\$9,075,986	\$0	\$1,357,025	\$1,504,727	\$8,066	\$1,602,655	\$98,306	\$872,840	\$92,423								
8	Total Nursing Facility Days As Filed Days = 82,516	FY20 Audited C/R Days	82,516																	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 82,516	FY20 GL-PL Ins Rpt Days								82,516										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$177.08	\$109.99	\$0.00	\$16.45	\$18.33	(with L&H)	\$19.42	\$1.19	\$10.58	\$1.12								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6064																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.47																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.47	\$0.00	\$16.45	\$18.33		\$19.42	\$1.19	\$10.58	\$1.12								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.33	\$68.47	\$0.00	\$16.45	\$18.33		\$19.42	\$1.19	8.35 (FRV)	\$1.12								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.33	\$68.47	\$0.00	\$16.45	\$18.33	\$0.00	\$19.42	\$1.19	\$8.35	\$1.12								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5901																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.87																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.73	\$108.87	\$0.00	\$16.45	\$18.33	\$0.00	\$19.42	\$1.19	\$8.35	\$1.12								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.62	\$6.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.35	\$115.39	\$0.00	\$16.67	\$18.74	\$0.00	\$36.89	\$1.19	\$8.35	\$1.12								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.94																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - LAKEHAVEN, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141721A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6532	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:			1.5546	1.5215
							4.32	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5805	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,346,476	\$2,861,912	\$0	\$512,360	\$604,297	\$0	\$904,891		\$463,016	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$224,779)	(\$37,891)	\$0	\$0	\$0	\$0	(\$161,196)		(\$25,692)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$183,614			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$28,654	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,333,965	\$2,824,021	\$0	\$512,360	\$604,297	\$0	\$743,695	\$183,614	\$437,324	\$28,654	
8	Total Nursing Facility Days	As Filed Days = 30,455 FY20 Audited C/R Days	30,455										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,455 FY20 GL-PL Ins Rpt Days								30,455			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$175.14	\$92.73	\$0.00	\$16.82	\$19.84	(with L&H)	\$24.42	\$6.03	\$14.36	\$0.94	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6532									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.09									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.09	\$0.00	\$16.82	\$19.84		\$24.42	\$6.03	\$14.36	\$0.94	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.11	\$56.09	\$0.00	\$16.82	\$19.84		\$24.42	\$6.03	7.97 (FRV)	\$0.94	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.11	\$56.09	\$0.00	\$16.82	\$19.84	\$0.00	\$24.42	\$6.03	\$7.97	\$0.94	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5805									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.67	\$88.65	\$0.00	\$16.82	\$19.84	\$0.00	\$24.42	\$6.03	\$7.97	\$0.94	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.22	\$2.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.32	\$5.32									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.17	\$8.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.84	\$96.72	\$0.00	\$17.04	\$20.25	\$0.00	\$41.89	\$6.03	\$7.97	\$0.94	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.31										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: SGMC LAKELAND VILLA Prvdr ID: 00141732A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A Qtrly BIMS score: 23.21% Nurse Hours per On-Site Day/Quality Incentive: 4.21				N/A	0.00% 1.0% 2.0%	Base Period Overall CMI: 1.1610 Quarterly Medicaid CMI: 1.0721 Qtrly Mcaid CMI w RUG Wght Options: 1.0842				1.1610 1.0721 1.0842	1.5126 1.5215 1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,674,050	\$3,057,151	\$0	\$1,328,854	\$387,845	\$673,084	\$832,607		\$394,509	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$79,856)	\$26,561	\$0	\$0	\$0	\$0	(\$89,892)		(\$16,525)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$43,612			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$16,525	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,654,331	\$3,083,712	\$0	\$1,328,854	\$387,845	\$673,084	\$742,715	\$43,612	\$377,984	\$16,525	
8	Total Nursing Facility Days As Filed Days = 22,274	FY20 Audited C/R Days	22,340										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,274	FY20 GL-PL Ins Rpt Days								22,340			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.87	\$138.04	\$0.00	\$59.48	\$47.49	(with L&H)	\$33.25	\$1.95	\$16.92	\$0.74	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.1610									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$118.90									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$118.90	\$0.00	\$59.48	\$47.49		\$33.25	\$1.95	\$16.92	\$0.74	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.18	\$88.52	\$0.00	\$32.46	\$27.62		\$30.83	\$1.95	29.06 (FRV)	\$0.74	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.18	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$1.95	\$29.06	\$0.74	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0842									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.63	\$95.97	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$1.95	\$29.06	\$0.74	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.92	\$1.92									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.98	\$2.88	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.61	\$98.85	\$0.00	\$32.46	\$27.62	\$0.00	\$47.93	\$1.95	\$29.06	\$0.74	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.13										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: THE OAKS - LIMESTONE Prvdr ID: 00141743A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.6112	1.5126
							28.89%	1.0%					1.3516	1.5215
							3.09	5.0%					1.3722	1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,978,214	\$3,784,996	\$0	\$523,531	\$911,889	\$0	\$1,296,150		\$461,648	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$264,480)	(\$60,591)	\$0	\$0	\$10,558	\$13,024	(\$149,562)		(\$77,909)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$211,821				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$65,787		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,991,342	\$3,724,405	\$0	\$523,531	\$922,447	\$13,024	\$1,146,588	\$211,821	\$383,739	\$65,787		
8	Total Nursing Facility Days	As Filed Days = 33,255 FY20 Audited C/R Days	33,255											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,255 FY20 GL-PL Ins Rpt Days								33,255				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.24	\$112.00	\$0.00	\$15.74	\$28.13	(with L&H)	\$34.48	\$6.37	\$11.54	\$1.98		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6112										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.51										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.51	\$0.00	\$15.74	\$28.13		\$34.48	\$6.37	\$11.54	\$1.98		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.52	\$69.51	\$0.00	\$15.74	\$27.62		\$30.83	\$6.37	33.47 (FRV)	\$1.98		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.52	\$69.51	\$0.00	\$15.74	\$27.62	\$0.00	\$30.83	\$6.37	\$33.47	\$1.98		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3722										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.38										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.39	\$95.38	\$0.00	\$15.74	\$27.62	\$0.00	\$30.83	\$6.37	\$33.47	\$1.98		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.77	\$4.77										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.57	\$6.25	\$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	\$234.96	\$101.63	\$0.00	\$15.96	\$27.62	\$0.00	\$47.93	\$6.37	\$33.47	\$1.98		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.40											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: RENAISSANCE CENTER FOR NURSING AND HEALING Prvdr ID: 00141754A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
			Growth Allowance: N/A Qtrly BIMS score: 19.23% Nurse Hours per On-Site Day/Quality Incentive: 4.78				Add-on Percent: 0.00% 0.0% 3.0%				Base Period Overall CMI: 1.5645 Quarterly Medicaid CMI: 1.7793 Qtrly Mcaid CMI w RUG Wght Options: 1.8141		1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,998,112	\$3,495,716	\$0	\$652,604	\$563,288	\$0	\$1,111,518		\$1,174,986	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$238,912)	(\$3,355)	\$0	\$0	(\$3,974)	(\$4,878)	(\$150,535)		(\$76,170)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$111,935					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$74,973			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,946,108	\$3,492,361	\$0	\$652,604	\$559,314	(\$4,878)	\$960,983	\$111,935	\$1,098,816	\$74,973			
8	Total Nursing Facility Days	As Filed Days = 39,525 FY20 Audited C/R Days	39,525												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,525 FY20 GL-PL Ins Rpt Days								39,525					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$175.74	\$88.36	\$0.00	\$16.51	\$14.03	(with L&H)	\$24.31	\$2.83	\$27.80	\$1.90			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5645											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.48											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.48	\$0.00	\$16.51	\$14.03		\$24.31	\$2.83	\$27.80	\$1.90			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.60	\$56.48	\$0.00	\$16.51	\$14.03		\$24.31	\$2.83	8.54 (FRV)	\$1.90			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.60	\$56.48	\$0.00	\$16.51	\$14.03	\$0.00	\$24.31	\$2.83	\$8.54	\$1.90			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8141											
18	Qtrly Routine Srvc 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	\$170.58	\$102.46	\$0.00	\$16.51	\$14.03	\$0.00	\$24.31	\$2.83	\$8.54	\$1.90			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.70	\$3.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.28	\$106.06	\$0.00	\$16.73	\$14.44	\$0.00	\$41.78	\$2.83	\$8.54	\$1.90			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.39												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: MAGNOLIA MANOR OF MARION COUNTY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141809A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6769	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.14%	2.5%	Quarterly Medicaid CMI:			1.3769	1.5215
							3.99	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4003	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,239,434	\$2,275,577	\$0	\$415,534	\$441,196	\$0	\$741,773		\$365,354	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$74,207)	\$0	\$0	\$0	\$4,103	\$5,529	(\$68,543)		(\$15,296)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$66,181			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$15,630	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,247,038	\$2,275,577	\$0	\$415,534	\$445,299	\$5,529	\$673,230	\$66,181	\$350,058	\$15,630	
8	Total Nursing Facility Days	As Filed Days = 21,845 FY20 Audited C/R Days	21,845										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,845 FY20 GL-PL Ins Rpt Days								21,845			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.42	\$104.17	\$0.00	\$19.02	\$20.64	(with L&H)	\$30.82	\$3.03	\$16.02	\$0.72	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6769									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.12	\$0.00	\$19.02	\$20.64		\$30.82	\$3.03	\$16.02	\$0.72	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.70	\$62.12	\$0.00	\$19.02	\$20.64		\$30.82	\$3.03	28.35 (FRV)	\$0.72	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.70	\$62.12	\$0.00	\$19.02	\$20.64	\$0.00	\$30.82	\$3.03	\$28.35	\$0.72	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4003									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.57	\$86.99	\$0.00	\$19.02	\$20.64	\$0.00	\$30.82	\$3.03	\$28.35	\$0.72	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.17	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.01		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.17	\$2.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$24.79	\$7.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.11	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.36	\$94.04	\$0.00	\$19.24	\$21.05	\$0.00	\$47.93	\$3.03	\$28.35	\$0.72	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.95										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: LEGACY TRANSITIONAL CARE & REHABILITATION Prvdr ID: 00141831A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	1.3564	1.5126	28.03%	1.0%	1.4289	1.5215	2.34	2.0%	1.4538	1.5482
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,130,734	\$4,764,008	\$0	\$950,114	\$1,118,925	\$0	\$1,822,698		\$1,474,989	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$577,968)	\$0	\$0	\$0	(\$6,030)	(\$8,198)	(\$422,724)		(\$141,016)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$356,069														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$139,223												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,048,058	\$4,764,008	\$0	\$950,114	\$1,112,895	(\$8,198)	\$1,399,974	\$356,069	\$1,333,973	\$139,223												
8	Total Nursing Facility Days	As Filed Days = 62,428 FY20 Audited C/R Days	62,428																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 62,428 FY20 GL-PL Ins Rpt Days								62,428														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$160.96	\$76.31	\$0.00	\$15.22	\$17.70	(with L&H)	\$22.43	\$5.70	\$21.37	\$2.23												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3564																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.26																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.26	\$0.00	\$15.22	\$17.70		\$22.43	\$5.70	\$21.37	\$2.23												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.73	\$56.26	\$0.00	\$15.22	\$17.70		\$22.43	\$5.70	10.19 <i>(FRV)</i>	\$2.23												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.73	\$56.26	\$0.00	\$15.22	\$17.70	\$0.00	\$22.43	\$5.70	\$10.19	\$2.23												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4538																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.79																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.26	\$81.79	\$0.00	\$15.22	\$17.70	\$0.00	\$22.43	\$5.70	\$10.19	\$2.23												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.64	\$1.64																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.09	\$2.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.35	\$84.78	\$0.00	\$15.44	\$18.11	\$0.00	\$39.90	\$5.70	\$10.19	\$2.23												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.44																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.4093	1.5126				
Provider: SADIE G. MAYS HEALTH & REHABILITATION CENTER Prvdr ID: 00141842A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.4093	1.5126	1.5708	1.5215	1.5987	1.5482
CASE MIX BASED RATE CALCULATIONS																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$13,860,322	\$6,983,291	\$0	\$1,236,600	\$1,712,026	\$0	\$3,593,745		\$334,660	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$441,813)	\$0	\$0	\$0	(\$1,270)	(\$2,172)	(\$412,463)		(\$25,908)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$309,008																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$13,629														
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$13,741,146	\$6,983,291	\$0	\$1,236,600	\$1,710,756	(\$2,172)	\$3,181,282	\$309,008	\$308,752	\$13,629														
8	Total Nursing Facility Days	As Filed Days = 64,698																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 64,698									64,698															
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.39	\$107.94	\$0.00	\$19.11	\$26.41	(with L&H)	\$49.17	\$4.78	\$4.77	\$0.21														
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4093																						
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.59																						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.59	\$0.00	\$19.11	\$26.41		\$49.17	\$4.78	\$4.77	\$0.21														
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A															
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.26	\$76.59	\$0.00	\$19.11	\$26.41		\$30.83	\$4.78	11.33 (FRV)	\$0.21														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.26	\$76.59	\$0.00	\$19.11	\$26.41	\$0.00	\$30.83	\$4.78	\$11.33	\$0.21														
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5987																						
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.44																						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.11	\$122.44	\$0.00	\$19.11	\$26.41	\$0.00	\$30.83	\$4.78	\$11.33	\$0.21														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00														
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.90	\$4.90																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.12	\$8.49	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00														
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.23	\$130.93	\$0.00	\$19.33	\$26.82	\$0.00	\$30.83	\$4.78	\$11.33	\$0.21														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.17																							

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance							
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance								
			a	b	c	d	e	f	g	g	h	i						
Provider: MCRAE MANOR NURSING HOME Prvdr ID: 00141853A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																		
			Growth Allowance: N/A Qtrly BIMS score: 21.52% Nurse Hours per On-Site Day/Quality Incentive: 3.74				Add-on Percent: 0.00% 1.0% 3.0%				Facility Score: N/A 21.52% 3.74		Base Period Overall CMI: 1.5006 Quarterly Medicaid CMI: 1.5224 Qtrly Mcaid CMI w RUG Wght Options: 1.5491		Facility Specific: 1.5006 1.5224 1.5491		State-wide: 1.5126 1.5215 1.5482	
CASE MIX BASED RATE CALCULATIONS																		
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>									
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%									
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%									
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
Base Period Per Diem Allowed Amounts																		
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,690,831	\$3,473,058	\$0	\$627,567	\$815,315	\$0	\$1,195,366		\$579,525	\$0						
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$348,018)	(\$2,306)	\$0	\$0	(\$1,451)	(\$1,499)	(\$394,618)		\$51,856							
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$313,362								
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$34,727						
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,690,902	\$3,470,752	\$0	\$627,567	\$813,864	(\$1,499)	\$800,748	\$313,362	\$631,381	\$34,727						
8	Total Nursing Facility Days	As Filed Days = 35,049 FY20 Audited C/R Days	35,049															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,049 FY20 GL-PL Ins Rpt Days								35,049								
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.91	\$99.03	\$0.00	\$17.91	\$23.18	(with L&H)	\$22.85	\$8.94	\$18.01	\$0.99						
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5006														
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.99														
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.99	\$0.00	\$17.91	\$23.18		\$22.85	\$8.94	\$18.01	\$0.99						
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A							
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.69	\$65.99	\$0.00	\$17.91	\$23.18		\$22.85	\$8.94	10.83 (FRV)	\$0.99						
Quarterly Per Diem Rate Prior to Add-ons																		
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.69	\$65.99	\$0.00	\$17.91	\$23.18	\$0.00	\$22.85	\$8.94	\$10.83	\$0.99						
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5491														
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.23														
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.93	\$102.23	\$0.00	\$17.91	\$23.18	\$0.00	\$22.85	\$8.94	\$10.83	\$0.99						
Quarterly Per Diem Add-on Amounts																		
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02														
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07														
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.72	\$4.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00						
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.65	\$106.85	\$0.00	\$18.13	\$23.59	\$0.00	\$40.32	\$8.94	\$10.83	\$0.99						
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.41															

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: MEADOWBROOK HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141864A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8282	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.21%	5.5%	Quarterly Medicaid CMI:			1.8879	1.5215
							2.72	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9229	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,169,136	\$3,751,628	\$0	\$670,027	\$777,485	\$0	\$1,982,711		\$1,987,285	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$240,877)	(\$68,150)	\$0	\$0	(\$2,108)	(\$1,456)	(\$40,042)		(\$129,121)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$78,729			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$84,471	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,091,459	\$3,683,478	\$0	\$670,027	\$775,377	(\$1,456)	\$1,942,669	\$78,729	\$1,858,164	\$84,471	
8	Total Nursing Facility Days	As Filed Days = 46,124 FY20 Audited C/R Days	46,124										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 46,124 FY20 GL-PL Ins Rpt Days								46,124			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.12	\$79.86	\$0.00	\$14.53	\$16.78	(with L&H)	\$42.12	\$1.71	\$40.29	\$1.83	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.8282									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.68									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$43.68	\$0.00	\$14.53	\$16.78		\$42.12	\$1.71	\$40.29	\$1.83	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.79	\$43.68	\$0.00	\$14.53	\$16.78		\$30.83	\$1.71	14.43 (FRV)	\$1.83	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.79	\$43.68	\$0.00	\$14.53	\$16.78	\$0.00	\$30.83	\$1.71	\$14.43	\$1.83	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9229									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.10	\$83.99	\$0.00	\$14.53	\$16.78	\$0.00	\$30.83	\$1.71	\$14.43	\$1.83	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$4.62	\$4.62									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$26.24	\$8.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.34	\$92.50	\$0.00	\$14.75	\$17.19	\$0.00	\$47.93	\$1.71	\$14.43	\$1.83	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.93										

Quarterly Case Mix Per Diem Calculation

Interim

Provider: Ridgecrest Rehab and Skilled Nursing Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141886A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3708	1.5126
H/B ? : No				Case Mix Per Diem Rate Effective Date: 10/01/22		BIMS:	22.2%	Quarterly Medicaid CMI:			1.5816	1.5215
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22				Nurse Hours per On-Site Day/Quality Incentive:		5.66	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6131	1.5482

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
Allowed @ 95% of Std												
Growth Allowance 0.0%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

* 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 FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - MACON		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141908A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5328	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.54%	2.5%	Quarterly Medicaid CMI:			1.4602	1.5215
							3.34	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4862	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,858,657	\$7,335,301	\$0	\$971,012	\$1,696,158	\$0	\$2,117,772		\$738,414	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$614,622)	(\$25,333)	\$0	\$0	(\$4,948)	(\$5,277)	(\$477,269)		(\$101,795)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$465,676			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$104,474	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,814,185	\$7,309,968	\$0	\$971,012	\$1,691,210	(\$5,277)	\$1,640,503	\$465,676	\$636,619	\$104,474	
8	Total Nursing Facility Days As Filed Days = 67,874	FY20 Audited C/R Days	62,747										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,874	FY20 GL-PL Ins Rpt Days								62,747			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.23	\$116.50	\$0.00	\$15.48	\$26.87	(with L&H)	\$26.14	\$7.42	\$10.15	\$1.67	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5328									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.00									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.00	\$0.00	\$15.48	\$26.87		\$26.14	\$7.42	\$10.15	\$1.67	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.03	\$76.00	\$0.00	\$15.48	\$26.87		\$26.14	\$7.42	8.45 (FRV)	\$1.67	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.03	\$76.00	\$0.00	\$15.48	\$26.87	\$0.00	\$26.14	\$7.42	\$8.45	\$1.67	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4862									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.98	\$112.95	\$0.00	\$15.48	\$26.87	\$0.00	\$26.14	\$7.42	\$8.45	\$1.67	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.52	\$4.52									
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	\$25.97	\$7.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.95	\$120.82	\$0.00	\$15.70	\$27.28	\$0.00	\$43.61	\$7.42	\$8.45	\$1.67	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.89										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: MEMORIAL MANOR NURSING HOME Prvdr ID: 00141919A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.2586	1.5126
							26.32%	1.0%					1.1512	1.5215
							3.46	2.0%					1.1681	1.5482
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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,105,984	\$3,261,866	\$0	\$1,267,788	\$308,894	\$459,930	\$607,174		\$200,332	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$62,027)	\$0	\$0	\$0	\$0	\$0	(\$18,227)		(\$43,800)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$18,227				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$43,800		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,105,984	\$3,261,866	\$0	\$1,267,788	\$308,894	\$459,930	\$588,947	\$18,227	\$156,532	\$43,800		
8	Total Nursing Facility Days	As Filed Days = 34,915 FY20 Audited C/R Days	34,915											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,915 FY20 GL-PL Ins Rpt Days								34,915				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.87	\$93.42	\$0.00	\$36.31	\$22.02	(with L&H)	\$16.87	\$0.52	\$4.48	\$1.25		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2586										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.23										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.23	\$0.00	\$36.31	\$22.02		\$16.87	\$0.52	\$4.48	\$1.25		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.62	\$74.23	\$0.00	\$32.46	\$22.02		\$16.87	\$0.52	10.27 (FRV)	\$1.25		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.62	\$74.23	\$0.00	\$32.46	\$22.02	\$0.00	\$16.87	\$0.52	\$10.27	\$1.25		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1681										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.71										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.10	\$86.71	\$0.00	\$32.46	\$22.02	\$0.00	\$16.87	\$0.52	\$10.27	\$1.25		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.73	\$1.73										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.01	\$3.13	\$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	\$191.11	\$89.84	\$0.00	\$32.46	\$22.43	\$0.00	\$34.34	\$0.52	\$10.27	\$1.25		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.51											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: MEDICAL MANAGEMENT HEALTH AND REHAB CENTER														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5960	1.5126
Prvdr ID: 00141941A														Qtrly BIMS score	19.70%	0.0%	Quarterly Medicaid CMI:	1.4911	1.5215
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	2.26	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5191	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>										
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,507,894	\$2,387,820	\$0	\$418,244	\$512,812	\$0	\$740,624		\$448,394	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$123,305)	(\$13,200)	\$0	\$0	\$0	\$0	(\$50,231)		(\$59,874)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$50,231									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$59,874							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,494,694	\$2,374,620	\$0	\$418,244	\$512,812	\$0	\$690,393	\$50,231	\$388,520	\$59,874							
8	Total Nursing Facility Days	FY20 Audited C/R Days	29,096	29,096															
	As Filed Days = 29,096																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								29,096									
	As Filed Days = 29,096																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$154.47	\$81.61	\$0.00	\$14.37	\$17.62	(with L&H)	\$23.73	\$1.73	\$13.35	\$2.06							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5960															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.13															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.13	\$0.00	\$14.37	\$17.62		\$23.73	\$1.73	\$13.35	\$2.06							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.01	\$51.13	\$0.00	\$14.37	\$17.62		\$23.73	\$1.73	8.37 (FRV)	\$2.06							
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.01	\$51.13	\$0.00	\$14.37	\$17.62	\$0.00	\$23.73	\$1.73	\$8.37	\$2.06							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5191															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.67															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.55	\$77.67	\$0.00	\$14.37	\$17.62	\$0.00	\$23.73	\$1.73	\$8.37	\$2.06							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00								
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	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	\$20.18	\$2.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.73	\$79.75	\$0.00	\$14.59	\$18.03	\$0.00	\$41.20	\$1.73	\$8.37	\$2.06							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.47																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: WARM SPRINGS MEDICAL CENTER NURSING HOME Prvdr ID: 00141952A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.0433	1.5126
							25.42%	1.0%					1.2957	1.5215
							2.93	3.0%					1.3152	1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,931,001	\$2,883,879	\$0	\$672,234	\$269,630	\$282,454	\$621,169		\$201,635	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$36,831)	(\$135,791)	\$0	\$0	\$2,897	\$3,035	\$100,816		(\$7,788)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$35,826				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$7,654		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,937,650	\$2,748,088	\$0	\$672,234	\$272,527	\$285,489	\$721,985	\$35,826	\$193,847	\$7,654		
8	Total Nursing Facility Days As Filed Days = 26,703	FY20 Audited C/R Days	26,808											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,703	FY20 GL-PL Ins Rpt Days								26,808				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.20	\$102.51	\$0.00	\$25.08	\$20.82	(with L&H)	\$26.93	\$1.34	\$7.23	\$0.29		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.0433										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.25										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$98.25	\$0.00	\$25.08	\$20.82		\$26.93	\$1.34	\$7.23	\$0.29		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.61	\$88.52	\$0.00	\$25.08	\$20.82		\$26.93	\$1.34	11.63 (FRV)	\$0.29		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.61	\$88.52	\$0.00	\$25.08	\$20.82	\$0.00	\$26.93	\$1.34	\$11.63	\$0.29		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3152										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.42										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.51	\$116.42	\$0.00	\$25.08	\$20.82	\$0.00	\$26.93	\$1.34	\$11.63	\$0.29		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.49	\$3.49										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.75	\$4.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.26	\$121.07	\$0.00	\$25.30	\$21.23	\$0.00	\$44.40	\$1.34	\$11.63	\$0.29		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.12											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: AZALEA HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141963A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.4791	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.83%	5.5%	Quarterly Medicaid CMI:				1.5185	1.5215
							3.19	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5464	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,353,364	\$2,361,554	\$0	\$512,600	\$440,006	\$0	\$804,218		\$234,986	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$111,144)	\$0	\$0	\$0	\$0	(\$3,002)	(\$78,282)		(\$29,860)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$69,068				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$29,860		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,341,148	\$2,361,554	\$0	\$512,600	\$440,006	(\$3,002)	\$725,936	\$69,068	\$205,126	\$29,860		
8	Total Nursing Facility Days As Filed Days = 26,839	FY20 Audited C/R Days	26,839											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,839	FY20 GL-PL Ins Rpt Days								26,839				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$161.74	\$87.99	\$0.00	\$19.10	\$16.28	(with L&H)	\$27.05	\$2.57	\$7.64	\$1.11		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4791										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.49										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.49	\$0.00	\$19.10	\$16.28		\$27.05	\$2.57	\$7.64	\$1.11		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.71	\$59.49	\$0.00	\$19.10	\$16.28		\$27.05	\$2.57	11.11 (FRV)	\$1.11		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.71	\$59.49	\$0.00	\$19.10	\$16.28	\$0.00	\$27.05	\$2.57	\$11.11	\$1.11		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5464										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.00										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.22	\$92.00	\$0.00	\$19.10	\$16.28	\$0.00	\$27.05	\$2.57	\$11.11	\$1.11		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$5.06	\$5.06										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.68	\$3.68										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.37	\$9.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.59	\$101.27	\$0.00	\$19.32	\$16.69	\$0.00	\$44.52	\$2.57	\$11.11	\$1.11		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.62											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: EASTMAN HEALTHCARE & REHAB Prvdr ID: 00141974A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.3692	1.5126
							28.38%	1.0%					1.2979	1.5215
							2.99	3.0%					1.3173	1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,325,265	\$1,804,496	\$0	\$341,015	\$461,346	\$0	\$324,844		\$393,564	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$63,773)	\$0	\$0	\$0	\$0	\$0	(\$25,746)		(\$38,027)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$25,746				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$38,027		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,325,265	\$1,804,496	\$0	\$341,015	\$461,346	\$0	\$299,098	\$25,746	\$355,537	\$38,027		
8	Total Nursing Facility Days	FY20 Audited C/R Days	23,217											
	As Filed Days = 23,217													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								23,217				
	As Filed Days = 23,217													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$143.22	\$77.72	\$0.00	\$14.69	\$19.87	(with L&H)	\$12.88	\$1.11	\$15.31	\$1.64		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3692										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.76										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.76	\$0.00	\$14.69	\$19.87		\$12.88	\$1.11	\$15.31	\$1.64		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.18	\$56.76	\$0.00	\$14.69	\$19.87		\$12.88	\$1.11	9.23 (FRV)	\$1.64		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.18	\$56.76	\$0.00	\$14.69	\$19.87	\$0.00	\$12.88	\$1.11	\$9.23	\$1.64		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3173										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.77										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$134.19	\$74.77	\$0.00	\$14.69	\$19.87	\$0.00	\$12.88	\$1.11	\$9.23	\$1.64		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.75	\$0.75										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$21.62	\$3.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$155.81	\$78.29	\$0.00	\$14.91	\$20.28	\$0.00	\$30.35	\$1.11	\$9.23	\$1.64		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$104.03											

Quarterly Case Mix Per Diem Calculation

Interim

Provider: Magnolia Manor of Midway				Facility Score	Add-on Percent				Facility Specific	State-wide
Prvdr ID: 00141985A				N/A	0.00%				1.1165	1.5126
H/B ? : No	Case Mix Per Diem Rate Effective Date: 10/01/22			BIMS: 30.3%	2.5%				1.3727	1.5215
	MDS & Nurse Hrs Data per Quarter Ending: 06/30/22	Nurse Hours per On-Site Day/Quality Incentive:		3.99	3.0%			Qtrly Mcaid CMI w RUG Wght Options:	1.3949	1.5482

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2020 GL-PL Ins. Rpt								\$ 114,936		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								30,676		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2020 Peer Group Limit		\$88.52		\$24.48	\$27.62		\$30.83		\$15.36	\$1.92
	Allowed @ 95% of Std		\$180.16	\$84.09		\$23.26	\$26.24		\$29.29		\$15.36	\$1.92
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$183.91	\$84.09		\$23.26	\$26.24		\$29.29	\$ 3.75	\$15.36	\$1.92
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3949							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$117.30								
	Quarterly Medicaid CMA Allowed Per Diem		\$216.08	\$117.30		\$23.26	\$26.24		\$29.29	\$ 2.71	\$15.36	\$1.92
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$2.93	\$2.93								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.52	\$3.52								
	Nursing Home Provider Fee		\$17.10					17.10				
	Total Quarterly Per Diem Add-On Amounts		\$23.55									
	Quarterly Case Mix Based Per Diem Rate		\$239.63	\$123.75		\$23.26	\$26.24		\$46.39	\$2.71	\$15.36	\$1.92
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$166.90									

* 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 Per Diem Calculation

Interim

Provider: Miller Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141996A		Growth Allowance:		N/A	0.00%	Base Period Overall CMI:				2.1389	1.5126	
H/B ?: Yes		Case Mix Per Diem Rate Effective Date: 10/01/22		BIMS: 59.2%	5.5%	Quarterly Medicaid CMI:				2.1499	1.5215	
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive: 4.52	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				2.1925	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
Allowed @ 95% of Std												
Growth Allowance 0.0%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 5.5% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

* 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 FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: NEW HORIZONS LIMESTONE Prvdr ID: 00142007A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.2628	1.5126
							11.27%	0.0%					1.2581	1.5215
							3.39	2.0%					1.2763	1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,522,880	\$5,742,857	\$0	\$1,597,115	\$452,695	\$815,613	\$2,078,931		\$835,669	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$76,917)	\$0	\$0	\$0	\$0	\$0	(\$72,250)		(\$4,667)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$72,250				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$4,667		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,522,880	\$5,742,857	\$0	\$1,597,115	\$452,695	\$815,613	\$2,006,681	\$72,250	\$831,002	\$4,667		
8	Total Nursing Facility Days As Filed Days = 40,180	FY20 Audited C/R Days	40,180											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,180	FY20 GL-PL Ins Rpt Days								40,180				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$286.79	\$142.93	\$0.00	\$39.75	\$31.57	(with L&H)	\$49.94	\$1.80	\$20.68	\$0.12		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2628										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.18										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$113.18	\$0.00	\$39.75	\$31.57		\$49.94	\$1.80	\$20.68	\$0.12		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.11	\$88.52	\$0.00	\$32.46	\$27.62		\$30.83	\$1.80	11.76 (FRV)	\$0.12		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.11	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$1.80	\$11.76	\$0.12		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2763										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.98										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.57	\$112.98	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$1.80	\$11.76	\$0.12		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$2.26	\$2.26										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.36	\$2.26	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.93	\$115.24	\$0.00	\$32.46	\$27.62	\$0.00	\$47.93	\$1.80	\$11.76	\$0.12		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.87											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: MITCHELL CONVALESCENT CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142018A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4592	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.73%	1.0%	Quarterly Medicaid CMI:			1.4965	1.5215
							4.18	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5207	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,288,106	\$2,199,645	\$0	\$530,338	\$312,956	\$340,636	\$630,914		\$273,617	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$85,670)	\$0	\$0	\$0	\$0	\$0	(\$80,634)		(\$5,036)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$80,634			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$5,036	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,288,106	\$2,199,645	\$0	\$530,338	\$312,956	\$340,636	\$550,280	\$80,634	\$268,581	\$5,036	
8	Total Nursing Facility Days	As Filed Days = 17,011 FY20 Audited C/R Days		17,011									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,011 FY20 GL-PL Ins Rpt Days								17,011			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$252.09	\$129.31	\$0.00	\$31.18	\$38.42	(with L&H)	\$32.35	\$4.74	\$15.79	\$0.30	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4592									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.62									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.62	\$0.00	\$31.18	\$38.42		\$32.35	\$4.74	\$15.79	\$0.30	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.31	\$88.52	\$0.00	\$31.18	\$27.62		\$30.83	\$4.74	11.12 (FRV)	\$0.30	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.31	\$88.52	\$0.00	\$31.18	\$27.62	\$0.00	\$30.83	\$4.74	\$11.12	\$0.30	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5207									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.61									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.40	\$134.61	\$0.00	\$31.18	\$27.62	\$0.00	\$30.83	\$4.74	\$11.12	\$0.30	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	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	\$22.71	\$5.39	\$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	\$263.11	\$140.00	\$0.00	\$31.40	\$27.62	\$0.00	\$47.93	\$4.74	\$11.12	\$0.30	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.51										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: MONTEZUMA HEALTH CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142062A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4831	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	61.70%	5.5%	Quarterly Medicaid CMI:			1.4131	1.5215
							3.60	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4348	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,210,527	\$2,298,737	\$0	\$410,434	\$542,351	\$0	\$785,157		\$173,848	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$93,742)	(\$40,231)	\$0	(\$36)	(\$14,979)	(\$886)	(\$27,470)		(\$10,140)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$52,000			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$10,077	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,178,862	\$2,258,506	\$0	\$410,398	\$527,372	(\$886)	\$757,687	\$52,000	\$163,708	\$10,077	
8	Total Nursing Facility Days As Filed Days = 22,161	FY20 Audited C/R Days	22,207										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,161	FY20 GL-PL Ins Rpt Days								22,207			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.17	\$101.70	\$0.00	\$18.48	\$23.71	(with L&H)	\$34.12	\$2.34	\$7.37	\$0.45	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4831									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.57									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.57	\$0.00	\$18.48	\$23.71		\$34.12	\$2.34	\$7.37	\$0.45	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.77	\$68.57	\$0.00	\$18.48	\$23.71		\$30.83	\$2.34	10.39 (FRV)	\$0.45	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.77	\$68.57	\$0.00	\$18.48	\$23.71	\$0.00	\$30.83	\$2.34	\$10.39	\$0.45	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4348									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.58	\$98.38	\$0.00	\$18.48	\$23.71	\$0.00	\$30.83	\$2.34	\$10.39	\$0.45	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.41	\$5.41									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.92	\$4.92									
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	\$28.59	\$10.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.17	\$109.24	\$0.00	\$18.70	\$24.12	\$0.00	\$47.93	\$2.34	\$10.39	\$0.45	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.05										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: AVALON HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142084A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3931		1.3931	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Qtrly BIMS score: 62.75%		Nurse Hours per On-Site Day/Quality Incentive: 3.89		62.75%	5.5%	Quarterly Medicaid CMI: 1.6128		1.6128	1.5215		
								Qtrly Mcaid CMI w RUG Wght Options: 1.6427		1.6427	1.5482		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,488,439	\$2,979,737	\$0	\$540,952	\$628,539	\$0	\$973,687		\$365,524	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$37,239)	(\$3,809)	\$0	\$0	\$0	(\$4,885)	(\$18,851)		(\$9,694)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$47,905			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$9,694	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,508,799	\$2,975,928	\$0	\$540,952	\$628,539	(\$4,885)	\$954,836	\$47,905	\$355,830	\$9,694	
8	Total Nursing Facility Days	As Filed Days = 28,548 FY20 Audited C/R Days	28,548										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,548 FY20 GL-PL Ins Rpt Days								28,548			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$192.97	\$104.24	\$0.00	\$18.95	\$21.85	(with L&H)	\$33.45	\$1.68	\$12.46	\$0.34	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3931									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.83									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.83	\$0.00	\$18.95	\$21.85		\$33.45	\$1.68	\$12.46	\$0.34	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.13	\$74.83	\$0.00	\$18.95	\$21.85		\$30.83	\$1.68	10.65 (FRV)	\$0.34	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.13	\$74.83	\$0.00	\$18.95	\$21.85	\$0.00	\$30.83	\$1.68	\$10.65	\$0.34	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6427									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.22	\$122.92	\$0.00	\$18.95	\$21.85	\$0.00	\$30.83	\$1.68	\$10.65	\$0.34	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.76	\$6.76									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$28.71	\$10.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.93	\$133.90	\$0.00	\$19.17	\$22.26	\$0.00	\$47.93	\$1.68	\$10.65	\$0.34	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.12										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - MOULTRIE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142095A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.4156	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.04%	2.5%	Quarterly Medicaid CMI:				1.5239	1.5215
							3.14	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5522	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,073,136	\$2,036,053	\$0	\$343,892	\$496,996	\$0	\$714,814		\$481,381	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$186,124)	(\$11,360)	\$0	\$0	\$0	\$0	(\$146,510)		(\$28,254)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$138,474				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$30,026		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,055,512	\$2,024,693	\$0	\$343,892	\$496,996	\$0	\$568,304	\$138,474	\$453,127	\$30,026		
8	Total Nursing Facility Days	As Filed Days = 23,995 FY20 Audited C/R Days	23,995											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,995 FY20 GL-PL Ins Rpt Days								23,995				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.00	\$84.38	\$0.00	\$14.33	\$20.71	(with L&H)	\$23.68	\$5.77	\$18.88	\$1.25		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4156										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.61										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.61	\$0.00	\$14.33	\$20.71		\$23.68	\$5.77	\$18.88	\$1.25		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.08	\$59.61	\$0.00	\$14.33	\$20.71		\$23.68	\$5.77	16.73 (FRV)	\$1.25		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.08	\$59.61	\$0.00	\$14.33	\$20.71	\$0.00	\$23.68	\$5.77	\$16.73	\$1.25		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5522										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.53										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.00	\$92.53	\$0.00	\$14.33	\$20.71	\$0.00	\$23.68	\$5.77	\$16.73	\$1.25		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.63	\$4.63										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.57	\$7.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.57	\$100.00	\$0.00	\$14.55	\$21.12	\$0.00	\$41.15	\$5.77	\$16.73	\$1.25		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.60											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: RIVER BROOK HEALTHCARE CENTER Prvdr ID: 00142106A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4939	1.5126
							22.81%	1.0%					1.5327	1.5215
							3.22	2.0%					1.5602	1.5482
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,064,921	\$2,144,075	\$0	\$399,943	\$412,330	\$0	\$822,595		\$285,978	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$81,996)	\$0	\$0	\$0	\$0	\$0	(\$59,652)		(\$22,344)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$46,149				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$22,344		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,051,418	\$2,144,075	\$0	\$399,943	\$412,330	\$0	\$762,943	\$46,149	\$263,634	\$22,344		
8	Total Nursing Facility Days	As Filed Days = 27,741 FY20 Audited C/R Days		27,741										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,741 FY20 GL-PL Ins Rpt Days								27,741				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$146.04	\$77.29	\$0.00	\$14.42	\$14.86	(with L&H)	\$27.50	\$1.66	\$9.50	\$0.81		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4939										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.74										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.74	\$0.00	\$14.42	\$14.86		\$27.50	\$1.66	\$9.50	\$0.81		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.48	\$51.74	\$0.00	\$14.42	\$14.86		\$27.50	\$1.66	7.49 (FRV)	\$0.81		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.48	\$51.74	\$0.00	\$14.42	\$14.86	\$0.00	\$27.50	\$1.66	\$7.49	\$0.81		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5602										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.72										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.46	\$80.72	\$0.00	\$14.42	\$14.86	\$0.00	\$27.50	\$1.66	\$7.49	\$0.81		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$21.05	\$2.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.51	\$83.67	\$0.00	\$14.64	\$15.27	\$0.00	\$44.97	\$1.66	\$7.49	\$0.81		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.56											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:
Provider: ORCHARD VIEW REHABILITATION & SKILLED NURSING CTR Prvdr ID: 00142117A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	1.3293	1.5126				
													46.73%	5.5%	1.3988	1.5215				
													5.14	3.0%	1.4244	1.5482				
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$14,833,818	\$8,344,446	\$0	\$1,272,001	\$1,549,404	\$0	\$1,684,659		\$1,983,308	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$254,167)	(\$27,688)	\$0	\$0	\$0	\$0	(\$192,580)		(\$33,899)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$217,891										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$33,899								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$14,831,441	\$8,316,758	\$0	\$1,272,001	\$1,549,404	\$0	\$1,492,079	\$217,891	\$1,949,409	\$33,899								
8	Total Nursing Facility Days	As Filed Days = 60,701 FY20 Audited C/R Days	60,731																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 60,701 FY20 GL-PL Ins Rpt Days								60,731										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.21	\$136.94	\$0.00	\$20.94	\$25.51	<i>(with L&H)</i>	\$24.57	\$3.59	\$32.10	\$0.56								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3293																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.02																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$103.02	\$0.00	\$20.94	\$25.51		\$24.57	\$3.59	\$32.10	\$0.56								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.63	\$88.52	\$0.00	\$20.94	\$25.51		\$24.57	\$3.59	36.94 <i>(FRV)</i>	\$0.56								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.63	\$88.52	\$0.00	\$20.94	\$25.51	\$0.00	\$24.57	\$3.59	\$36.94	\$0.56								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4244																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.09																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.20	\$126.09	\$0.00	\$20.94	\$25.51	\$0.00	\$24.57	\$3.59	\$36.94	\$0.56								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.93	\$6.93																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$11.71	\$10.71	\$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	\$249.91	\$136.80	\$0.00	\$21.16	\$25.92	\$0.00	\$24.94	\$3.59	\$36.94	\$0.56								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.43																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		Property and Related
			a	b	c	d	e	f	g	g	h	i
Provider: SUMMERHILL ELDERLIVING HOME & CARE Prvdr ID: 00142139A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 39.56% Nurse Hours per On-Site Day/Quality Incentive: 4.77				Base Period Overall CMI: 1.4744 Quarterly Medicaid CMI: 1.4032 Qtrly Mcaid CMI w RUG Wght Options: 1.4247				Facility Specific: 1.4744 State-wide: 1.5126 1.4032 1.5215 1.4247 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,370,796	\$6,629,034	\$0	\$1,321,830	\$1,471,492	\$0	\$1,556,721		\$391,719	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$336,139)	\$0	\$0	\$0	(\$6,590)	(\$7,917)	(\$230,174)		(\$91,458)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$222,651		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$90,557
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,347,865	\$6,629,034	\$0	\$1,321,830	\$1,464,902	(\$7,917)	\$1,326,547	\$222,651	\$300,261	\$90,557
8	Total Nursing Facility Days	As Filed Days = 53,164 FY20 Audited C/R Days	53,164									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 53,164 FY20 GL-PL Ins Rpt Days								53,164		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.45	\$124.69	\$0.00	\$24.86	\$27.41	(with L&H)	\$24.95	\$4.19	\$5.65	\$1.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4744								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.57	\$0.00	\$24.86	\$27.41		\$24.95	\$4.19	\$5.65	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.22	\$84.57	\$0.00	\$24.48	\$27.41		\$24.95	\$4.19	15.92 (FRV)	\$1.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.22	\$84.57	\$0.00	\$24.48	\$27.41	\$0.00	\$24.95	\$4.19	\$15.92	\$1.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4247								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.14	\$120.49	\$0.00	\$24.48	\$27.41	\$0.00	\$24.95	\$4.19	\$15.92	\$1.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.06	\$0.53	\$0.00	\$0.00	\$0.16	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$25.99	\$8.36	\$0.00	\$0.00	\$0.16	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.13	\$128.85	\$0.00	\$24.48	\$27.57	\$0.00	\$42.42	\$4.19	\$15.92	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.02									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: HERITAGE INN HEALTH AND REHABILITATION Prvdr ID: 00142161A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	21.15%	2.86	1.6444	1.3118	1.5215	0.00%	1.0%	4.0%	1.3317	1.5126	1.5482
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,861,804	\$2,467,253	\$0	\$482,552	\$501,001	\$0	\$769,016		\$641,982	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$100,119)	\$0	\$0	\$0	(\$993)	(\$7,816)	(\$56,583)		(\$34,727)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$49,140														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$34,599												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,845,424	\$2,467,253	\$0	\$482,552	\$500,008	(\$7,816)	\$712,433	\$49,140	\$607,255	\$34,599												
8	Total Nursing Facility Days	As Filed Days = 26,438 FY20 Audited C/R Days	26,438																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,438 FY20 GL-PL Ins Rpt Days								26,438														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.28	\$93.32	\$0.00	\$18.25	\$18.62	<i>(with L&H)</i>	\$26.95	\$1.86	\$22.97	\$1.31												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6444																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.75																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.75	\$0.00	\$18.25	\$18.62		\$26.95	\$1.86	\$22.97	\$1.31												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.83	\$56.75	\$0.00	\$18.25	\$18.62		\$26.95	\$1.86	8.09 <i>(FRV)</i>	\$1.31												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.83	\$56.75	\$0.00	\$18.25	\$18.62	\$0.00	\$26.95	\$1.86	\$8.09	\$1.31												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3317																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.57																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.65	\$75.57	\$0.00	\$18.25	\$18.62	\$0.00	\$26.95	\$1.86	\$8.09	\$1.31												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.76	\$0.76																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.41	\$4.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.06	\$79.88	\$0.00	\$18.47	\$19.03	\$0.00	\$44.42	\$1.86	\$8.09	\$1.31												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.97																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$14,664,960	\$6,864,987	\$0	\$1,155,697	\$1,447,934	\$0	\$2,428,633		\$2,767,709	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$714,097)	(\$19,746)	\$0	\$179	(\$34)	\$136	(\$464,442)		(\$230,190)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$412,076		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$226,732
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$14,589,671	\$6,845,241	\$0	\$1,155,876	\$1,447,900	\$136	\$1,964,191	\$412,076	\$2,537,519	\$226,732
8	Total Nursing Facility Days	As Filed Days = 72,226 FY20 Audited C/R Days	72,226									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 72,226 FY20 GL-PL Ins Rpt Days								72,226		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.01	\$94.78	\$0.00	\$16.00	\$20.05	(with L&H)	\$27.20	\$5.71	\$35.13	\$3.14
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4084								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.29	\$0.00	\$16.00	\$20.05		\$27.20	\$5.71	\$35.13	\$3.14
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.20	\$67.29	\$0.00	\$16.00	\$20.05		\$27.20	\$5.71	10.81 (FRV)	\$3.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.20	\$67.29	\$0.00	\$16.00	\$20.05	\$0.00	\$27.20	\$5.71	\$10.81	\$3.14
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6915								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.73	\$113.82	\$0.00	\$16.00	\$20.05	\$0.00	\$27.20	\$5.71	\$10.81	\$3.14
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.41	\$3.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.18	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.91	\$118.90	\$0.00	\$16.22	\$20.46	\$0.00	\$44.67	\$5.71	\$10.81	\$3.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.11									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PINWOOD NURSING CENTER Prvdr ID: 00142205A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.2168	1.5126
							34.78%	2.5%					1.1177	1.5215
							2.33	2.0%					1.1333	1.5482
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,488,988	\$1,455,538	\$0	\$338,336	\$474,570	\$0	\$712,236		\$508,308	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$138,319)	\$0	\$0	\$0	\$0	\$0	(\$96,929)		(\$41,390)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$29,301				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$41,390		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,421,360	\$1,455,538	\$0	\$338,336	\$474,570	\$0	\$615,307	\$29,301	\$466,918	\$41,390		
8	Total Nursing Facility Days	As Filed Days = 24,875 FY20 Audited C/R Days	24,875											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,875 FY20 GL-PL Ins Rpt Days								24,875				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$137.54	\$58.51	\$0.00	\$13.60	\$19.08	(with L&H)	\$24.74	\$1.18	\$18.77	\$1.66		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2168										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.08										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.08	\$0.00	\$13.60	\$19.08		\$24.74	\$1.18	\$18.77	\$1.66		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.49	\$48.08	\$0.00	\$13.60	\$19.08		\$24.74	\$1.18	8.15 (FRV)	\$1.66		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.49	\$48.08	\$0.00	\$13.60	\$19.08	\$0.00	\$24.74	\$1.18	\$8.15	\$1.66		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1333										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$54.49										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$122.90	\$54.49	\$0.00	\$13.60	\$19.08	\$0.00	\$24.74	\$1.18	\$8.15	\$1.66		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.09	\$1.09										
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	\$21.08	\$2.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$143.98	\$57.47	\$0.00	\$13.82	\$19.49	\$0.00	\$42.21	\$1.18	\$8.15	\$1.66		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$95.16											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: OAKVIEW HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142238A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5400	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.96%	2.5%	Quarterly Medicaid CMI:			1.3596	1.5215
							3.26	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3827	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,437,126	\$4,872,796	\$0	\$899,185	\$1,005,628	\$0	\$1,506,783		\$1,152,734	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$214,512)	\$0	\$0	\$0	\$0	(\$740)	(\$166,439)		(\$47,333)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$79,950			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$47,333	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,349,897	\$4,872,796	\$0	\$899,185	\$1,005,628	(\$740)	\$1,340,344	\$79,950	\$1,105,401	\$47,333	
8	Total Nursing Facility Days As Filed Days = 50,314	FY20 Audited C/R Days	50,314										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,314	FY20 GL-PL Ins Rpt Days								50,314			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$185.83	\$96.85	\$0.00	\$17.87	\$19.97	(with L&H)	\$26.64	\$1.59	\$21.97	\$0.94	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5400									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.89									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.89	\$0.00	\$17.87	\$19.97		\$26.64	\$1.59	\$21.97	\$0.94	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.67	\$62.89	\$0.00	\$17.87	\$19.97		\$26.64	\$1.59	14.77 (FRV)	\$0.94	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.67	\$62.89	\$0.00	\$17.87	\$19.97	\$0.00	\$26.64	\$1.59	\$14.77	\$0.94	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3827									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.96									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.74	\$86.96	\$0.00	\$17.87	\$19.97	\$0.00	\$26.64	\$1.59	\$14.77	\$0.94	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.17	\$2.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.35	\$4.35									
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	\$8.05	\$7.05	\$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	\$176.79	\$94.01	\$0.00	\$18.09	\$20.38	\$0.00	\$27.01	\$1.59	\$14.77	\$0.94	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.59										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: OAK VIEW HOME, INC Pvdr ID: 00142249A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 39.71% Nurse Hours per On-Site Day/Quality Incentive: 3.06				Base Period Overall CMI: 1.3635 Quarterly Medicaid CMI: 1.1271 Qtrly Mcaid CMI w RUG Wght Options: 1.1412				Facility Specific: 1.3635 State-wide: 1.5126 1.1271 1.5215 1.1412 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,725,971	\$3,108,080	\$0	\$549,822	\$736,569	\$0	\$1,014,566		\$316,934	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$94,034)	\$0	\$0	\$0	\$0	(\$7,798)	(\$63,509)		(\$22,727)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$54,080		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$22,727
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,708,744	\$3,108,080	\$0	\$549,822	\$736,569	(\$7,798)	\$951,057	\$54,080	\$294,207	\$22,727
8	Total Nursing Facility Days	As Filed Days = 33,492 FY20 Audited C/R Days	33,492									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,492 FY20 GL-PL Ins Rpt Days								33,492		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.45	\$92.80	\$0.00	\$16.42	\$21.76	(with L&H)	\$28.40	\$1.61	\$8.78	\$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3635								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.06	\$0.00	\$16.42	\$21.76		\$28.40	\$1.61	\$8.78	\$0.68
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.32	\$68.06	\$0.00	\$16.42	\$21.76		\$28.40	\$1.61	9.39 (FRV)	\$0.68
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.32	\$68.06	\$0.00	\$16.42	\$21.76	\$0.00	\$28.40	\$1.61	\$9.39	\$0.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1412								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.93	\$77.67	\$0.00	\$16.42	\$21.76	\$0.00	\$28.40	\$1.61	\$9.39	\$0.68
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.94	\$1.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.90	\$4.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.83	\$82.47	\$0.00	\$16.64	\$22.17	\$0.00	\$45.87	\$1.61	\$9.39	\$0.68
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.30									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance				
			a	b	c	d	e	f	g	g	h	i		
Provider: THE OAKS NURSING HOME, INC. Prvdr ID: 00142271A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
			Growth Allowance: N/A Qtrly BIMS score: 48.65% Nurse Hours per On-Site Day/Quality Incentive: 3.90				Add-on Percent: 0.00% 5.5% 3.0%				Base Period Overall CMI: 1.6653 Quarterly Medicaid CMI: 1.6909 Qtrly Mcaid CMI w RUG Wght Options: 1.7240		Facility Specific: 1.6653 1.6909 1.7240	State-wide: 1.5126 1.5215 1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,574,374	\$2,086,491	\$0	\$356,642	\$523,475	\$0	\$568,462		\$39,304	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$68,954)	(\$2,710)	\$0	\$0	\$0	\$0	(\$36,865)		(\$29,379)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$39,313				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$29,379		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,574,112	\$2,083,781	\$0	\$356,642	\$523,475	\$0	\$531,597	\$39,313	\$9,925	\$29,379		
8	Total Nursing Facility Days	As Filed Days = 21,037 FY20 Audited C/R Days	21,037											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,037 FY20 GL-PL Ins Rpt Days								21,037				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.89	\$99.05	\$0.00	\$16.95	\$24.88	(with L&H)	\$25.27	\$1.87	\$0.47	\$1.40		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6653										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.48										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.48	\$0.00	\$16.95	\$24.88		\$25.27	\$1.87	\$0.47	\$1.40		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.61	\$59.48	\$0.00	\$16.95	\$24.88		\$25.27	\$1.87	14.76 (FRV)	\$1.40		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.61	\$59.48	\$0.00	\$16.95	\$24.88	\$0.00	\$25.27	\$1.87	\$14.76	\$1.40		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7240										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.54										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.67	\$102.54	\$0.00	\$16.95	\$24.88	\$0.00	\$25.27	\$1.87	\$14.76	\$1.40		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.64	\$5.64										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$27.35	\$9.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.02	\$111.79	\$0.00	\$17.17	\$25.29	\$0.00	\$42.74	\$1.87	\$14.76	\$1.40		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.44											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: OCONEE HEALTH AND REHABILITATION Prvdr ID: 00142293A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
													N/A	0.00%	N/A	29.41%	3.43	3.0%	1.2656	1.5126		
																			1.4200	1.5215		
																			1.4462	1.5482		
			a	b	c	d	e	f	g	g	h	i										
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,137,158	\$1,602,643	\$0	\$327,360	\$375,225	\$0	\$530,709		\$301,221	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$49,849)	\$0	\$0	\$0	\$0	(\$2,859)	(\$31,646)		(\$15,344)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$27,040												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$15,344										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,129,693	\$1,602,643	\$0	\$327,360	\$375,225	(\$2,859)	\$499,063	\$27,040	\$285,877	\$15,344										
8	Total Nursing Facility Days As Filed Days = 16,360	FY20 Audited C/R Days	16,360																			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,360	FY20 GL-PL Ins Rpt Days								16,360												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.30	\$97.96	\$0.00	\$20.01	\$22.76	(with L&H)	\$30.51	\$1.65	\$17.47	\$0.94										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2656																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.40																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.40	\$0.00	\$20.01	\$22.76		\$30.51	\$1.65	\$17.47	\$0.94										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.58	\$77.40	\$0.00	\$20.01	\$22.76		\$30.51	\$1.65	10.31 (FRV)	\$0.94										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.58	\$77.40	\$0.00	\$20.01	\$22.76	\$0.00	\$30.51	\$1.65	\$10.31	\$0.94										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4462																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.94																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.12	\$111.94	\$0.00	\$20.01	\$22.76	\$0.00	\$30.51	\$1.65	\$10.31	\$0.94										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.40	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.24		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.98	\$5.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.34	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.10	\$116.95	\$0.00	\$20.23	\$23.17	\$0.00	\$47.85	\$1.65	\$10.31	\$0.94										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.00																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: PRUITTHEALTH - OCILLA Prvdr ID: 00142315A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 17.39% Qtrly BIMS score: 3.99 Nurse Hours per On-Site Day/Quality Incentive: 4.0%				Base Period Overall CMI: 1.5522 Quarterly Medicaid CMI: 1.6703 Qtrly Mcaid CMI w RUG Wght Options: 1.7020				Facility Specific: 1.5522 State-wide: 1.5126 1.6703 1.5215 1.7020 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,951,664	\$1,987,307	\$0	\$343,591	\$524,384	\$0	\$744,423		\$351,959	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$216,816)	(\$19,779)	\$0	\$0	(\$685)	(\$534)	(\$169,328)		(\$26,490)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$169,259		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$27,731
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,931,838	\$1,967,528	\$0	\$343,591	\$523,699	(\$534)	\$575,095	\$169,259	\$325,469	\$27,731
8	Total Nursing Facility Days	As Filed Days = 24,308 FY20 Audited C/R Days	24,308									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,308 FY20 GL-PL Ins Rpt Days								24,308		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$161.74	\$80.94	\$0.00	\$14.13	\$21.52	(with L&H)	\$23.66	\$6.96	\$13.39	\$1.14
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5522								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.15	\$0.00	\$14.13	\$21.52		\$23.66	\$6.96	\$13.39	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.50	\$52.15	\$0.00	\$14.13	\$21.52		\$23.66	\$6.96	9.94 (FRV)	\$1.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.50	\$52.15	\$0.00	\$14.13	\$21.52	\$0.00	\$23.66	\$6.96	\$9.94	\$1.14
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7020								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.11	\$88.76	\$0.00	\$14.13	\$21.52	\$0.00	\$23.66	\$6.96	\$9.94	\$1.14
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$22.18	\$4.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.29	\$92.84	\$0.00	\$14.35	\$21.93	\$0.00	\$41.13	\$6.96	\$9.94	\$1.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.39									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: PALEMON GASKINS MEM NSG HOME Prvdr ID: 00142326A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 50.00% Nurse Hours per On-Site Day/Quality Incentive: 4.34				Base Period Overall CMI: 1.2343 Quarterly Medicaid CMI: 1.2484 Qtrly Mcaid CMI w RUG Wght Options: 1.2677				Facility Specific: 1.2343 State-wide: 1.5126 1.2484 1.5215 1.2677 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,451,723	\$967,511	\$0	\$542,450	\$130,829	\$234,010	\$619,891		(\$42,968)	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$37,919)	(\$12,463)	\$0	(\$60,708)	(\$18,966)	(\$8,556)	(\$51,290)		\$114,064	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$39,319		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$2,128
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,455,251	\$955,048	\$0	\$481,742	\$111,863	\$225,454	\$568,601	\$39,319	\$71,096	\$2,128
8	Total Nursing Facility Days	As Filed Days = 10,149 FY20 Audited C/R Days	10,149									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 10,149 FY20 GL-PL Ins Rpt Days								10,149		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.93	\$94.10	\$0.00	\$47.47	\$33.24	(with L&H)	\$56.03	\$3.87	\$7.01	\$0.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2343								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.24	\$0.00	\$47.47	\$33.24		\$56.03	\$3.87	\$7.01	\$0.21
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.12	\$76.24	\$0.00	\$32.46	\$27.62		\$30.83	\$3.87	13.89 (FRV)	\$0.21
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.12	\$76.24	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$3.87	\$13.89	\$0.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2677								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.53	\$96.65	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$3.87	\$13.89	\$0.21
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.32	\$5.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$25.85	\$8.75	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.38	\$105.40	\$0.00	\$32.46	\$27.62	\$0.00	\$47.93	\$3.87	\$13.89	\$0.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - PALMYRA Prvdr ID: 00142337A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4247	1.5126
							39.60%	2.5%					1.4615	1.5215
							3.83	5.0%					1.4873	1.5482
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$13,447,564	\$7,943,023	\$0	\$1,056,965	\$1,568,940	\$0	\$1,951,668		\$926,968	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$632,185)	(\$16,676)	\$0	\$0	(\$6,532)	(\$3,232)	(\$526,641)		(\$79,104)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$510,010				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$61,030		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$13,386,419	\$7,926,347	\$0	\$1,056,965	\$1,562,408	(\$3,232)	\$1,425,027	\$510,010	\$847,864	\$61,030		
8	Total Nursing Facility Days	As Filed Days = 71,802 FY20 Audited C/R Days	71,802											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 71,802 FY20 GL-PL Ins Rpt Days								71,802				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$186.43	\$110.39	\$0.00	\$14.72	\$21.71	(with L&H)	\$19.85	\$7.10	\$11.81	\$0.85		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4247										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.48										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.48	\$0.00	\$14.72	\$21.71		\$19.85	\$7.10	\$11.81	\$0.85		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.38	\$77.48	\$0.00	\$14.72	\$21.71		\$19.85	\$7.10	9.67 (FRV)	\$0.85		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.38	\$77.48	\$0.00	\$14.72	\$21.71	\$0.00	\$19.85	\$7.10	\$9.67	\$0.85		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4873										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.24										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.14	\$115.24	\$0.00	\$14.72	\$21.71	\$0.00	\$19.85	\$7.10	\$9.67	\$0.85		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.76	\$5.76										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.27	\$9.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.41	\$124.41	\$0.00	\$14.94	\$22.12	\$0.00	\$37.32	\$7.10	\$9.67	\$0.85		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.48											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: WELLSTAR PAULDING NURSING CTR Prvdr ID: 00142359A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
			Growth Allowance: N/A Qtrly BIMS score: 41.58% Nurse Hours per On-Site Day/Quality Incentive: 3.71				Add-on Percent: 0.00% 2.5% 4.0%				Base Period Overall CMI: 1.0584 Quarterly Medicaid CMI: 1.0915 Qtrly Mcaid CMI w RUG Wght Options: 1.1054		1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$24,809,202	\$9,099,654	\$0	\$3,190,414	\$1,517,187	\$1,990,247	\$4,032,417		\$4,979,283	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$140,075)	\$3,234	\$0	\$0	\$0	\$0	(\$144,329)		\$1,020				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$144,329					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$0			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$24,813,456	\$9,102,888	\$0	\$3,190,414	\$1,517,187	\$1,990,247	\$3,888,088	\$144,329	\$4,980,303	\$0			
8	Total Nursing Facility Days	As Filed Days = 60,688 FY20 Audited C/R Days	60,688												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 60,688 FY20 GL-PL Ins Rpt Days								60,688					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$408.86	\$149.99	\$0.00	\$52.57	\$57.79	(with L&H)	\$64.07	\$2.38	\$82.06	\$0.00			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.0584											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$141.72											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$141.72	\$0.00	\$52.57	\$57.79		\$64.07	\$2.38	\$82.06	\$0.00			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.17	\$88.52	\$0.00	\$32.46	\$27.62		\$30.83	\$2.38	9.36 (FRV)	\$0.00			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.17	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$2.38	\$9.36	\$0.00			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1054											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.85											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.50	\$97.85	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$2.38	\$9.36	\$0.00			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.91	\$3.91											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.46	\$6.36	\$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	\$223.96	\$104.21	\$0.00	\$32.46	\$27.62	\$0.00	\$47.93	\$2.38	\$9.36	\$0.00			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.15												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: THE LODGE Prvdr ID: 00142381A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	1.7376	1.5126	32.14%	2.5%	1.6412	1.5215	4.36	3.0%	1.6703	1.5482
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,870,169	\$3,334,946	\$0	\$639,051	\$717,182	\$0	\$1,031,763		\$147,227	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$112,823)	\$0	\$0	\$0	\$0	\$0	(\$96,071)		(\$16,752)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$100,213														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$16,752												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,874,311	\$3,334,946	\$0	\$639,051	\$717,182	\$0	\$935,692	\$100,213	\$130,475	\$16,752												
8	Total Nursing Facility Days	FY20 Audited C/R Days	26,631																					
	As Filed Days = 26,631																							
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								26,631														
	As Filed Days = 26,631																							
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.59	\$125.23	\$0.00	\$24.00	\$26.93	<i>(with L&H)</i>	\$35.14	\$3.76	\$4.90	\$0.63												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7376																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.07																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.07	\$0.00	\$24.00	\$26.93		\$35.14	\$3.76	\$4.90	\$0.63												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.51	\$72.07	\$0.00	\$24.00	\$26.93		\$30.83	\$3.76	34.29 <i>(FRV)</i>	\$0.63												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.51	\$72.07	\$0.00	\$24.00	\$26.93	\$0.00	\$30.83	\$3.76	\$34.29	\$0.63												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6703																				
18	Qtrly Routine Srvc 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	\$240.82	\$120.38	\$0.00	\$24.00	\$26.93	\$0.00	\$30.83	\$3.76	\$34.29	\$0.63												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.88	\$7.15	\$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	\$265.70	\$127.53	\$0.00	\$24.22	\$27.34	\$0.00	\$47.93	\$3.76	\$34.29	\$0.63												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.45																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: PELHAM PARKWAY NURSING HM Prvdr ID: 00142425A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
			Growth Allowance: N/A Qtrly BIMS score: 39.02% Nurse Hours per On-Site Day/Quality Incentive: 3.67				Add-on Percent: 0.00% 2.5% 3.0%				Base Period Overall CMI: 1.1687 Quarterly Medicaid CMI: 1.1826 Qtrly Mcaid CMI w RUG Wght Options: 1.1990		1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,486,092	\$3,826,472	\$0	\$1,000,586	\$609,232	\$693,293	\$782,800		\$573,709	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$188,077)	\$0	\$0	\$0	\$0	\$0	(\$176,353)		(\$11,724)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$176,353					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$11,724			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,486,092	\$3,826,472	\$0	\$1,000,586	\$609,232	\$693,293	\$606,447	\$176,353	\$561,985	\$11,724			
8	Total Nursing Facility Days	As Filed Days = 38,734 FY20 Audited C/R Days	38,734												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,734 FY20 GL-PL Ins Rpt Days								38,734					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.27	\$98.79	\$0.00	\$25.83	\$33.63	(with L&H)	\$15.66	\$4.55	\$14.51	\$0.30			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.1687											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.53											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.53	\$0.00	\$25.83	\$33.63		\$15.66	\$4.55	\$14.51	\$0.30			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.99	\$84.53	\$0.00	\$25.83	\$27.62		\$15.66	\$4.55	11.50 (FRV)	\$0.30			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.99	\$84.53	\$0.00	\$25.83	\$27.62	\$0.00	\$15.66	\$4.55	\$11.50	\$0.30			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1990											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.35											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.81	\$101.35	\$0.00	\$25.83	\$27.62	\$0.00	\$15.66	\$4.55	\$11.50	\$0.30			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.79	\$6.10	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.60	\$107.45	\$0.00	\$26.05	\$27.62	\$0.00	\$33.13	\$4.55	\$11.50	\$0.30			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.13												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: PRUITTHEALTH - JASPER Prvdr ID: 00142436A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 12.82% Qtrly BIMS score: 3.47 Nurse Hours per On-Site Day/Quality Incentive: 6.0%				Base Period Overall CMI: 1.7423 Quarterly Medicaid CMI: 1.5479 Qtrly Mcaid CMI w RUG Wght Options: 1.5773				Facility Specific: 1.7423 State-wide: 1.5126 1.5479 1.5215 1.5773 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,210,214	\$2,174,249	\$0	\$366,260	\$536,838	\$0	\$803,174		\$329,693	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$162,763)	(\$55,119)	\$0	\$0	\$0	\$0	(\$71,892)		(\$35,752)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$122,487		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$37,069
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,207,007	\$2,119,130	\$0	\$366,260	\$536,838	\$0	\$731,282	\$122,487	\$293,941	\$37,069
8	Total Nursing Facility Days	As Filed Days = 19,557 FY20 Audited C/R Days		19,557								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,557 FY20 GL-PL Ins Rpt Days								19,557		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$215.12	\$108.36	\$0.00	\$18.73	\$27.45	(with L&H)	\$37.39	\$6.26	\$15.03	\$1.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7423								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.19	\$0.00	\$18.73	\$27.45		\$37.39	\$6.26	\$15.03	\$1.90
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.17	\$62.19	\$0.00	\$18.73	\$27.45		\$30.83	\$6.26	15.81 (FRV)	\$1.90
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.17	\$62.19	\$0.00	\$18.73	\$27.45	\$0.00	\$30.83	\$6.26	\$15.81	\$1.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5773								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.07	\$98.09	\$0.00	\$18.73	\$27.45	\$0.00	\$30.83	\$6.26	\$15.81	\$1.90
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.88	\$0.53	\$0.00	\$0.22	\$0.13	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.89	\$5.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.87	\$6.42	\$0.00	\$0.22	\$0.13	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.94	\$104.51	\$0.00	\$18.95	\$27.58	\$0.00	\$47.93	\$6.26	\$15.81	\$1.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.38									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.5805	1.5126		
Provider: HARBORVIEW PIERCE COUNTY Prvdr ID: 00142447A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	20.00%	3.20	0.00%	1.0%	2.0%	1.5805	1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,668,349	\$2,683,980	\$0	\$459,476	\$617,677	\$0	\$985,942		\$921,274	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$174,408)	\$16,621	\$0	(\$458)	(\$7,185)	(\$7,644)	(\$65,684)		(\$110,058)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$65,684												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$107,378										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,667,003	\$2,700,601	\$0	\$459,018	\$610,492	(\$7,644)	\$920,258	\$65,684	\$811,216	\$107,378										
8	Total Nursing Facility Days	As Filed Days = 25,754 FY20 Audited C/R Days	25,754																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,754 FY20 GL-PL Ins Rpt Days								25,754												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.04	\$104.86	\$0.00	\$17.82	\$23.41	<i>(with L&H)</i>	\$35.73	\$2.55	\$31.50	\$4.17										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5805																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.35																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.35	\$0.00	\$17.82	\$23.41		\$35.73	\$2.55	\$31.50	\$4.17										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.03	\$66.35	\$0.00	\$17.82	\$23.41		\$30.83	\$2.55	16.90 <i>(FRV)</i>	\$4.17										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.03	\$66.35	\$0.00	\$17.82	\$23.41	\$0.00	\$30.83	\$2.55	\$16.90	\$4.17										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9104																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.76																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.44	\$126.76	\$0.00	\$17.82	\$23.41	\$0.00	\$30.83	\$2.55	\$16.90	\$4.17										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.07	\$4.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.51	\$131.10	\$0.00	\$18.04	\$23.82	\$0.00	\$47.93	\$2.55	\$16.90	\$4.17										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.56																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PINE KNOLL NURSING & REHAB CTR		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142458A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.6869	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	37.35%	Quarterly Medicaid CMI:				1.6608	1.5215	
					2.88	Qtrly Mcaid CMI w RUG Wght Options:				1.6923	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,027,286	\$3,694,676	\$0	\$670,138	\$571,116	\$0	\$1,305,696		\$785,660	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$47,388)	\$0	\$0	\$0	\$0	\$0	(\$10,987)		(\$36,401)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$10,987		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$36,401
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,027,286	\$3,694,676	\$0	\$670,138	\$571,116	\$0	\$1,294,709	\$10,987	\$749,259	\$36,401
8	Total Nursing Facility Days	As Filed Days = 36,850 FY20 Audited C/R Days	36,850									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,850 FY20 GL-PL Ins Rpt Days								36,850		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.70	\$100.26	\$0.00	\$18.19	\$15.50	(with L&H)	\$35.13	\$0.30	\$20.33	\$0.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6869								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.44	\$0.00	\$18.19	\$15.50		\$35.13	\$0.30	\$20.33	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.74	\$59.44	\$0.00	\$18.19	\$15.50		\$30.83	\$0.30	8.49 (FRV)	\$0.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.74	\$59.44	\$0.00	\$18.19	\$15.50	\$0.00	\$30.83	\$0.30	\$8.49	\$0.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6923								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.89	\$100.59	\$0.00	\$18.19	\$15.50	\$0.00	\$30.83	\$0.30	\$8.49	\$0.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.79	\$6.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.68	\$106.65	\$0.00	\$18.41	\$15.91	\$0.00	\$47.93	\$0.30	\$8.49	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.19									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.3848	1.5126		
Provider: CROSSVIEW CARE CENTER Prvdr ID: 00142502A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	22.86%	1.0%	2.26	2.0%	1.4589	1.5215	1.4861	1.5482
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,340,105	\$2,165,284	\$0	\$385,982	\$378,625	\$0	\$710,357		\$699,857	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$88,473)	\$0	\$0	\$0	(\$1,668)	(\$1,319)	(\$62,175)		(\$23,311)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$49,807												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$23,128										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,324,567	\$2,165,284	\$0	\$385,982	\$376,957	(\$1,319)	\$648,182	\$49,807	\$676,546	\$23,128										
8	Total Nursing Facility Days	As Filed Days = 25,411 FY20 Audited C/R Days	25,411																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,411 FY20 GL-PL Ins Rpt Days								25,411												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.18	\$85.21	\$0.00	\$15.19	\$14.78	<i>(with L&H)</i>	\$25.51	\$1.96	\$26.62	\$0.91										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3848																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.53																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.53	\$0.00	\$15.19	\$14.78		\$25.51	\$1.96	\$26.62	\$0.91										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.34	\$61.53	\$0.00	\$15.19	\$14.78		\$25.51	\$1.96	8.46 <i>(FRV)</i>	\$0.91										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.34	\$61.53	\$0.00	\$15.19	\$14.78	\$0.00	\$25.51	\$1.96	\$8.46	\$0.91										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4861																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.44																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.25	\$91.44	\$0.00	\$15.19	\$14.78	\$0.00	\$25.51	\$1.96	\$8.46	\$0.91										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$21.37	\$3.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.62	\$94.71	\$0.00	\$15.41	\$15.19	\$0.00	\$42.98	\$1.96	\$8.46	\$0.91										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.89																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: PINEWOOD MANOR NURSING HOME & REHABILITATION CNTR														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.1696	1.5126
Prvdr ID: 00142513A														Qtrly BIMS score	67.92%	5.5%	Quarterly Medicaid CMI:	1.3727	1.5215
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	4.29	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3925	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes										
Peer Group Standards & Efficiency Measure Limits																			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,242,675	\$2,462,300	\$0	\$777,292	\$328,082	\$313,603	\$930,024		\$431,374	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$52,189)	\$0	\$0	\$0	\$0	\$0	(\$39,783)		(\$12,406)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$39,783									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$12,406							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,242,675	\$2,462,300	\$0	\$777,292	\$328,082	\$313,603	\$890,241	\$39,783	\$418,968	\$12,406							
8	Total Nursing Facility Days	As Filed Days = 35,252 FY20 Audited C/R Days		35,252															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,252 FY20 GL-PL Ins Rpt Days								35,252									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$148.71	\$69.85	\$0.00	\$22.05	\$18.20	(with L&H)	\$25.25	\$1.13	\$11.88	\$0.35							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.1696															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.72															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.72	\$0.00	\$22.05	\$18.20		\$25.25	\$1.13	\$11.88	\$0.35							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.48	\$59.72	\$0.00	\$22.05	\$18.20		\$25.25	\$1.13	8.78 (FRV)	\$0.35							
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.48	\$59.72	\$0.00	\$22.05	\$18.20	\$0.00	\$25.25	\$1.13	\$8.78	\$0.35							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3925															
18	Qtrly Routine Srvc 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	\$158.92	\$83.16	\$0.00	\$22.05	\$18.20	\$0.00	\$25.25	\$1.13	\$8.78	\$0.35							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00								
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.57	\$4.57															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.69	\$7.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.61	\$90.75	\$0.00	\$22.27	\$18.61	\$0.00	\$42.72	\$1.13	\$8.78	\$0.35							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.63																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:
Provider: LILLIAN G CARTER HEALTH AND REHABILITATION Prvdr ID: 00142524A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	1.5388	1.5126				
													46.38%	5.5%	1.4447	1.5215				
													3.57	3.0%	1.4691	1.5482				
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,946,290	\$3,381,626	\$0	\$576,657	\$583,265	\$0	\$877,496		\$527,246	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$102,183)	\$0	\$0	\$0	\$0	(\$6,398)	(\$62,851)		(\$32,934)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$53,820										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$32,934								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,930,861	\$3,381,626	\$0	\$576,657	\$583,265	(\$6,398)	\$814,645	\$53,820	\$494,312	\$32,934								
8	Total Nursing Facility Days	As Filed Days = 32,077 FY20 Audited C/R Days	32,077																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,077 FY20 GL-PL Ins Rpt Days								32,077										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.90	\$105.42	\$0.00	\$17.98	\$17.98	(with L&H)	\$25.40	\$1.68	\$15.41	\$1.03								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5388																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.51																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.51	\$0.00	\$17.98	\$17.98		\$25.40	\$1.68	\$15.41	\$1.03								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.77	\$68.51	\$0.00	\$17.98	\$17.98		\$25.40	\$1.68	10.19 <i>(FRV)</i>	\$1.03								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.77	\$68.51	\$0.00	\$17.98	\$17.98	\$0.00	\$25.40	\$1.68	\$10.19	\$1.03								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4691																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.65																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.91	\$100.65	\$0.00	\$17.98	\$17.98	\$0.00	\$25.40	\$1.68	\$10.19	\$1.03								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.54	\$5.54																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.19	\$9.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.10	\$109.74	\$0.00	\$18.20	\$18.39	\$0.00	\$42.87	\$1.68	\$10.19	\$1.03								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.75																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: THE PLACE AT MARTINEZ		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142535A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3564		1.3564	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Qtrly BIMS score: 31.67%		Nurse Hours per On-Site Day/Quality Incentive: 3.59		31.67%	2.5%	Quarterly Medicaid CMI: 1.2401		1.2401	1.5215		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2569		1.2569	1.5482		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,532,336	\$2,882,460	\$0	\$610,219	\$548,443	\$0	\$1,037,383		\$453,831	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$459,765)	(\$52,667)	\$0	\$0	(\$746)	(\$587)	(\$314,536)		(\$91,229)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$312,763			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$91,006	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,476,340	\$2,829,793	\$0	\$610,219	\$547,697	(\$587)	\$722,847	\$312,763	\$362,602	\$91,006	
8	Total Nursing Facility Days	As Filed Days = 29,278 FY20 Audited C/R Days	29,278										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,278 FY20 GL-PL Ins Rpt Days								29,278			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$187.04	\$96.65	\$0.00	\$20.84	\$18.69	(with L&H)	\$24.69	\$10.68	\$12.38	\$3.11	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3564									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.25									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.25	\$0.00	\$20.84	\$18.69		\$24.69	\$10.68	\$12.38	\$3.11	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.44	\$71.25	\$0.00	\$20.84	\$18.69		\$24.69	\$10.68	11.18 (FRV)	\$3.11	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.44	\$71.25	\$0.00	\$20.84	\$18.69	\$0.00	\$24.69	\$10.68	\$11.18	\$3.11	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2569									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.55									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.74	\$89.55	\$0.00	\$20.84	\$18.69	\$0.00	\$24.69	\$10.68	\$11.18	\$3.11	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.24	\$2.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.56	\$5.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.30	\$95.01	\$0.00	\$21.06	\$19.10	\$0.00	\$42.16	\$10.68	\$11.18	\$3.11	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.90										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PLEASANT VIEW NURSING CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142546A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.3127	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	21.43%	Quarterly Medicaid CMI:				1.2238	1.5215	
					2.37	Qtrly Mcaid CMI w RUG Wght Options:				1.2427	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,485,891	\$2,777,025	\$0	\$495,067	\$592,024	\$0	\$1,080,921		\$540,854	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$114,172)	\$0	\$0	\$0	\$0	\$0	(\$87,149)		(\$27,023)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$64,227		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$27,023
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,462,969	\$2,777,025	\$0	\$495,067	\$592,024	\$0	\$993,772	\$64,227	\$513,831	\$27,023
8	Total Nursing Facility Days	As Filed Days = 40,923 FY20 Audited C/R Days	40,923									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,923 FY20 GL-PL Ins Rpt Days								40,923		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$133.50	\$67.86	\$0.00	\$12.10	\$14.47	(with L&H)	\$24.28	\$1.57	\$12.56	\$0.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3127								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.69	\$0.00	\$12.10	\$14.47		\$24.28	\$1.57	\$12.56	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$113.80	\$51.69	\$0.00	\$12.10	\$14.47		\$24.28	\$1.57	9.03 (FRV)	\$0.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$113.80	\$51.69	\$0.00	\$12.10	\$14.47	\$0.00	\$24.28	\$1.57	\$9.03	\$0.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2427								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$64.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$126.35	\$64.24	\$0.00	\$12.10	\$14.47	\$0.00	\$24.28	\$1.57	\$9.03	\$0.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.64	\$0.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.64	\$0.64								
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	\$19.91	\$1.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$146.26	\$66.05	\$0.00	\$12.32	\$14.88	\$0.00	\$41.75	\$1.57	\$9.03	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$96.87									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,779,752	\$2,869,454	\$0	\$577,824	\$547,448	\$0	\$1,056,316		\$728,710	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$39,658)	\$0	\$0	\$0	\$0	\$0	(\$9,005)		(\$30,653)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$9,005		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$30,653
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,779,752	\$2,869,454	\$0	\$577,824	\$547,448	\$0	\$1,047,311	\$9,005	\$698,057	\$30,653
8	Total Nursing Facility Days	As Filed Days = 31,707 FY20 Audited C/R Days	31,707									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,707 FY20 GL-PL Ins Rpt Days								31,707		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.29	\$90.50	\$0.00	\$18.22	\$17.27	(with L&H)	\$33.03	\$0.28	\$22.02	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5787								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.32	\$0.00	\$18.22	\$17.27		\$33.03	\$0.28	\$22.02	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.36	\$57.32	\$0.00	\$18.22	\$17.27		\$30.83	\$0.28	9.47 (FRV)	\$0.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.36	\$57.32	\$0.00	\$18.22	\$17.27	\$0.00	\$30.83	\$0.28	\$9.47	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4977								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.89	\$85.85	\$0.00	\$18.22	\$17.27	\$0.00	\$30.83	\$0.28	\$9.47	\$0.97
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.72	\$4.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.56	\$7.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.45	\$93.68	\$0.00	\$18.44	\$17.68	\$0.00	\$47.93	\$0.28	\$9.47	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.51									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRESBYTERIAN HOME, QUITMAN, IN		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142579A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3823	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	47.73%	5.5%	Quarterly Medicaid CMI:			1.3795	1.5215
							3.48	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4018	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$13,270,569	\$6,994,218	\$0	\$1,701,039	\$1,537,112	\$0	\$2,160,793		\$877,407	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$123,839)	\$0	\$0	\$0	\$0	\$0	(\$11,391)		(\$112,448)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$46,066			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$66,434	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$13,259,230	\$6,994,218	\$0	\$1,701,039	\$1,537,112	\$0	\$2,149,402	\$46,066	\$764,959	\$66,434	
8	Total Nursing Facility Days	As Filed Days = 65,887 FY20 Audited C/R Days	65,896										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 65,887 FY20 GL-PL Ins Rpt Days								65,896			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.22	\$106.14	\$0.00	\$25.81	\$23.33	(with L&H)	\$32.62	\$0.70	\$11.61	\$1.01	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3823									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.79									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.79	\$0.00	\$25.81	\$23.33		\$32.62	\$0.70	\$11.61	\$1.01	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.63	\$76.79	\$0.00	\$24.48	\$23.33		\$30.83	\$0.70	17.49 (FRV)	\$1.01	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.63	\$76.79	\$0.00	\$24.48	\$23.33	\$0.00	\$30.83	\$0.70	\$17.49	\$1.01	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4018									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.48	\$107.64	\$0.00	\$24.48	\$23.33	\$0.00	\$30.83	\$0.70	\$17.49	\$1.01	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.92	\$5.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23									
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	\$10.09	\$9.68	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.57	\$117.32	\$0.00	\$24.48	\$23.74	\$0.00	\$30.83	\$0.70	\$17.49	\$1.01	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.68										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: BRYANT HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142601A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5162	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:			1.5918	1.5215
							2.41	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6228	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,969,426	\$1,823,908	\$0	\$360,840	\$415,938	\$0	\$681,479		\$687,261	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$55,421)	\$0	\$0	\$0	\$0	\$0	(\$36,738)		(\$18,683)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$23,142			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$18,683	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,955,830	\$1,823,908	\$0	\$360,840	\$415,938	\$0	\$644,741	\$23,142	\$668,578	\$18,683	
8	Total Nursing Facility Days	As Filed Days = 24,692 FY20 Audited C/R Days	24,692										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,692 FY20 GL-PL Ins Rpt Days								24,692			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$160.22	\$73.87	\$0.00	\$14.61	\$16.85	(with L&H)	\$26.11	\$0.94	\$27.08	\$0.76	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5162									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.72									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.72	\$0.00	\$14.61	\$16.85		\$26.11	\$0.94	\$27.08	\$0.76	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.95	\$48.72	\$0.00	\$14.61	\$16.85		\$26.11	\$0.94	8.96 (FRV)	\$0.76	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.95	\$48.72	\$0.00	\$14.61	\$16.85	\$0.00	\$26.11	\$0.94	\$8.96	\$0.76	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6228									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.06									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.29	\$79.06	\$0.00	\$14.61	\$16.85	\$0.00	\$26.11	\$0.94	\$8.96	\$0.76	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.98	\$1.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.58	\$1.58									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.19	\$4.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.48	\$83.15	\$0.00	\$14.83	\$17.26	\$0.00	\$43.58	\$0.94	\$8.96	\$0.76	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.29										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PROVIDENCE HEALTHCARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142612A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5440	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.93%	2.5%	Quarterly Medicaid CMI:			1.5706	1.5215
							2.57	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5977	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,799,824	\$2,988,126	\$0	\$476,941	\$537,461	\$0	\$917,251		\$880,045	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$102,787)	\$0	\$0	\$0	(\$1,716)	(\$1,688)	(\$74,053)		(\$25,330)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$30,153			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$25,170	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,752,360	\$2,988,126	\$0	\$476,941	\$535,745	(\$1,688)	\$843,198	\$30,153	\$854,715	\$25,170	
8	Total Nursing Facility Days As Filed Days = 28,388	FY20 Audited C/R Days	28,388										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,388	FY20 GL-PL Ins Rpt Days								28,388			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.63	\$105.26	\$0.00	\$16.80	\$18.81	(with L&H)	\$29.70	\$1.06	\$30.11	\$0.89	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5440									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.17									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.17	\$0.00	\$16.80	\$18.81		\$29.70	\$1.06	\$30.11	\$0.89	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.97	\$68.17	\$0.00	\$16.80	\$18.81		\$29.70	\$1.06	8.54 (FRV)	\$0.89	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.97	\$68.17	\$0.00	\$16.80	\$18.81	\$0.00	\$29.70	\$1.06	\$8.54	\$0.89	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5977									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.72	\$108.92	\$0.00	\$16.80	\$18.81	\$0.00	\$29.70	\$1.06	\$8.54	\$0.89	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.62	\$6.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.34	\$115.44	\$0.00	\$17.02	\$19.22	\$0.00	\$47.17	\$1.06	\$8.54	\$0.89	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.18										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: PROVIDENCE OF SPARTA HEALTH AND REHAB														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5151	1.5126	
Prvdr ID: 00142623A														Qtrly BIMS score	20.93%	1.0%	Quarterly Medicaid CMI:	1.4191	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.15	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.4449	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,846,441	\$1,765,964	\$0	\$381,955	\$403,018	\$0	\$763,583		\$531,921	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$87,039)	(\$1,792)	\$0	\$0	\$441	(\$5,910)	(\$50,805)		(\$28,973)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$56,970										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$29,364								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,845,736	\$1,764,172	\$0	\$381,955	\$403,459	(\$5,910)	\$712,778	\$56,970	\$502,948	\$29,364								
8	Total Nursing Facility Days	As Filed Days = 19,899		19,899																
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,899								19,899										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.27	\$88.66	\$0.00	\$19.19	\$19.98	(with L&H)	\$35.82	\$2.86	\$25.28	\$1.48								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5151																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.52																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.52	\$0.00	\$19.19	\$19.98		\$35.82	\$2.86	\$25.28	\$1.48								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.48	\$58.52	\$0.00	\$19.19	\$19.98		\$30.83	\$2.86	9.62 (FRV)	\$1.48								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.48	\$58.52	\$0.00	\$19.19	\$19.98	\$0.00	\$30.83	\$2.86	\$9.62	\$1.48								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4449																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.56																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.52	\$84.56	\$0.00	\$19.19	\$19.98	\$0.00	\$30.83	\$2.86	\$9.62	\$1.48								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$20.80	\$3.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.32	\$87.63	\$0.00	\$19.41	\$20.39	\$0.00	\$47.93	\$2.86	\$9.62	\$1.48								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.17																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide				
Provider: GREENE POINT HEALTH AND REHABILITATION Prvdr ID: 00142634A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	25.00%	0.00%	1.4451	1.5126					
													3.37	3.0%	1.3280	1.5215						
													3.37	3.0%	1.3490	1.5482						
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
Peer Group Standards & Efficiency Measure Limits																						
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,572,915	\$1,851,343	\$0	\$359,332	\$470,911	\$0	\$605,320		\$286,009	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$51,658)	(\$59,416)	\$0	\$0	(\$849)	(\$1,944)	\$27,839		(\$17,288)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$26,845												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$17,217										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,565,319	\$1,791,927	\$0	\$359,332	\$470,062	(\$1,944)	\$633,159	\$26,845	\$268,721	\$17,217										
8	Total Nursing Facility Days	As Filed Days = 16,807 FY20 Audited C/R Days	16,817																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,807 FY20 GL-PL Ins Rpt Days								16,817												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.01	\$106.55	\$0.00	\$21.37	\$27.84	<i>(with L&H)</i>	\$37.65	\$1.60	\$15.98	\$1.02										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4451																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.73																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.73	\$0.00	\$21.37	\$27.84		\$37.65	\$1.60	\$15.98	\$1.02										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.20	\$73.73	\$0.00	\$21.37	\$27.62		\$30.83	\$1.60	12.03 <i>(FRV)</i>	\$1.02										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.20	\$73.73	\$0.00	\$21.37	\$27.62	\$0.00	\$30.83	\$1.60	\$12.03	\$1.02										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3490																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.46																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.93	\$99.46	\$0.00	\$21.37	\$27.62	\$0.00	\$30.83	\$1.60	\$12.03	\$1.02										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.75	\$103.96	\$0.00	\$21.59	\$27.62	\$0.00	\$47.93	\$1.60	\$12.03	\$1.02										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.99																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: WARRENTON HEALTH AND REHAB														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5611	1.5126
Prvdr ID: 00142645A														Qtrly BIMS score	42.86%	2.5%	Quarterly Medicaid CMI:	1.6769	1.5215
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.93	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.7090	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>										
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,198,541	\$1,825,003	\$0	\$414,160	\$502,869	\$0	\$755,570		\$700,939	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$132,478)	(\$5,523)	\$0	\$0	\$2,077	\$1,715	(\$86,784)		(\$43,963)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$86,784									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$44,295							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,197,142	\$1,819,480	\$0	\$414,160	\$504,946	\$1,715	\$668,786	\$86,784	\$656,976	\$44,295							
8	Total Nursing Facility Days	As Filed Days = 23,097		23,097															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,097								23,097									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$181.73	\$78.78	\$0.00	\$17.93	\$21.94	(with L&H)	\$28.96	\$3.76	\$28.44	\$1.92							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5611															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.47															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.47	\$0.00	\$17.93	\$21.94		\$28.96	\$3.76	\$28.44	\$1.92							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.77	\$50.47	\$0.00	\$17.93	\$21.94		\$28.96	\$3.76	8.79 (FRV)	\$1.92							
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.77	\$50.47	\$0.00	\$17.93	\$21.94	\$0.00	\$28.96	\$3.76	\$8.79	\$1.92							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7090															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.25															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.55	\$86.25	\$0.00	\$17.93	\$21.94	\$0.00	\$28.96	\$3.76	\$8.79	\$1.92							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00							
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.73	\$1.73															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.52	\$4.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.07	\$90.67	\$0.00	\$18.15	\$22.35	\$0.00	\$46.43	\$3.76	\$8.79	\$1.92							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.23																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: ORCHARD HEALTH AND REHABILITATION														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.3484	1.5126	
Prvdr ID: 00142656A														Qtrly BIMS score	36.36%	2.5%	Quarterly Medicaid CMI:	1.3523	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.20	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3754	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,901,777	\$2,891,309	\$0	\$490,849	\$486,149	\$0	\$832,897		\$200,573	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$102,131)	\$0	\$0	\$0	\$0	(\$8,240)	(\$72,389)		(\$21,502)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$64,112										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$21,502								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,885,260	\$2,891,309	\$0	\$490,849	\$486,149	(\$8,240)	\$760,508	\$64,112	\$179,071	\$21,502								
8	Total Nursing Facility Days	As Filed Days = 29,852 FY20 Audited C/R Days	29,852																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,852 FY20 GL-PL Ins Rpt Days								29,852										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.65	\$96.85	\$0.00	\$16.44	\$16.01	(with L&H)	\$25.48	\$2.15	\$6.00	\$0.72								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3484																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.82																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.82	\$0.00	\$16.44	\$16.01		\$25.48	\$2.15	\$6.00	\$0.72								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.13	\$71.82	\$0.00	\$16.44	\$16.01		\$25.48	\$2.15	8.51 (FRV)	\$0.72								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.13	\$71.82	\$0.00	\$16.44	\$16.01	\$0.00	\$25.48	\$2.15	\$8.51	\$0.72								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3754																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.78																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.09	\$98.78	\$0.00	\$16.44	\$16.01	\$0.00	\$25.48	\$2.15	\$8.51	\$0.72								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.94	\$4.94																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.04	\$7.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.13	\$106.72	\$0.00	\$16.66	\$16.42	\$0.00	\$42.95	\$2.15	\$8.51	\$0.72								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.77																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: HERITAGE INN OF SANDERSVILLE HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142678A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5644	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.25%	2.5%	Quarterly Medicaid CMI:			1.7274	1.5215
							3.22	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7585	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,792,516	\$2,041,453	\$0	\$387,493	\$400,155	\$0	\$596,598		\$366,817	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$71,141)	\$0	\$0	\$0	(\$916)	(\$4,590)	(\$37,632)		(\$28,003)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$31,720			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$27,867	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,780,962	\$2,041,453	\$0	\$387,493	\$399,239	(\$4,590)	\$558,966	\$31,720	\$338,814	\$27,867	
8	Total Nursing Facility Days	As Filed Days = 21,001 FY20 Audited C/R Days	21,001										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,001 FY20 GL-PL Ins Rpt Days								21,001			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$180.04	\$97.21	\$0.00	\$18.45	\$18.79	(with L&H)	\$26.62	\$1.51	\$16.13	\$1.33	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5644									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.14									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.14	\$0.00	\$18.45	\$18.79		\$26.62	\$1.51	\$16.13	\$1.33	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.09	\$62.14	\$0.00	\$18.45	\$18.79		\$26.62	\$1.51	10.25 (FRV)	\$1.33	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.09	\$62.14	\$0.00	\$18.45	\$18.79	\$0.00	\$26.62	\$1.51	\$10.25	\$1.33	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7585									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.27									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.22	\$109.27	\$0.00	\$18.45	\$18.79	\$0.00	\$26.62	\$1.51	\$10.25	\$1.33	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.46	\$5.46									
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	\$26.82	\$8.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.04	\$117.99	\$0.00	\$18.67	\$19.20	\$0.00	\$44.09	\$1.51	\$10.25	\$1.33	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.96										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance				
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance					
			a	b	c	d	e	f	g	g	h	i			
Provider: JESUP HEALTH AND REHAB Prvdr ID: 00142689A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
			Growth Allowance: N/A Qtrly BIMS score: 30.00% Nurse Hours per On-Site Day/Quality Incentive: 3.21				Add-on Percent: 0.00% 2.5% 4.0%				Facility Score: N/A 3.21		Facility Specific: 1.8463 2.0744 2.1134		State-wide: 1.5126 1.5215 1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,822,238	\$1,958,616	\$0	\$368,507	\$419,751	\$0	\$717,402		\$357,962	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$5,948	(\$8,108)	\$0	\$0	\$0	\$0	\$26,168		(\$12,112)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$18,688					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$12,112			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,858,986	\$1,950,508	\$0	\$368,507	\$419,751	\$0	\$743,570	\$18,688	\$345,850	\$12,112			
8	Total Nursing Facility Days	FY20 Audited C/R Days	21,499												
	As Filed Days = 21,499														
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								21,499					
	As Filed Days = 21,499														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.50	\$90.73	\$0.00	\$17.14	\$19.52	(with L&H)	\$34.59	\$0.87	\$16.09	\$0.56			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.8463											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.14											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.14	\$0.00	\$17.14	\$19.52		\$34.59	\$0.87	\$16.09	\$0.56			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.02	\$49.14	\$0.00	\$17.14	\$19.52		\$30.83	\$0.87	7.96 (FRV)	\$0.56			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.02	\$49.14	\$0.00	\$17.14	\$19.52	\$0.00	\$30.83	\$0.87	\$7.96	\$0.56			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.1134											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.85											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.73	\$103.85	\$0.00	\$17.14	\$19.52	\$0.00	\$30.83	\$0.87	\$7.96	\$0.56			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$25.01	\$7.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.74	\$111.13	\$0.00	\$17.36	\$19.93	\$0.00	\$47.93	\$0.87	\$7.96	\$0.56			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.48												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: COLQUITT REGIONAL SENIOR CARE & REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142711A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4746	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.95%	1.0%	Quarterly Medicaid CMI:			1.5528	1.5215
							3.76	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5798	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,581,116	\$1,555,530	\$0	\$343,630	\$545,429	\$0	\$840,876		\$295,651	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$103,588)	(\$90,362)	\$0	\$0	\$0	(\$196)	\$26,855		(\$39,885)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$10,608			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$39,885	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,528,021	\$1,465,168	\$0	\$343,630	\$545,429	(\$196)	\$867,731	\$10,608	\$255,766	\$39,885	
8	Total Nursing Facility Days As Filed Days = 19,443	FY20 Audited C/R Days	19,443										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,443	FY20 GL-PL Ins Rpt Days								19,443			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$181.45	\$75.36	\$0.00	\$17.67	\$28.04	(with L&H)	\$44.63	\$0.55	\$13.15	\$2.05	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4746									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.11									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.11	\$0.00	\$17.67	\$28.04		\$44.63	\$0.55	\$13.15	\$2.05	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.44	\$51.11	\$0.00	\$17.67	\$27.62		\$30.83	\$0.55	17.61 (FRV)	\$2.05	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.44	\$51.11	\$0.00	\$17.67	\$27.62	\$0.00	\$30.83	\$0.55	\$17.61	\$2.05	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5798									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.74									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.07	\$80.74	\$0.00	\$17.67	\$27.62	\$0.00	\$30.83	\$0.55	\$17.61	\$2.05	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.08	\$3.76	\$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	\$198.15	\$84.50	\$0.00	\$17.89	\$27.62	\$0.00	\$47.93	\$0.55	\$17.61	\$2.05	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.79										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: BUCHANAN HEALTHCARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142722A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5656	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.68%	1.0%	Quarterly Medicaid CMI:			1.5311	1.5215
							4.56	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5598	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$1,733,604	\$865,069	\$0	\$141,269	\$170,792	\$0	\$411,136		\$145,338	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$74,037)	\$0	\$0	\$0	\$0	\$0	(\$56,881)		(\$17,156)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$55,883			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$17,156	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$1,732,606	\$865,069	\$0	\$141,269	\$170,792	\$0	\$354,255	\$55,883	\$128,182	\$17,156	
8	Total Nursing Facility Days	As Filed Days = 9,859 FY20 Audited C/R Days	9,859										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 9,859 FY20 GL-PL Ins Rpt Days								9,859			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$175.73	\$87.74	\$0.00	\$14.33	\$17.32	(with L&H)	\$35.93	\$5.67	\$13.00	\$1.74	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5656									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.04									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.04	\$0.00	\$14.33	\$17.32		\$35.93	\$5.67	\$13.00	\$1.74	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.40	\$56.04	\$0.00	\$14.33	\$17.32		\$30.83	\$5.67	11.47 (FRV)	\$1.74	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.40	\$56.04	\$0.00	\$14.33	\$17.32	\$0.00	\$30.83	\$5.67	\$11.47	\$1.74	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5598									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.77	\$87.41	\$0.00	\$14.33	\$17.32	\$0.00	\$30.83	\$5.67	\$11.47	\$1.74	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$20.88	\$3.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.65	\$90.56	\$0.00	\$14.55	\$17.73	\$0.00	\$47.93	\$5.67	\$11.47	\$1.74	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.41										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: THE RETREAT Prvdr ID: 00142733A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.0805	1.5126
							26.47%	1.0%					1.1461	1.5215
							4.44	3.0%					1.1596	1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,783,963	\$2,407,272	\$0	\$793,246	\$224,852	\$314,493	\$886,486		\$157,614	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$21,111)	\$0	\$0	\$0	\$1,055	\$1,475	(\$23,641)		\$0			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$23,641				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$0		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,786,493	\$2,407,272	\$0	\$793,246	\$225,907	\$315,968	\$862,845	\$23,641	\$157,614	\$0		
8	Total Nursing Facility Days	As Filed Days = 19,635 FY20 Audited C/R Days		19,635										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,635 FY20 GL-PL Ins Rpt Days								19,635				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.77	\$122.60	\$0.00	\$40.40	\$27.60	(with L&H)	\$43.94	\$1.20	\$8.03	\$0.00		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.0805										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.46										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$113.46	\$0.00	\$40.40	\$27.60		\$43.94	\$1.20	\$8.03	\$0.00		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.47	\$88.52	\$0.00	\$32.46	\$27.60		\$30.83	\$1.20	8.86 (FRV)	\$0.00		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.47	\$88.52	\$0.00	\$32.46	\$27.60	\$0.00	\$30.83	\$1.20	\$8.86	\$0.00		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1596										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.65										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.60	\$102.65	\$0.00	\$32.46	\$27.60	\$0.00	\$30.83	\$1.20	\$8.86	\$0.00		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.01	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$21.22	\$4.11	\$0.00	\$0.00	\$0.01	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.82	\$106.76	\$0.00	\$32.46	\$27.61	\$0.00	\$47.93	\$1.20	\$8.86	\$0.00		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.79											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: RIDGEWOOD MANOR HEALTH AND REHABILITATION Prvdr ID: 00142744A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	1.3734	1.5126	40.38%	2.5%	1.2989	1.5215	4.90	3.0%	1.3174	1.5482
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,080,565	\$4,419,679	\$0	\$677,055	\$898,601	\$0	\$1,819,048		\$266,182	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$792,028)	(\$347,479)	\$0	\$0	(\$97,987)	\$4,392	(\$350,954)		\$0													
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$334,948														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$7,475												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,630,960	\$4,072,200	\$0	\$677,055	\$800,614	\$4,392	\$1,468,094	\$334,948	\$266,182	\$7,475												
8	Total Nursing Facility Days	As Filed Days = 33,351 FY20 Audited C/R Days	33,351																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,351 FY20 GL-PL Ins Rpt Days								33,351														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.80	\$122.10	\$0.00	\$20.30	\$24.14	<i>(with L&H)</i>	\$44.02	\$10.04	\$7.98	\$0.22												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3734																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.90																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.90	\$0.00	\$20.30	\$24.14		\$44.02	\$10.04	\$7.98	\$0.22												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.42	\$88.52	\$0.00	\$20.30	\$24.14		\$30.83	\$10.04	9.37 <i>(FRV)</i>	\$0.22												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.42	\$88.52	\$0.00	\$20.30	\$24.14	\$0.00	\$30.83	\$10.04	\$9.37	\$0.22												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3174																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.62																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.52	\$116.62	\$0.00	\$20.30	\$24.14	\$0.00	\$30.83	\$10.04	\$9.37	\$0.22												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.15	\$6.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.67	\$123.04	\$0.00	\$20.52	\$24.55	\$0.00	\$47.93	\$10.04	\$9.37	\$0.22												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.93																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: HARBORVIEW SATILLA Prvdr ID: 00142755A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 14.29% Qtrly BIMS score: 2.32 Nurse Hours per On-Site Day/Quality Incentive: 2.0%				Base Period Overall CMI: 1.5859 Quarterly Medicaid CMI: 1.7506 Qtrly Mcaid CMI w RUG Wght Options: 1.7829				Facility Specific: 1.5859 State-wide: 1.5126 1.7506 1.5215 1.7829 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,153,712	\$3,009,315	\$0	\$534,698	\$705,298	\$0	\$1,030,273		\$874,128	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$155,385)	\$6,908	\$0	(\$2,027)	(\$16,539)	(\$14,112)	(\$62,382)		(\$67,233)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$69,488		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$64,549
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,132,364	\$3,016,223	\$0	\$532,671	\$688,759	(\$14,112)	\$967,891	\$69,488	\$806,895	\$64,549
8	Total Nursing Facility Days	As Filed Days = 33,029 FY20 Audited C/R Days	33,029									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,029 FY20 GL-PL Ins Rpt Days								33,029		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$185.66	\$91.32	\$0.00	\$16.13	\$20.43	(with L&H)	\$29.30	\$2.10	\$24.43	\$1.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5859								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.58	\$0.00	\$16.13	\$20.43		\$29.30	\$2.10	\$24.43	\$1.95
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.79	\$57.58	\$0.00	\$16.13	\$20.43		\$29.30	\$2.10	12.30 (FRV)	\$1.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.79	\$57.58	\$0.00	\$16.13	\$20.43	\$0.00	\$29.30	\$2.10	\$12.30	\$1.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7829								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.87	\$102.66	\$0.00	\$16.13	\$20.43	\$0.00	\$29.30	\$2.10	\$12.30	\$1.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	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	\$20.68	\$2.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.55	\$105.24	\$0.00	\$16.35	\$20.84	\$0.00	\$46.77	\$2.10	\$12.30	\$1.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.34									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: ETOWAH LANDING Prvdr ID: 00142766A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A Qtrly BIMS score: 24.24% Nurse Hours per On-Site Day/Quality Incentive: 2.92				N/A	0.00% 1.0% 3.0%	Base Period Overall CMI: 1.5049 Quarterly Medicaid CMI: 1.7591 Qtrly Mcaid CMI w RUG Wght Options: 1.7924			1.5049 1.7591 1.7924	1.5126 1.5215 1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,200,529	\$2,697,401	\$0	\$504,326	\$489,945	\$0	\$893,496		\$615,361	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$146,659)	\$0	\$0	\$0	(\$4,534)	(\$5,669)	(\$91,692)		(\$44,764)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$93,131		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$43,832
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,190,833	\$2,697,401	\$0	\$504,326	\$485,411	(\$5,669)	\$801,804	\$93,131	\$570,597	\$43,832
8	Total Nursing Facility Days As Filed Days = 31,164	FY20 Audited C/R Days	31,164									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,164	FY20 GL-PL Ins Rpt Days								31,164		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$166.57	\$86.56	\$0.00	\$16.18	\$15.39	(with L&H)	\$25.73	\$2.99	\$18.31	\$1.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5049								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.52	\$0.00	\$16.18	\$15.39		\$25.73	\$2.99	\$18.31	\$1.41
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.14	\$57.52	\$0.00	\$16.18	\$15.39		\$25.73	\$2.99	8.92 (FRV)	\$1.41
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.14	\$57.52	\$0.00	\$16.18	\$15.39	\$0.00	\$25.73	\$2.99	\$8.92	\$1.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7924								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.72	\$103.10	\$0.00	\$16.18	\$15.39	\$0.00	\$25.73	\$2.99	\$8.92	\$1.41
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.75	\$4.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.47	\$107.75	\$0.00	\$16.40	\$15.80	\$0.00	\$43.20	\$2.99	\$8.92	\$1.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.53									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific
Provider: ROBERTA HEALTH AND REHAB Prvdr ID: 00142777A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	State-wide	Facility Specific	State-wide							
													N/A	37.50%	2.74	2.5%	3.0%	1.6138	1.5126	1.8624	1.5215	1.8980	1.5482
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>														
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,758,967	\$2,218,979	\$0	\$413,796	\$392,791	\$0	\$1,013,577		\$719,824	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$69,214)	(\$1,611)	\$0	\$0	(\$1,023)	(\$844)	(\$20,963)		(\$44,773)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$20,622													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$44,560											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,754,935	\$2,217,368	\$0	\$413,796	\$391,768	(\$844)	\$992,614	\$20,622	\$675,051	\$44,560											
8	Total Nursing Facility Days	As Filed Days = 31,259																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,259																					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$152.13	\$70.94	\$0.00	\$13.24	\$12.51	(with L&H)	\$31.75	\$0.66	\$21.60	\$1.43											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6138																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.96																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$43.96	\$0.00	\$13.24	\$12.51		\$31.75	\$0.66	\$21.60	\$1.43											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.43	\$43.96	\$0.00	\$13.24	\$12.51		\$30.83	\$0.66	7.80 (FRV)	\$1.43											
Quarterly Per Diem Rate Prior to Add-ons																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.43	\$43.96	\$0.00	\$13.24	\$12.51	\$0.00	\$30.83	\$0.66	\$7.80	\$1.43											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8980																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.44																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.91	\$83.44	\$0.00	\$13.24	\$12.51	\$0.00	\$30.83	\$0.66	\$7.80	\$1.43											
Quarterly Per Diem Add-on Amounts																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00											
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.09	\$2.09																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.85	\$5.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$172.76	\$88.56	\$0.00	\$13.46	\$12.92	\$0.00	\$47.93	\$0.66	\$7.80	\$1.43											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.75																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: TWIN FOUNTAINS HOME Prvdr ID: 00142843A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A		Qtrly BIMS score: 30.00%	Nurse Hours per On-Site Day/Quality Incentive: 4.91	0.00%	2.5%	3.0%	Base Period Overall CMI: 1.0400				1.0438	1.5126
		Qtrly Medicaid CMI: 1.0438		Qtrly Mcaid CMI w RUG Wght Options: 1.0546								1.5215	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,553,696	\$3,521,256	\$0	\$890,896	\$810,305	\$621,025	\$4,673,755		\$1,036,459	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$81,917)	\$1,094,058	\$0	\$0	\$0	\$0	(\$1,175,975)		\$0			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$81,917				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$0		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,553,696	\$4,615,314	\$0	\$890,896	\$810,305	\$621,025	\$3,497,780	\$81,917	\$1,036,459	\$0		
8	Total Nursing Facility Days	As Filed Days = 34,739 FY20 Audited C/R Days	34,739											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,739 FY20 GL-PL Ins Rpt Days								34,739				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$332.60	\$132.86	\$0.00	\$25.65	\$41.20	(with L&H)	\$100.69	\$2.36	\$29.84	\$0.00		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.0400										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$127.75										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$127.75	\$0.00	\$25.65	\$41.20		\$100.69	\$2.36	\$29.84	\$0.00		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.53	\$88.52	\$0.00	\$25.65	\$27.62		\$30.83	\$2.36	11.55 (FRV)	\$0.00		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.53	\$88.52	\$0.00	\$25.65	\$27.62	\$0.00	\$30.83	\$2.36	\$11.55	\$0.00		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0546										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.35										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.36	\$93.35	\$0.00	\$25.65	\$27.62	\$0.00	\$30.83	\$2.36	\$11.55	\$0.00		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.45	\$5.13	\$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	\$213.81	\$98.48	\$0.00	\$25.87	\$27.62	\$0.00	\$47.93	\$2.36	\$11.55	\$0.00		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.53											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: WINDER HEALTH CARE & REHAB CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142854A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5330	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.14%	2.5%	Quarterly Medicaid CMI:			1.4328	1.5215
							3.70	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4573	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,307,885	\$3,838,453	\$0	\$1,198,774	\$738,042	\$0	\$1,127,335		\$405,281	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$209,017)	\$29,239	\$0	(\$18,208)	\$18,208	\$0	(\$184,609)		(\$53,647)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$153,742			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$53,647	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,306,257	\$3,867,692	\$0	\$1,180,566	\$756,250	\$0	\$942,726	\$153,742	\$351,634	\$53,647	
8	Total Nursing Facility Days	As Filed Days = 45,025 FY20 Audited C/R Days	45,025										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,025 FY20 GL-PL Ins Rpt Days								45,025			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$162.27	\$85.90	\$0.00	\$26.22	\$16.80	(with L&H)	\$20.94	\$3.41	\$7.81	\$1.19	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5330									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.03									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.03	\$0.00	\$26.22	\$16.80		\$20.94	\$3.41	\$7.81	\$1.19	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.69	\$56.03	\$0.00	\$24.48	\$16.80		\$20.94	\$3.41	12.84 (FRV)	\$1.19	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.69	\$56.03	\$0.00	\$24.48	\$16.80	\$0.00	\$20.94	\$3.41	\$12.84	\$1.19	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4573									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.31	\$81.65	\$0.00	\$24.48	\$16.80	\$0.00	\$20.94	\$3.41	\$12.84	\$1.19	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.04	\$2.04									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2.45									
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	\$22.90	\$5.02	\$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	\$184.21	\$86.67	\$0.00	\$24.48	\$17.21	\$0.00	\$38.41	\$3.41	\$12.84	\$1.19	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.33										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: DADE HEALTH AND REHAB Prvdr ID: 00142865A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A Qtrly BIMS score: 44.74% Nurse Hours per On-Site Day/Quality Incentive: 2.86				0.00%	2.5%	Base Period Overall CMI: 1.6277 Quarterly Medicaid CMI: 1.5474 Qtrly Mcaid CMI w RUG Wght Options: 1.5768			1.6277	1.5126
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,532,907	\$1,960,486	\$0	\$358,195	\$373,497	\$0	\$527,159		\$313,570	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$91,262)	\$0	\$0	\$0	\$0	\$0	(\$79,573)		(\$11,689)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$102,570		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$11,689
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,555,904	\$1,960,486	\$0	\$358,195	\$373,497	\$0	\$447,586	\$102,570	\$301,881	\$11,689
8	Total Nursing Facility Days	As Filed Days = 19,652 FY20 Audited C/R Days	19,652									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,652 FY20 GL-PL Ins Rpt Days								19,652		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$180.95	\$99.76	\$0.00	\$18.23	\$19.01	(with L&H)	\$22.78	\$5.22	\$15.36	\$0.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6277								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.29	\$0.00	\$18.23	\$19.01		\$22.78	\$5.22	\$15.36	\$0.59
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.04	\$61.29	\$0.00	\$18.23	\$19.01		\$22.78	\$5.22	9.92 (FRV)	\$0.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.04	\$61.29	\$0.00	\$18.23	\$19.01	\$0.00	\$22.78	\$5.22	\$9.92	\$0.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5768								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.39	\$96.64	\$0.00	\$18.23	\$19.01	\$0.00	\$22.78	\$5.22	\$9.92	\$0.59
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.95	\$5.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.34	\$102.49	\$0.00	\$18.45	\$19.42	\$0.00	\$40.25	\$5.22	\$9.92	\$0.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: SAVANNAH BEACH HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142876A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3444	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	46.88%	5.5%	Quarterly Medicaid CMI:			1.5216	1.5215
							2.85	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5513	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,884,621	\$1,559,327	\$0	\$252,291	\$268,574	\$0	\$471,602		\$332,827	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$80,499)	\$0	\$0	\$0	\$0	\$0	(\$26,808)		(\$53,691)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$26,808			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$53,691	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,884,621	\$1,559,327	\$0	\$252,291	\$268,574	\$0	\$444,794	\$26,808	\$279,136	\$53,691	
8	Total Nursing Facility Days	As Filed Days = 15,668 FY20 Audited C/R Days	15,668										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,668 FY20 GL-PL Ins Rpt Days								15,668			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.11	\$99.52	\$0.00	\$16.10	\$17.14	(with L&H)	\$28.39	\$1.71	\$17.82	\$3.43	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3444									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.02									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.02	\$0.00	\$16.10	\$17.14		\$28.39	\$1.71	\$17.82	\$3.43	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.23	\$74.02	\$0.00	\$16.10	\$17.14		\$28.39	\$1.71	11.44 (FRV)	\$3.43	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.23	\$74.02	\$0.00	\$16.10	\$17.14	\$0.00	\$28.39	\$1.71	\$11.44	\$3.43	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5513									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.83									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.04	\$114.83	\$0.00	\$16.10	\$17.14	\$0.00	\$28.39	\$1.71	\$11.44	\$3.43	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.32	\$6.32									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.44	\$3.44									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.39	\$10.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.43	\$125.12	\$0.00	\$16.32	\$17.55	\$0.00	\$45.86	\$1.71	\$11.44	\$3.43	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.25										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance				
			a	b	c	d	e	f	g	g	h	i		
Provider: SEARS MANOR NURSING HOME Prvdr ID: 00142898A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
			Growth Allowance: N/A Qtrly BIMS score: 16.28% Nurse Hours per On-Site Day/Quality Incentive: 3.82				Add-on Percent: 0.00% 0.0% 3.0%				Base Period Overall CMI: 1.5115 Quarterly Medicaid CMI: 1.4802 Qtrly Mcaid CMI w RUG Wght Options: 1.5051		Facility Specific: 1.5115 1.4802 1.5051	State-wide: 1.5126 1.5215 1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,924,194	\$3,383,943	\$0	\$621,447	\$793,892	\$0	\$775,963		\$348,949	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$145,365)	(\$3,439)	\$0	\$0	\$1,253	\$1,858	(\$95,366)		(\$49,671)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$91,370				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$49,865		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,920,064	\$3,380,504	\$0	\$621,447	\$795,145	\$1,858	\$680,597	\$91,370	\$299,278	\$49,865		
8	Total Nursing Facility Days	As Filed Days = 25,447 FY20 Audited C/R Days	25,447											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,447 FY20 GL-PL Ins Rpt Days								25,447				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$232.64	\$132.84	\$0.00	\$24.42	\$31.32	(with L&H)	\$26.75	\$3.59	\$11.76	\$1.96		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5115										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.89										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.89	\$0.00	\$24.42	\$31.32		\$26.75	\$3.59	\$11.76	\$1.96		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.15	\$87.89	\$0.00	\$24.42	\$27.62		\$26.75	\$3.59	10.92 (FRV)	\$1.96		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.15	\$87.89	\$0.00	\$24.42	\$27.62	\$0.00	\$26.75	\$3.59	\$10.92	\$1.96		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5051										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.28										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.54	\$132.28	\$0.00	\$24.42	\$27.62	\$0.00	\$26.75	\$3.59	\$10.92	\$1.96		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.88	\$0.47	\$0.00	\$0.04	\$0.00	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	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	\$21.95	\$4.44	\$0.00	\$0.04	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.49	\$136.72	\$0.00	\$24.46	\$27.62	\$0.00	\$44.22	\$3.59	\$10.92	\$1.96		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.29											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: SEMINOLE MANOR NURSING HOME		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142909A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.1469	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	21.05%	1.0%	Quarterly Medicaid CMI:			1.0130	1.5215
							4.00	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0242	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,260,724	\$2,495,427	\$0	\$778,821	\$552,625	\$433,104	\$609,403		\$391,344	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$36,665)	(\$121,994)	\$0	\$0	(\$10,190)	(\$7,987)	\$112,722		(\$9,216)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$9,272			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$9,046	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,242,377	\$2,373,433	\$0	\$778,821	\$542,435	\$425,117	\$722,125	\$9,272	\$382,128	\$9,046	
8	Total Nursing Facility Days	As Filed Days = 22,859 FY20 Audited C/R Days	22,859										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,859 FY20 GL-PL Ins Rpt Days								22,859			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.35	\$103.83	\$0.00	\$34.07	\$42.33	(with L&H)	\$31.59	\$0.41	\$16.72	\$0.40	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.1469									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.53									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.53	\$0.00	\$34.07	\$42.33		\$31.59	\$0.41	\$16.72	\$0.40	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.28	\$88.52	\$0.00	\$32.46	\$27.62		\$30.83	\$0.41	10.04 (FRV)	\$0.40	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.28	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$0.41	\$10.04	\$0.40	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0242									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.42	\$90.66	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$0.41	\$10.04	\$0.40	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$20.73	\$3.63	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.15	\$94.29	\$0.00	\$32.46	\$27.62	\$0.00	\$47.93	\$0.41	\$10.04	\$0.40	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.04										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide						
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.6276	1.5126				
Provider: VISTA PARK HEALTH AND REHABILITATION Prvdr ID: 00142931A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.6276	1.5126	1.5739	1.5215	1.6006	1.5482
CASE MIX BASED RATE CALCULATIONS																										
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																	
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
Base Period Per Diem Allowed Amounts																										
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,099,985	\$4,679,740	\$0	\$980,185	\$923,153	\$0	\$1,374,657		\$1,142,250	\$0														
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$144,693)	(\$4,168)	\$0	\$0	\$0	\$5,124	(\$85,238)		(\$60,411)															
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$88,790																
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$60,411														
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,104,493	\$4,675,572	\$0	\$980,185	\$923,153	\$5,124	\$1,289,419	\$88,790	\$1,081,839	\$60,411														
8	Total Nursing Facility Days	As Filed Days = 45,888 FY20 Audited C/R Days	45,686																							
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,888 FY20 GL-PL Ins Rpt Days								45,686																
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.27	\$102.34	\$0.00	\$21.45	\$20.32	(with L&H)	\$28.22	\$1.94	\$23.68	\$1.32														
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6276																						
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.88																						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.88	\$0.00	\$21.45	\$20.32		\$28.22	\$1.94	\$23.68	\$1.32														
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A															
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.11	\$62.88	\$0.00	\$21.45	\$20.32		\$28.22	\$1.94	21.98 (FRV)	\$1.32														
Quarterly Per Diem Rate Prior to Add-ons																										
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A														
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.11	\$62.88	\$0.00	\$21.45	\$20.32	\$0.00	\$28.22	\$1.94	\$21.98	\$1.32														
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6006																						
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.65																						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.88	\$100.65	\$0.00	\$21.45	\$20.32	\$0.00	\$28.22	\$1.94	\$21.98	\$1.32														
Quarterly Per Diem Add-on Amounts																										
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00															
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.54	\$5.54																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03																						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.20	\$11.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00														
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.08	\$111.75	\$0.00	\$21.67	\$20.73	\$0.00	\$45.69	\$1.94	\$21.98	\$1.32														
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.99																							

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent
													Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Provider: ROSS MEMORIAL HEALTH CARE CTR													N/A	0.00%	Base Period Overall CMI:			1.4429	1.5126		
Prvdr ID: 00142942A													34.04%	2.5%	Quarterly Medicaid CMI:			1.2130	1.5215		
Case Mix Per Diem Rate Effective Date: 10/1/2022													4.12	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2292	1.5482		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																					
			a	b	c	d	e	f	g	g	h	i									
CASE MIX BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,305,613	\$3,728,590	\$0	\$689,283	\$825,355	\$0	\$756,659		\$305,726	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$196,061)	\$648	\$0	\$0	(\$9,210)	(\$7,020)	(\$96,272)		(\$84,207)										
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$72,048											
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$80,915									
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,262,515	\$3,729,238	\$0	\$689,283	\$816,145	(\$7,020)	\$660,387	\$72,048	\$221,519	\$80,915									
8	Total Nursing Facility Days	As Filed Days = 28,773																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,773																			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.65	\$129.61	\$0.00	\$23.96	\$28.12	(with L&H)	\$22.95	\$2.50	\$7.70	\$2.81									
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4429																	
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.83																	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.83	\$0.00	\$23.96	\$28.12		\$22.95	\$2.50	\$7.70	\$2.81									
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A										
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.72	\$88.52	\$0.00	\$23.96	\$27.62		\$22.95	\$2.50	13.36 (FRV)	\$2.81									
Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.72	\$88.52	\$0.00	\$23.96	\$27.62	\$0.00	\$22.95	\$2.50	\$13.36	\$2.81									
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2292																	
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.81																	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.01	\$108.81	\$0.00	\$23.96	\$27.62	\$0.00	\$22.95	\$2.50	\$13.36	\$2.81									
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00										
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.67	\$5.98	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00									
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.68	\$114.79	\$0.00	\$24.18	\$27.62	\$0.00	\$40.42	\$2.50	\$13.36	\$2.81									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.44																		

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
				a	b	c	d	e	f	g	g	h	i	
Provider: PRUITTHEALTH - SHEPHERD HILLS Prvdr ID: 00142964A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 23.40% Nurse Hours per On-Site Day/Quality Incentive: 2.85			Facility Score: N/A Add-on Percent: 0.00% 1.0% 5.0%		Case Mix Index (CMI) Data Base Period Overall CMI: 1.3692 Quarterly Medicaid CMI: 1.5054 Qtrly Mcaid CMI w RUG Wght Options: 1.5320			Facility Specific: 1.3692 1.5054 1.5320		State-wide: 1.5126 1.5215 1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,329,537	\$3,789,120	\$0	\$515,344	\$735,658	\$0	\$1,020,195		\$269,220	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$303,242)	(\$69,629)	\$0	\$0	\$0	\$0	(\$179,252)		(\$54,361)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$228,056				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$57,313		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,311,664	\$3,719,491	\$0	\$515,344	\$735,658	\$0	\$840,943	\$228,056	\$214,859	\$57,313		
8	Total Nursing Facility Days	As Filed Days = 38,406 FY20 Audited C/R Days	38,406											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,406 FY20 GL-PL Ins Rpt Days								38,406				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$164.34	\$96.85	\$0.00	\$13.42	\$19.15	(with L&H)	\$21.90	\$5.94	\$5.59	\$1.49		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3692										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.73										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.73	\$0.00	\$13.42	\$19.15		\$21.90	\$5.94	\$5.59	\$1.49		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.36	\$70.73	\$0.00	\$13.42	\$19.15		\$21.90	\$5.94	7.73 (FRV)	\$1.49		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.36	\$70.73	\$0.00	\$13.42	\$19.15	\$0.00	\$21.90	\$5.94	\$7.73	\$1.49		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5320										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.36										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.99	\$108.36	\$0.00	\$13.42	\$19.15	\$0.00	\$21.90	\$5.94	\$7.73	\$1.49		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.42	\$5.42										
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	\$25.13	\$7.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.12	\$115.39	\$0.00	\$13.64	\$19.56	\$0.00	\$39.37	\$5.94	\$7.73	\$1.49		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.52											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
				a	b	c	d	e	f	g	g	h	i	
Provider: GOLD CITY HEALTH AND REHAB Prvdr ID: 00142975A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 19.70% Nurse Hours per On-Site Day/Quality Incentive: 2.61			Facility Score Add-on Percent: 0.00% 0.0% 2.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.6453 Quarterly Medicaid CMI: 1.6184 Qtrly Mcaid CMI w RUG Wght Options: 1.6459			Facility Specific 1.6453 1.6184 1.6459	State-wide 1.5126 1.5215 1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,493,685	\$2,655,563	\$0	\$397,703	\$420,266	\$0	\$804,063		\$216,090	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$87,498)	(\$3,931)	\$0	\$0	\$0	\$0	(\$56,062)		(\$27,505)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$56,062				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$27,505		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,489,754	\$2,651,632	\$0	\$397,703	\$420,266	\$0	\$748,001	\$56,062	\$188,585	\$27,505		
8	Total Nursing Facility Days	As Filed Days = 34,076 FY20 Audited C/R Days	34,076											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,076 FY20 GL-PL Ins Rpt Days								34,076				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$131.76	\$77.82	\$0.00	\$11.67	\$12.33	(with L&H)	\$21.95	\$1.65	\$5.53	\$0.81		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6453										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.30										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$47.30	\$0.00	\$11.67	\$12.33		\$21.95	\$1.65	\$5.53	\$0.81		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.41	\$47.30	\$0.00	\$11.67	\$12.33		\$21.95	\$1.65	8.70 (FRV)	\$0.81		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$104.41	\$47.30	\$0.00	\$11.67	\$12.33	\$0.00	\$21.95	\$1.65	\$8.70	\$0.81		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6459										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.85										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$134.96	\$77.85	\$0.00	\$11.67	\$12.33	\$0.00	\$21.95	\$1.65	\$8.70	\$0.81		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$1.56	\$1.56										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.19	\$2.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$155.15	\$79.94	\$0.00	\$11.89	\$12.74	\$0.00	\$39.42	\$1.65	\$8.70	\$0.81		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$103.54											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: SIGNATURE HEALTHCARE OF MARIETTA		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142986A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.8200		1.8200	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Qtrly BIMS score: 30.12%		Nurse Hours per On-Site Day/Quality Incentive: 2.64		30.12%	2.5%	Quarterly Medicaid CMI: 1.8824		1.8824	1.5215		
								Qtrly Mcaid CMI w RUG Wght Options: 1.9194		1.9194	1.5482		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,198,848	\$5,657,230	\$0	\$855,071	\$820,102	\$0	\$2,557,376		\$2,309,069	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$427,452)	\$0	\$0	\$0	(\$1,985)	(\$2,185)	(\$307,921)		(\$115,361)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$301,919			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$114,775	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,188,090	\$5,657,230	\$0	\$855,071	\$818,117	(\$2,185)	\$2,249,455	\$301,919	\$2,193,708	\$114,775	
8	Total Nursing Facility Days	As Filed Days = 45,479 FY20 Audited C/R Days	45,479										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,479 FY20 GL-PL Ins Rpt Days								45,479			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$267.99	\$124.39	\$0.00	\$18.80	\$17.94	(with L&H)	\$49.46	\$6.64	\$48.24	\$2.52	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.8200									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.34									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.34	\$0.00	\$18.80	\$17.94		\$49.46	\$6.64	\$48.24	\$2.52	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.66	\$68.34	\$0.00	\$18.80	\$17.94		\$30.83	\$6.64	14.59 (FRV)	\$2.52	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.66	\$68.34	\$0.00	\$18.80	\$17.94	\$0.00	\$30.83	\$6.64	\$14.59	\$2.52	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9194									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.17									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.49	\$131.17	\$0.00	\$18.80	\$17.94	\$0.00	\$30.83	\$6.64	\$14.59	\$2.52	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$3.28	\$3.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$24.16	\$6.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.65	\$137.60	\$0.00	\$19.02	\$18.35	\$0.00	\$47.93	\$6.64	\$14.59	\$2.52	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.16										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - FAIRBURN Prvdr ID: 00142997A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A Qtrly BIMS score: 24.44% Nurse Hours per On-Site Day/Quality Incentive: 2.84				0.00%	1.0%	Base Period Overall CMI: 1.5591 Quarterly Medicaid CMI: 1.6284 Qtrly Mcaid CMI w RUG Wght Options: 1.6597			1.5126	1.5215	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,695,299	\$3,248,292	\$0	\$465,086	\$596,859	\$0	\$931,422		\$453,640	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$238,814)	(\$48,745)	\$0	\$0	\$0	\$0	(\$132,473)		(\$57,596)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$167,209			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$59,270	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,682,964	\$3,199,547	\$0	\$465,086	\$596,859	\$0	\$798,949	\$167,209	\$396,044	\$59,270	
8	Total Nursing Facility Days As Filed Days = 26,980	FY20 Audited C/R Days	26,980										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,980	FY20 GL-PL Ins Rpt Days								26,980			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.64	\$118.59	\$0.00	\$17.24	\$22.12	(with L&H)	\$29.61	\$6.20	\$14.68	\$2.20	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5591									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.06									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.06	\$0.00	\$17.24	\$22.12		\$29.61	\$6.20	\$14.68	\$2.20	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.76	\$76.06	\$0.00	\$17.24	\$22.12		\$29.61	\$6.20	13.33 (FRV)	\$2.20	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.76	\$76.06	\$0.00	\$17.24	\$22.12	\$0.00	\$29.61	\$6.20	\$13.33	\$2.20	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6597									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.24									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.94	\$126.24	\$0.00	\$17.24	\$22.12	\$0.00	\$29.61	\$6.20	\$13.33	\$2.20	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.31	\$6.31									
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	\$26.20	\$8.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.14	\$134.34	\$0.00	\$17.46	\$22.53	\$0.00	\$47.08	\$6.20	\$13.33	\$2.20	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.53										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: SMITH MEDICAL NURSING CARE CTR Prvdr ID: 00143008A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A Qtrly BIMS score: 38.71% Nurse Hours per On-Site Day/Quality Incentive: 2.76				0.00%	2.5%	Base Period Overall CMI: 0.9803 Quarterly Medicaid CMI: 0.9281 Qtrly Mcaid CMI w RUG Wght Options: 0.9349			1.5126	1.5215	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$1,746,486	\$801,896	\$0	\$221,181	\$214,158	\$0	\$485,127		\$24,124	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$94,144)	\$0	\$0	\$0	\$0	\$0	(\$75,586)		(\$18,558)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$55,077			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$18,558	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$1,725,977	\$801,896	\$0	\$221,181	\$214,158	\$0	\$409,541	\$55,077	\$5,566	\$18,558	
8	Total Nursing Facility Days As Filed Days = 18,013	FY20 Audited C/R Days	18,013										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,013	FY20 GL-PL Ins Rpt Days								18,013			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$95.83	\$44.52	\$0.00	\$12.28	\$11.89	(with L&H)	\$22.74	\$3.06	\$0.31	\$1.03	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		0.9803									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.42									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$45.42	\$0.00	\$12.28	\$11.89		\$22.74	\$3.06	\$0.31	\$1.03	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.27	\$45.42	\$0.00	\$12.28	\$11.89		\$22.74	\$3.06	10.85 (FRV)	\$1.03	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$107.27	\$45.42	\$0.00	\$12.28	\$11.89	\$0.00	\$22.74	\$3.06	\$10.85	\$1.03	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		0.9349									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$42.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$104.31	\$42.46	\$0.00	\$12.28	\$11.89	\$0.00	\$22.74	\$3.06	\$10.85	\$1.03	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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	\$19.69	\$1.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$124.00	\$44.05	\$0.00	\$12.50	\$12.30	\$0.00	\$40.21	\$3.06	\$10.85	\$1.03	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$80.18										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: SOCIAL CIRCLE NSG & REHAB CTR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143041A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6425	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.00%	1.0%	Quarterly Medicaid CMI:			1.6840	1.5215
							3.21	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7154	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,424,993	\$2,406,618	\$0	\$386,731	\$461,997	\$0	\$682,634		\$487,013	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$27,927)	\$0	\$0	\$0	\$0	(\$2,574)	(\$5,854)		(\$19,499)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$5,854			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$19,499	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,422,419	\$2,406,618	\$0	\$386,731	\$461,997	(\$2,574)	\$676,780	\$5,854	\$467,514	\$19,499	
8	Total Nursing Facility Days	As Filed Days = 20,975 FY20 Audited C/R Days	20,975										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,975 FY20 GL-PL Ins Rpt Days								20,975			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.85	\$114.74	\$0.00	\$18.44	\$21.90	(with L&H)	\$32.27	\$0.28	\$22.29	\$0.93	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6425									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.86									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.86	\$0.00	\$18.44	\$21.90		\$32.27	\$0.28	\$22.29	\$0.93	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.30	\$69.86	\$0.00	\$18.44	\$21.90		\$30.83	\$0.28	10.06 (FRV)	\$0.93	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.30	\$69.86	\$0.00	\$18.44	\$21.90	\$0.00	\$30.83	\$0.28	\$10.06	\$0.93	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7154									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.28	\$119.84	\$0.00	\$18.44	\$21.90	\$0.00	\$30.83	\$0.28	\$10.06	\$0.93	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.40	\$2.40									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.86	\$4.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.14	\$123.97	\$0.00	\$18.66	\$22.31	\$0.00	\$47.93	\$0.28	\$10.06	\$0.93	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.28										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: PRUITTHEALTH - GRIFFIN Prvdr ID: 00143052A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4376	1.5126
							47.22%	5.5%					1.4400	1.5215
							3.09	6.0%					1.4658	1.5482
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,194,612	\$2,271,975	\$0	\$358,540	\$453,162	\$0	\$762,306		\$348,629	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$176,628)	(\$51,445)	\$0	\$0	\$0	\$0	(\$94,243)		(\$30,940)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$140,763				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$32,272		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,191,019	\$2,220,530	\$0	\$358,540	\$453,162	\$0	\$668,063	\$140,763	\$317,689	\$32,272		
8	Total Nursing Facility Days	As Filed Days = 22,145 FY20 Audited C/R Days	22,145											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,145 FY20 GL-PL Ins Rpt Days								22,145				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.26	\$100.27	\$0.00	\$16.19	\$20.46	(with L&H)	\$30.17	\$6.36	\$14.35	\$1.46		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4376										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.75										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.75	\$0.00	\$16.19	\$20.46		\$30.17	\$6.36	\$14.35	\$1.46		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.46	\$69.75	\$0.00	\$16.19	\$20.46		\$30.17	\$6.36	9.07 (FRV)	\$1.46		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.46	\$69.75	\$0.00	\$16.19	\$20.46	\$0.00	\$30.17	\$6.36	\$9.07	\$1.46		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4658										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.24										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.95	\$102.24	\$0.00	\$16.19	\$20.46	\$0.00	\$30.17	\$6.36	\$9.07	\$1.46		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.62	\$5.62										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.13	\$6.13										
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	\$30.38	\$12.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.33	\$114.52	\$0.00	\$16.41	\$20.87	\$0.00	\$47.64	\$6.36	\$9.07	\$1.46		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.42											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: SPARTA HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143063A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.1991	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	33.33%	2.5%	Quarterly Medicaid CMI:			1.3340	1.5215
							3.16	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3534	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,362,182	\$2,196,909	\$0	\$474,305	\$425,128	\$0	\$868,627		\$397,213	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$75,201)	\$0	\$0	\$0	\$0	(\$4,815)	(\$49,873)		(\$20,513)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$43,225			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$20,513	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,350,719	\$2,196,909	\$0	\$474,305	\$425,128	(\$4,815)	\$818,754	\$43,225	\$376,700	\$20,513	
8	Total Nursing Facility Days	As Filed Days = 23,612 FY20 Audited C/R Days	23,612										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,612 FY20 GL-PL Ins Rpt Days								23,612			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.26	\$93.04	\$0.00	\$20.09	\$17.80	(with L&H)	\$34.68	\$1.83	\$15.95	\$0.87	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.1991									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.59									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.59	\$0.00	\$20.09	\$17.80		\$34.68	\$1.83	\$15.95	\$0.87	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.32	\$77.59	\$0.00	\$20.09	\$17.80		\$30.83	\$1.83	9.31 (FRV)	\$0.87	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.32	\$77.59	\$0.00	\$20.09	\$17.80	\$0.00	\$30.83	\$1.83	\$9.31	\$0.87	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3534									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.01									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.74	\$105.01	\$0.00	\$20.09	\$17.80	\$0.00	\$30.83	\$1.83	\$9.31	\$0.87	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.25	\$5.25									
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	\$26.14	\$8.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.88	\$113.42	\$0.00	\$20.31	\$18.21	\$0.00	\$47.93	\$1.83	\$9.31	\$0.87	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.09										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: FULTON CENTER FOR REHABILITATION LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143074A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6327	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	30.77%	2.5%	Quarterly Medicaid CMI:			1.8207	1.5215
							4.09	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8564	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,447,897	\$2,986,683	\$0	\$570,460	\$708,092	\$0	\$1,283,746		\$898,916	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$305,222)	\$0	\$0	\$0	(\$687)	(\$1,239)	(\$226,447)		(\$76,849)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$197,780			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$76,640	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,417,095	\$2,986,683	\$0	\$570,460	\$707,405	(\$1,239)	\$1,057,299	\$197,780	\$822,067	\$76,640	
8	Total Nursing Facility Days	As Filed Days = 36,789											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,789								36,789			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.44	\$81.18	\$0.00	\$15.51	\$19.20	(with L&H)	\$28.74	\$5.38	\$22.35	\$2.08	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6327									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.72									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.72	\$0.00	\$15.51	\$19.20		\$28.74	\$5.38	\$22.35	\$2.08	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.98	\$49.72	\$0.00	\$15.51	\$19.20		\$28.74	\$5.38	8.35 (FRV)	\$2.08	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.98	\$49.72	\$0.00	\$15.51	\$19.20	\$0.00	\$28.74	\$5.38	\$8.35	\$2.08	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8564									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.56	\$92.30	\$0.00	\$15.51	\$19.20	\$0.00	\$28.74	\$5.38	\$8.35	\$2.08	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.71	\$5.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.27	\$97.91	\$0.00	\$15.73	\$19.61	\$0.00	\$46.21	\$5.38	\$8.35	\$2.08	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.63										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: CARTERSVILLE CENTER FOR NURSING AND HEALING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143085A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5460	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	14.29%	0.0%	Quarterly Medicaid CMI:			1.7398	1.5215
							5.04	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7724	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,035,126	\$3,080,968	\$0	\$572,913	\$432,971	\$0	\$1,013,787		\$934,487	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$194,458)	\$0	\$0	\$0	\$0	\$0	(\$144,174)		(\$50,284)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$89,600			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$50,284	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,980,552	\$3,080,968	\$0	\$572,913	\$432,971	\$0	\$869,613	\$89,600	\$884,203	\$50,284	
8	Total Nursing Facility Days As Filed Days = 34,746	FY20 Audited C/R Days	34,746										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,746	FY20 GL-PL Ins Rpt Days								34,746			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$172.13	\$88.67	\$0.00	\$16.49	\$12.46	(with L&H)	\$25.03	\$2.58	\$25.45	\$1.45	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5460									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.35									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.35	\$0.00	\$16.49	\$12.46		\$25.03	\$2.58	\$25.45	\$1.45	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.76	\$57.35	\$0.00	\$16.49	\$12.46		\$25.03	\$2.58	14.40 (FRV)	\$1.45	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.76	\$57.35	\$0.00	\$16.49	\$12.46	\$0.00	\$25.03	\$2.58	\$14.40	\$1.45	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7724									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.06	\$101.65	\$0.00	\$16.49	\$12.46	\$0.00	\$25.03	\$2.58	\$14.40	\$1.45	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.68	\$3.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.74	\$105.23	\$0.00	\$16.71	\$12.87	\$0.00	\$42.50	\$2.58	\$14.40	\$1.45	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.98										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - SPRING VALLEY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143096A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4677	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	35.90%	2.5%	Quarterly Medicaid CMI:			1.5346	1.5215
							3.07	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5598	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,324,945	\$1,766,013	\$0	\$316,578	\$416,341	\$0	\$606,127		\$219,886	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$136,555)	\$0	\$0	\$0	(\$3,746)	(\$4,731)	(\$112,673)		(\$15,405)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$121,905			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$16,397	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,326,692	\$1,766,013	\$0	\$316,578	\$412,595	(\$4,731)	\$493,454	\$121,905	\$204,481	\$16,397	
8	Total Nursing Facility Days	As Filed Days = 17,844 FY20 Audited C/R Days	17,844										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,844 FY20 GL-PL Ins Rpt Days								17,844			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$186.43	\$98.97	\$0.00	\$17.74	\$22.86	(with L&H)	\$27.65	\$6.83	\$11.46	\$0.92	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4677									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.43									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.43	\$0.00	\$17.74	\$22.86		\$27.65	\$6.83	\$11.46	\$0.92	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.71	\$67.43	\$0.00	\$17.74	\$22.86		\$27.65	\$6.83	10.28 (FRV)	\$0.92	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.71	\$67.43	\$0.00	\$17.74	\$22.86	\$0.00	\$27.65	\$6.83	\$10.28	\$0.92	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5598									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.46	\$105.18	\$0.00	\$17.74	\$22.86	\$0.00	\$27.65	\$6.83	\$10.28	\$0.92	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.21	\$4.21									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.47	\$7.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.93	\$112.55	\$0.00	\$17.96	\$23.27	\$0.00	\$45.12	\$6.83	\$10.28	\$0.92	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.87										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: WINTHROP HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143118A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4936	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	16.67%	0.0%	Quarterly Medicaid CMI:			1.3112	1.5215
							3.92	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3301	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,684,039	\$3,070,909	\$0	\$601,913	\$693,176	\$0	\$1,167,217		\$150,824	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$112,605)	\$0	\$0	\$0	\$0	(\$4,558)	(\$96,106)		(\$11,941)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$52,650			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$11,941	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,636,025	\$3,070,909	\$0	\$601,913	\$693,176	(\$4,558)	\$1,071,111	\$52,650	\$138,883	\$11,941	
8	Total Nursing Facility Days	As Filed Days = 32,841 FY20 Audited C/R Days	32,841										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,841 FY20 GL-PL Ins Rpt Days								32,841			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$171.62	\$93.51	\$0.00	\$18.33	\$20.97	(with L&H)	\$32.62	\$1.60	\$4.23	\$0.36	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4936									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.61									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.61	\$0.00	\$18.33	\$20.97		\$32.62	\$1.60	\$4.23	\$0.36	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.90	\$62.61	\$0.00	\$18.33	\$20.97		\$30.83	\$1.60	11.20 (FRV)	\$0.36	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.90	\$62.61	\$0.00	\$18.33	\$20.97	\$0.00	\$30.83	\$1.60	\$11.20	\$0.36	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3301									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.57	\$83.28	\$0.00	\$18.33	\$20.97	\$0.00	\$30.83	\$1.60	\$11.20	\$0.36	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.16	\$4.16									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.42	\$4.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.99	\$87.97	\$0.00	\$18.55	\$21.38	\$0.00	\$47.93	\$1.60	\$11.20	\$0.36	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.92										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: SENIOR CARE CENTER - ST MARYS Prvdr ID: 00143129A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Growth Allowance: N/A				Base Period Overall CMI: 1.3055				1.3055	1.5126
							Qtrly BIMS score: 48.78%				1.2691	1.5215
			Nurse Hours per On-Site Day/Quality Incentive: 4.00				Qtrly Mcaid CMI w RUG Wght Options: 1.2842				1.2842	1.5482
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,714,352	\$2,633,401	\$0	\$710,679	\$732,785	\$0	\$1,394,147		\$243,340	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$107,177)	(\$25,139)	\$0	\$0	(\$9,653)	(\$5,020)	(\$60,426)		(\$6,939)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$57,757		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$6,800
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,671,732	\$2,608,262	\$0	\$710,679	\$723,132	(\$5,020)	\$1,333,721	\$57,757	\$236,401	\$6,800
8	Total Nursing Facility Days	FY20 Audited C/R Days	23,384									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								23,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.55	\$111.54	\$0.00	\$30.39	\$30.71	(with L&H)	\$57.04	\$2.47	\$10.11	\$0.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3055								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.44	\$0.00	\$30.39	\$30.71		\$57.04	\$2.47	\$10.11	\$0.29
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.64	\$85.44	\$0.00	\$24.48	\$27.62		\$30.83	\$2.47	11.51 <i>(FRV)</i>	\$0.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.64	\$85.44	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$2.47	\$11.51	\$0.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2842								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.92	\$109.72	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$2.47	\$11.51	\$0.29
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.03	\$6.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$26.95	\$9.85	\$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	\$233.87	\$119.57	\$0.00	\$24.48	\$27.62	\$0.00	\$47.93	\$2.47	\$11.51	\$0.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.58									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: EAGLE HEALTH & REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143151A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5685	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.04%	2.5%	Quarterly Medicaid CMI:			1.7119	1.5215
							3.81	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7432	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,516,192	\$2,433,909	\$0	\$450,343	\$504,016	\$0	\$842,817		\$285,107	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$97,054)	\$0	\$0	\$0	\$0	\$3,824	(\$57,844)		(\$43,034)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$51,525			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$43,034	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,513,697	\$2,433,909	\$0	\$450,343	\$504,016	\$3,824	\$784,973	\$51,525	\$242,073	\$43,034	
8	Total Nursing Facility Days As Filed Days = 22,788	FY20 Audited C/R Days	22,788										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,788	FY20 GL-PL Ins Rpt Days								22,788			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.08	\$106.81	\$0.00	\$19.76	\$22.29	(with L&H)	\$34.45	\$2.26	\$10.62	\$1.89	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5685									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.10									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.10	\$0.00	\$19.76	\$22.29		\$34.45	\$2.26	\$10.62	\$1.89	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.93	\$68.10	\$0.00	\$19.76	\$22.29		\$30.83	\$2.26	10.80 (FRV)	\$1.89	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.93	\$68.10	\$0.00	\$19.76	\$22.29	\$0.00	\$30.83	\$2.26	\$10.80	\$1.89	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7432									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.54	\$118.71	\$0.00	\$19.76	\$22.29	\$0.00	\$30.83	\$2.26	\$10.80	\$1.89	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.79	\$7.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.33	\$125.77	\$0.00	\$19.98	\$22.70	\$0.00	\$47.93	\$2.26	\$10.80	\$1.89	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.67										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: ARROWHEAD HEALTH AND REHAB		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143162A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.8985	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	56.25%	Quarterly Medicaid CMI:				2.0138	1.5215	
					3.25	Qtrly Mcaid CMI w RUG Wght Options:				2.0529	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,755,231	\$2,842,739	\$0	\$592,582	\$753,516	\$0	\$1,608,654		\$957,740	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$125,572)	(\$8,667)	\$0	\$0	\$0	\$0	(\$67,340)		(\$49,565)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$68,441		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$49,565
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,747,665	\$2,834,072	\$0	\$592,582	\$753,516	\$0	\$1,541,314	\$68,441	\$908,175	\$49,565
8	Total Nursing Facility Days As Filed Days = 37,090	FY20 Audited C/R Days	37,090									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,090	FY20 GL-PL Ins Rpt Days								37,090		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$181.95	\$76.41	\$0.00	\$15.98	\$20.32	(with L&H)	\$41.56	\$1.85	\$24.49	\$1.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.8985								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$40.25	\$0.00	\$15.98	\$20.32		\$41.56	\$1.85	\$24.49	\$1.34
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.58	\$40.25	\$0.00	\$15.98	\$20.32		\$30.83	\$1.85	10.01 (FRV)	\$1.34
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.58	\$40.25	\$0.00	\$15.98	\$20.32	\$0.00	\$30.83	\$1.85	\$10.01	\$1.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0529								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.96	\$82.63	\$0.00	\$15.98	\$20.32	\$0.00	\$30.83	\$1.85	\$10.01	\$1.34
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.54	\$4.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$25.28	\$7.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.24	\$90.18	\$0.00	\$16.20	\$20.73	\$0.00	\$47.93	\$1.85	\$10.01	\$1.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.36									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance				
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance					
			a	b	c	d	e	f	g	g	h	i			
Provider: PRUITTHEALTH - SUNRISE Prvdr ID: 00143173A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
			Growth Allowance: N/A Qtrly BIMS score: 24.32% Nurse Hours per On-Site Day/Quality Incentive: 3.63				Add-on Percent: 0.00% 1.0% 5.0%				Facility Score: N/A 24.32% 3.63		Facility Specific: 1.5395 1.6794 1.7115		State-wide: 1.5126 1.5215 1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,556,579	\$2,024,600	\$0	\$317,815	\$420,758	\$0	\$588,533		\$204,873	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$149,702)	(\$3,439)	\$0	\$0	\$0	\$0	(\$122,516)		(\$23,747)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$122,516					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$25,263			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,554,656	\$2,021,161	\$0	\$317,815	\$420,758	\$0	\$466,017	\$122,516	\$181,126	\$25,263			
8	Total Nursing Facility Days	As Filed Days = 19,464 FY20 Audited C/R Days	19,464												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,464 FY20 GL-PL Ins Rpt Days								19,464					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.63	\$103.84	\$0.00	\$16.33	\$21.62	(with L&H)	\$23.94	\$6.29	\$9.31	\$1.30			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5395											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.45											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.45	\$0.00	\$16.33	\$21.62		\$23.94	\$6.29	\$9.31	\$1.30			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.23	\$67.45	\$0.00	\$16.33	\$21.62		\$23.94	\$6.29	11.30 (FRV)	\$1.30			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.23	\$67.45	\$0.00	\$16.33	\$21.62	\$0.00	\$23.94	\$6.29	\$11.30	\$1.30			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7115											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.44											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.22	\$115.44	\$0.00	\$16.33	\$21.62	\$0.00	\$23.94	\$6.29	\$11.30	\$1.30			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.77	\$5.77											
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	\$25.55	\$7.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.77	\$122.89	\$0.00	\$16.55	\$22.03	\$0.00	\$41.41	\$6.29	\$11.30	\$1.30			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.50												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: MOUNTAIN VIEW HEALTH CARE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143184A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.3942		1.3942	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Qtrly BIMS score: 50.00%		Nurse Hours per On-Site Day/Quality Incentive: 2.77		50.00%	5.5%	Quarterly Medicaid CMI: 1.4329		1.4329	1.5215		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4586		1.4586	1.5482		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,150,952	\$2,853,255	\$0	\$521,013	\$664,730	\$0	\$817,623		\$294,331	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$89,206)	(\$5,100)	\$0	\$0	\$0	\$0	(\$56,617)		(\$27,489)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$56,617			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$27,489	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,145,852	\$2,848,155	\$0	\$521,013	\$664,730	\$0	\$761,006	\$56,617	\$266,842	\$27,489	
8	Total Nursing Facility Days	As Filed Days = 34,416 FY20 Audited C/R Days	34,416										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,416 FY20 GL-PL Ins Rpt Days								34,416			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$149.52	\$82.76	\$0.00	\$15.14	\$19.31	(with L&H)	\$22.11	\$1.65	\$7.75	\$0.80	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3942									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.36									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.36	\$0.00	\$15.14	\$19.31		\$22.11	\$1.65	\$7.75	\$0.80	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.42	\$59.36	\$0.00	\$15.14	\$19.31		\$22.11	\$1.65	8.05 (FRV)	\$0.80	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.42	\$59.36	\$0.00	\$15.14	\$19.31	\$0.00	\$22.11	\$1.65	\$8.05	\$0.80	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4586									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.64	\$86.58	\$0.00	\$15.14	\$19.31	\$0.00	\$22.11	\$1.65	\$8.05	\$0.80	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$4.76	\$4.76									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.99	\$7.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.63	\$94.47	\$0.00	\$15.36	\$19.72	\$0.00	\$39.58	\$1.65	\$8.05	\$0.80	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.90										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - SWAINSBORO		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143195A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5309	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	16.07%	0.0%	Quarterly Medicaid CMI:			1.5407	1.5215
							3.60	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5676	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,055,949	\$2,783,054	\$0	\$494,977	\$601,237	\$0	\$856,847		\$319,834	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$243,620)	(\$25,984)	\$0	\$0	\$1,636	\$1,571	(\$196,091)		(\$24,752)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$209,896			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$25,445	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,047,670	\$2,757,070	\$0	\$494,977	\$602,873	\$1,571	\$660,756	\$209,896	\$295,082	\$25,445	
8	Total Nursing Facility Days As Filed Days = 26,779	FY20 Audited C/R Days	26,779										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,779	FY20 GL-PL Ins Rpt Days								26,779			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.49	\$102.96	\$0.00	\$18.48	\$22.57	(with L&H)	\$24.67	\$7.84	\$11.02	\$0.95	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5309									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.26									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.26	\$0.00	\$18.48	\$22.57		\$24.67	\$7.84	\$11.02	\$0.95	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.55	\$67.26	\$0.00	\$18.48	\$22.57		\$24.67	\$7.84	10.78 (FRV)	\$0.95	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.55	\$67.26	\$0.00	\$18.48	\$22.57	\$0.00	\$24.67	\$7.84	\$10.78	\$0.95	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5676									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.44									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.73	\$105.44	\$0.00	\$18.48	\$22.57	\$0.00	\$24.67	\$7.84	\$10.78	\$0.95	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.27	\$5.27									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.90	\$5.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.63	\$111.24	\$0.00	\$18.70	\$22.98	\$0.00	\$42.14	\$7.84	\$10.78	\$0.95	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.15										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - SYLVESTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143206A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3726	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.68%	1.0%	Quarterly Medicaid CMI:			1.2859	1.5215
							3.00	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3054	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,990,497	\$3,712,689	\$0	\$619,458	\$971,913	\$0	\$1,227,713		\$458,724	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$297,694)	(\$19,922)	\$0	\$0	\$0	\$0	(\$244,546)		(\$33,226)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$240,877			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$35,260	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,968,940	\$3,692,767	\$0	\$619,458	\$971,913	\$0	\$983,167	\$240,877	\$425,498	\$35,260	
8	Total Nursing Facility Days	As Filed Days = 35,802 FY20 Audited C/R Days	35,802										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,802 FY20 GL-PL Ins Rpt Days								35,802			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.64	\$103.14	\$0.00	\$17.30	\$27.15	(with L&H)	\$27.46	\$6.73	\$11.88	\$0.98	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3726									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.14									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.14	\$0.00	\$17.30	\$27.15		\$27.46	\$6.73	\$11.88	\$0.98	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.44	\$75.14	\$0.00	\$17.30	\$27.15		\$27.46	\$6.73	10.68 (FRV)	\$0.98	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.44	\$75.14	\$0.00	\$17.30	\$27.15	\$0.00	\$27.46	\$6.73	\$10.68	\$0.98	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3054									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.09									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.39	\$98.09	\$0.00	\$17.30	\$27.15	\$0.00	\$27.46	\$6.73	\$10.68	\$0.98	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.47	\$0.53	\$0.00	\$0.22	\$0.35	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.90	\$4.90									
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	\$24.45	\$6.41	\$0.00	\$0.22	\$0.35	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.84	\$104.50	\$0.00	\$17.52	\$27.50	\$0.00	\$44.93	\$6.73	\$10.68	\$0.98	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.81										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: TATTNALL HEALTHCARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143228A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3240	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.14%	1.0%	Quarterly Medicaid CMI:			1.2177	1.5215
							2.54	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2363	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,679,712	\$1,934,455	\$0	\$362,379	\$370,173	\$0	\$715,558		\$297,147	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$86,501)	\$0	\$0	\$0	\$0	\$0	(\$65,068)		(\$21,433)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$48,558			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$21,433	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,663,202	\$1,934,455	\$0	\$362,379	\$370,173	\$0	\$650,490	\$48,558	\$275,714	\$21,433	
8	Total Nursing Facility Days	As Filed Days = 29,190 FY20 Audited C/R Days	29,190										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,190 FY20 GL-PL Ins Rpt Days								29,190			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$125.48	\$66.27	\$0.00	\$12.41	\$12.68	(with L&H)	\$22.28	\$1.66	\$9.45	\$0.73	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3240									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.05									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.05	\$0.00	\$12.41	\$12.68		\$22.28	\$1.66	\$9.45	\$0.73	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.77	\$50.05	\$0.00	\$12.41	\$12.68		\$22.28	\$1.66	7.96 (FRV)	\$0.73	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$107.77	\$50.05	\$0.00	\$12.41	\$12.68	\$0.00	\$22.28	\$1.66	\$7.96	\$0.73	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2363									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$61.88									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$119.60	\$61.88	\$0.00	\$12.41	\$12.68	\$0.00	\$22.28	\$1.66	\$7.96	\$0.73	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.62	\$0.62									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.24	\$1.24									
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	\$20.49	\$2.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$140.09	\$64.27	\$0.00	\$12.63	\$13.09	\$0.00	\$39.75	\$1.66	\$7.96	\$0.73	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$92.24										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: THOMSON HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143261A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3970	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	44.12%	2.5%	Quarterly Medicaid CMI:			1.4925	1.5215
							3.32	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5182	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,098,041	\$4,102,428	\$0	\$719,267	\$852,696	\$0	\$905,763		\$517,887	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$171,366)	(\$2,447)	\$0	\$0	\$0	\$0	(\$127,537)		(\$41,382)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$123,194			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$41,382	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,091,251	\$4,099,981	\$0	\$719,267	\$852,696	\$0	\$778,226	\$123,194	\$476,505	\$41,382	
8	Total Nursing Facility Days	As Filed Days = 38,952 FY20 Audited C/R Days	38,952										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,952 FY20 GL-PL Ins Rpt Days								38,952			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.05	\$105.26	\$0.00	\$18.47	\$21.89	(with L&H)	\$19.98	\$3.16	\$12.23	\$1.06	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3970									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.35									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.35	\$0.00	\$18.47	\$21.89		\$19.98	\$3.16	\$12.23	\$1.06	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.24	\$75.35	\$0.00	\$18.47	\$21.89		\$19.98	\$3.16	9.33 (FRV)	\$1.06	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.24	\$75.35	\$0.00	\$18.47	\$21.89	\$0.00	\$19.98	\$3.16	\$9.33	\$1.06	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5182									
18	Qtrly Routine Srvc 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	\$188.29	\$114.40	\$0.00	\$18.47	\$21.89	\$0.00	\$19.98	\$3.16	\$9.33	\$1.06	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$26.07	\$7.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.36	\$122.37	\$0.00	\$18.69	\$22.30	\$0.00	\$37.45	\$3.16	\$9.33	\$1.06	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.95										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: REHABILITATION CENTER OF SOUTH GEORGIA		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143283A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5717	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	36.00%	2.5%	Quarterly Medicaid CMI:			1.5742	1.5215
							3.82	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6020	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,992,931	\$5,126,506	\$0	\$983,456	\$1,115,405	\$0	\$1,145,265		\$622,299	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$209,970)	\$0	\$0	\$0	(\$10,498)	(\$6,495)	(\$125,169)		(\$67,808)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$131,110			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$66,774	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,980,845	\$5,126,506	\$0	\$983,456	\$1,104,907	(\$6,495)	\$1,020,096	\$131,110	\$554,491	\$66,774	
8	Total Nursing Facility Days As Filed Days = 48,144	FY20 Audited C/R Days	48,144										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,144	FY20 GL-PL Ins Rpt Days								48,144			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$186.55	\$106.48	\$0.00	\$20.43	\$22.82	(with L&H)	\$21.19	\$2.72	\$11.52	\$1.39	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5717									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.75									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.75	\$0.00	\$20.43	\$22.82		\$21.19	\$2.72	\$11.52	\$1.39	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.96	\$67.75	\$0.00	\$20.43	\$22.82		\$21.19	\$2.72	9.66 (FRV)	\$1.39	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.96	\$67.75	\$0.00	\$20.43	\$22.82	\$0.00	\$21.19	\$2.72	\$9.66	\$1.39	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6020									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.75	\$108.54	\$0.00	\$20.43	\$22.82	\$0.00	\$21.19	\$2.72	\$9.66	\$1.39	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	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 Srvc)	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	\$24.60	\$6.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.35	\$115.04	\$0.00	\$20.65	\$23.23	\$0.00	\$38.66	\$2.72	\$9.66	\$1.39	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.69										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: TIFTON HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143294A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.6814	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.69%	1.0%	Quarterly Medicaid CMI:				1.9335	1.5215
							2.59	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.9705	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,051,426	\$3,104,472	\$0	\$482,881	\$468,924	\$0	\$786,312		\$1,208,837	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$251,318	(\$15,439)	\$0	\$0	\$1,451	\$1,854	\$300,923		(\$37,471)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$37,696				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$37,733		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,378,173	\$3,089,033	\$0	\$482,881	\$470,375	\$1,854	\$1,087,235	\$37,696	\$1,171,366	\$37,733		
8	Total Nursing Facility Days	As Filed Days = 33,255 FY20 Audited C/R Days	33,255											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,255 FY20 GL-PL Ins Rpt Days								33,255				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.78	\$92.89	\$0.00	\$14.52	\$14.20	(with L&H)	\$32.69	\$1.13	\$35.22	\$1.13		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6814										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.25										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.25	\$0.00	\$14.52	\$14.20		\$32.69	\$1.13	\$35.22	\$1.13		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.26	\$55.25	\$0.00	\$14.52	\$14.20		\$30.83	\$1.13	10.20 (FRV)	\$1.13		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.26	\$55.25	\$0.00	\$14.52	\$14.20	\$0.00	\$30.83	\$1.13	\$10.20	\$1.13		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9705										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.87										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.88	\$108.87	\$0.00	\$14.52	\$14.20	\$0.00	\$30.83	\$1.13	\$10.20	\$1.13		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.50	\$113.76	\$0.00	\$14.74	\$14.61	\$0.00	\$47.93	\$1.13	\$10.20	\$1.13		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.80											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: PRUITTHEALTH - TOCCOA Prvdr ID: 00143305A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 27.47% Qtrly BIMS score: 3.57 Nurse Hours per On-Site Day/Quality Incentive: 5.0%				Base Period Overall CMI: 1.4304 Quarterly Medicaid CMI: 1.5260 Qtrly Mcaid CMI w RUG Wght Options: 1.5511				Facility Specific: 1.4304 State-wide: 1.5126 1.5215 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,518,380	\$5,525,714	\$0	\$891,351	\$1,061,822	\$0	\$1,581,896		\$457,597	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$426,693)	(\$74,172)	\$0	\$0	\$0	\$0	(\$313,605)		(\$38,916)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$368,441		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$40,905
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,501,033	\$5,451,542	\$0	\$891,351	\$1,061,822	\$0	\$1,268,291	\$368,441	\$418,681	\$40,905
8	Total Nursing Facility Days	As Filed Days = 54,466 FY20 Audited C/R Days	54,466									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 54,466 FY20 GL-PL Ins Rpt Days								54,466		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.45	\$100.09	\$0.00	\$16.37	\$19.50	(with L&H)	\$23.29	\$6.76	\$7.69	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4304								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.97	\$0.00	\$16.37	\$19.50		\$23.29	\$6.76	\$7.69	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.63	\$69.97	\$0.00	\$16.37	\$19.50		\$23.29	\$6.76	6.99 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.63	\$69.97	\$0.00	\$16.37	\$19.50	\$0.00	\$23.29	\$6.76	\$6.99	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5511								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.19	\$108.53	\$0.00	\$16.37	\$19.50	\$0.00	\$23.29	\$6.76	\$6.99	\$0.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.43	\$5.43								
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	\$25.15	\$7.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.34	\$115.58	\$0.00	\$16.59	\$19.91	\$0.00	\$40.76	\$6.76	\$6.99	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.68									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: OXLEY PARK HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143316A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3753	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.13%	1.0%	Quarterly Medicaid CMI:			1.2935	1.5215
							3.49	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3151	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,048,653	\$3,242,376	\$0	\$616,983	\$630,625	\$0	\$949,424		\$609,245	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$108,414)	\$0	\$0	\$0	\$0	(\$1,007)	(\$65,667)		(\$41,740)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$56,162			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$41,740	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,038,141	\$3,242,376	\$0	\$616,983	\$630,625	(\$1,007)	\$883,757	\$56,162	\$567,505	\$41,740	
8	Total Nursing Facility Days As Filed Days = 33,761	FY20 Audited C/R Days	33,761										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,761	FY20 GL-PL Ins Rpt Days								33,761			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.86	\$96.04	\$0.00	\$18.28	\$18.65	(with L&H)	\$26.18	\$1.66	\$16.81	\$1.24	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3753									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.83									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.83	\$0.00	\$18.28	\$18.65		\$26.18	\$1.66	\$16.81	\$1.24	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.87	\$69.83	\$0.00	\$18.28	\$18.65		\$26.18	\$1.66	15.03 (FRV)	\$1.24	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.87	\$69.83	\$0.00	\$18.28	\$18.65	\$0.00	\$26.18	\$1.66	\$15.03	\$1.24	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3151									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.83									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.87	\$91.83	\$0.00	\$18.28	\$18.65	\$0.00	\$26.18	\$1.66	\$15.03	\$1.24	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.51	\$5.51									
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	\$25.06	\$6.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.93	\$98.79	\$0.00	\$18.50	\$19.06	\$0.00	\$43.65	\$1.66	\$15.03	\$1.24	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.62										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
Provider: PRUITTHEALTH - PEAKE Prvdr ID: 00143327A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													
							Facility Score: N/A	Add-on Percent: 0.00%	Base Period Overall CMI: 1.5683				1.5126
							Qtrly BIMS score: 27.17%	1.0%	Quarterly Medicaid CMI: 1.5061				1.5215
							Nurse Hours per On-Site Day/Quality Incentive: 2.90	5.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5325				1.5482
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,426,274	\$4,758,898	\$0	\$662,296	\$991,506	\$0	\$1,393,007		\$620,567	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$396,773)	(\$80,169)	\$0	\$4,644	\$12,854	(\$32,092)	(\$172,154)		(\$129,856)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$249,390			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$134,528	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,413,419	\$4,678,729	\$0	\$666,940	\$1,004,360	(\$32,092)	\$1,220,853	\$249,390	\$490,711	\$134,528	
8	Total Nursing Facility Days	As Filed Days = 39,601 FY20 Audited C/R Days		39,271									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,601 FY20 GL-PL Ins Rpt Days								39,271			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.25	\$119.14	\$0.00	\$16.98	\$24.76	(with L&H)	\$31.09	\$6.35	\$12.50	\$3.43	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5683									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.97									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.97	\$0.00	\$16.98	\$24.76		\$31.09	\$6.35	\$12.50	\$3.43	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.88	\$75.97	\$0.00	\$16.98	\$24.76		\$30.83	\$6.35	15.56 (FRV)	\$3.43	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.88	\$75.97	\$0.00	\$16.98	\$24.76	\$0.00	\$30.83	\$6.35	\$15.56	\$3.43	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5325									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.33	\$116.42	\$0.00	\$16.98	\$24.76	\$0.00	\$30.83	\$6.35	\$15.56	\$3.43	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.82	\$5.82									
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	\$25.24	\$7.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.57	\$123.93	\$0.00	\$17.20	\$25.17	\$0.00	\$47.93	\$6.35	\$15.56	\$3.43	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.85										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: CHATUGE REGIONAL NURSING HOME														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5434	1.5126	
Prvdr ID: 00143338A														Qtrly BIMS score	28.79%	1.0%	Quarterly Medicaid CMI:	1.4889	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.56	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5133	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,486,793	\$4,881,335	\$0	\$1,368,198	\$547,901	\$1,017,763	\$1,165,744		\$505,852	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$74,069)	\$4,873	\$0	\$0	\$0	\$0	(\$78,942)		\$0									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$69,013										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$0								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,481,737	\$4,886,208	\$0	\$1,368,198	\$547,901	\$1,017,763	\$1,086,802	\$69,013	\$505,852	\$0								
8	Total Nursing Facility Days	As Filed Days = 40,197 FY20 Audited C/R Days	40,197																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,197 FY20 GL-PL Ins Rpt Days								40,197										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.89	\$121.56	\$0.00	\$34.04	\$38.95	(with L&H)	\$27.04	\$1.72	\$12.58	\$0.00								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5434																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.76																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.76	\$0.00	\$34.04	\$38.95		\$27.04	\$1.72	\$12.58	\$0.00								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.79	\$78.76	\$0.00	\$32.46	\$27.62		\$27.04	\$1.72	10.19 (FRV)	\$0.00								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.79	\$78.76	\$0.00	\$32.46	\$27.62	\$0.00	\$27.04	\$1.72	\$10.19	\$0.00								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5133																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.19																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.22	\$119.19	\$0.00	\$32.46	\$27.62	\$0.00	\$27.04	\$1.72	\$10.19	\$0.00								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.77	\$5.30	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.99	\$124.49	\$0.00	\$32.46	\$27.62	\$0.00	\$44.51	\$1.72	\$10.19	\$0.00								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.92																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)										
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,260,479	\$1,740,080	\$0	\$383,241	\$347,685	\$0	\$552,163		\$237,310	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$59,848)	\$0	\$0	\$0	\$0	(\$474)	(\$53,237)		(\$6,137)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$26,650		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$6,137
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,233,418	\$1,740,080	\$0	\$383,241	\$347,685	(\$474)	\$498,926	\$26,650	\$231,173	\$6,137
8	Total Nursing Facility Days	As Filed Days = 17,301 FY20 Audited C/R Days	17,301									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,301 FY20 GL-PL Ins Rpt Days								17,301		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$186.89	\$100.58	\$0.00	\$22.15	\$20.07	(with L&H)	\$28.84	\$1.54	\$13.36	\$0.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5515								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.83	\$0.00	\$22.15	\$20.07		\$28.84	\$1.54	\$13.36	\$0.35
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.43	\$64.83	\$0.00	\$22.15	\$20.07		\$28.84	\$1.54	14.65 (FRV)	\$0.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.43	\$64.83	\$0.00	\$22.15	\$20.07	\$0.00	\$28.84	\$1.54	\$14.65	\$0.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7955								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.00	\$116.40	\$0.00	\$22.15	\$20.07	\$0.00	\$28.84	\$1.54	\$14.65	\$0.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.40	\$6.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.82	\$5.82								
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	\$30.85	\$12.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.85	\$129.15	\$0.00	\$22.37	\$20.48	\$0.00	\$46.31	\$1.54	\$14.65	\$0.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.31									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: BERRIEN NURSING CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143382A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.5416	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	32.88%	Quarterly Medicaid CMI:				1.6273	1.5215	
					3.39	Qtrly Mcaid CMI w RUG Wght Options:				1.6562	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,467,929	\$3,162,111	\$0	\$777,777	\$673,135	\$0	\$1,084,101		\$770,805	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$227,680)	(\$14,582)	\$0	\$0	\$0	\$0	(\$168,673)		(\$44,425)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$168,673		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$44,425
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,453,347	\$3,147,529	\$0	\$777,777	\$673,135	\$0	\$915,428	\$168,673	\$726,380	\$44,425
8	Total Nursing Facility Days	As Filed Days = 35,012 FY20 Audited C/R Days	35,012									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,012 FY20 GL-PL Ins Rpt Days								35,012		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.33	\$89.90	\$0.00	\$22.21	\$19.23	(with L&H)	\$26.15	\$4.82	\$20.75	\$1.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5416								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.32	\$0.00	\$22.21	\$19.23		\$26.15	\$4.82	\$20.75	\$1.27
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.37	\$58.32	\$0.00	\$22.21	\$19.23		\$26.15	\$4.82	13.37 (FRV)	\$1.27
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.37	\$58.32	\$0.00	\$22.21	\$19.23	\$0.00	\$26.15	\$4.82	\$13.37	\$1.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6562								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.64	\$96.59	\$0.00	\$22.21	\$19.23	\$0.00	\$26.15	\$4.82	\$13.37	\$1.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.94	\$5.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.58	\$102.43	\$0.00	\$22.43	\$19.64	\$0.00	\$43.62	\$4.82	\$13.37	\$1.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.86									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: TWIN OAKS CONVALESCENT CENTER		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143393A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.4509	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	30.65%	Quarterly Medicaid CMI:				1.4455	1.5215	
					4.22	Qtrly Mcaid CMI w RUG Wght Options:				1.4701	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,155,135	\$2,920,403	\$0	\$968,597	\$431,329	\$426,482	\$1,836,647		\$571,677	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$141,541)	\$0	\$0	\$0	\$0	\$0	(\$110,345)		(\$31,196)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$110,345		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$31,196
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,155,135	\$2,920,403	\$0	\$968,597	\$431,329	\$426,482	\$1,726,302	\$110,345	\$540,481	\$31,196
8	Total Nursing Facility Days As Filed Days = 30,132	FY20 Audited C/R Days	30,132									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,132	FY20 GL-PL Ins Rpt Days								30,132		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$237.47	\$96.92	\$0.00	\$32.15	\$28.47	(with L&H)	\$57.29	\$3.66	\$17.94	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4509								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.80	\$0.00	\$32.15	\$28.47		\$57.29	\$3.66	\$17.94	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.75	\$66.80	\$0.00	\$32.15	\$27.62		\$30.83	\$3.66	17.65 (FRV)	\$1.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.75	\$66.80	\$0.00	\$32.15	\$27.62	\$0.00	\$30.83	\$3.66	\$17.65	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4701								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.15	\$98.20	\$0.00	\$32.15	\$27.62	\$0.00	\$30.83	\$3.66	\$17.65	\$1.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.26	\$5.94	\$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	\$234.41	\$104.14	\$0.00	\$32.37	\$27.62	\$0.00	\$47.93	\$3.66	\$17.65	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.98									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: UNION COUNTY NURSING HOME Prvdr ID: 00143415A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Growth Allowance: N/A				Base Period Overall CMI: 1.2038				1.2038	1.5126
			Qtrly BIMS score: 34.72%				Quarterly Medicaid CMI: 1.3601				1.3601	1.5215
			Nurse Hours per On-Site Day/Quality Incentive: 3.40				Qtrly Mcaid CMI w RUG Wght Options: 1.3847				1.3847	1.5482
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,825,532	\$6,279,630	\$0	\$1,772,793	\$671,891	\$848,487	\$1,631,356		\$621,375	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$395,743)	\$7,326	\$0	\$0	(\$10,706)	(\$13,519)	(\$125,400)		(\$253,444)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$75,723		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$249,406
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,754,918	\$6,286,956	\$0	\$1,772,793	\$661,185	\$834,968	\$1,505,956	\$75,723	\$367,931	\$249,406
8	Total Nursing Facility Days	As Filed Days = 52,630 FY20 Audited C/R Days	52,630									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,630 FY20 GL-PL Ins Rpt Days								52,630		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.35	\$119.46	\$0.00	\$33.68	\$28.43	<i>(with L&H)</i>	\$28.61	\$1.44	\$6.99	\$4.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2038								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.24	\$0.00	\$33.68	\$28.43		\$28.61	\$1.44	\$6.99	\$4.74
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.69	\$88.52	\$0.00	\$32.46	\$27.62		\$28.61	\$1.44	10.30 <i>(FRV)</i>	\$4.74
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.69	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$28.61	\$1.44	\$10.30	\$4.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3847								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.74	\$122.57	\$0.00	\$32.46	\$27.62	\$0.00	\$28.61	\$1.44	\$10.30	\$4.74
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.68	\$3.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.21	\$6.74	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$251.95	\$129.31	\$0.00	\$32.46	\$27.62	\$0.00	\$46.08	\$1.44	\$10.30	\$4.74
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.14									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: KENTWOOD NURSING FACILITY		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143426A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5414	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.00%	1.0%	Quarterly Medicaid CMI:			1.4588	1.5215
							3.93	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4832	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,392,293	\$3,559,256	\$0	\$631,951	\$694,399	\$0	\$1,134,423		\$372,264	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$557,872)	\$0	\$0	\$0	\$0	\$12,450	(\$564,575)		(\$5,747)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$122,457			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$5,747	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,962,625	\$3,559,256	\$0	\$631,951	\$694,399	\$12,450	\$569,848	\$122,457	\$366,517	\$5,747	
8	Total Nursing Facility Days	As Filed Days = 31,266 FY20 Audited C/R Days	31,266										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,266 FY20 GL-PL Ins Rpt Days								31,266			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.71	\$113.84	\$0.00	\$20.21	\$22.61	(with L&H)	\$18.23	\$3.92	\$11.72	\$0.18	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5414									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.86									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.86	\$0.00	\$20.21	\$22.61		\$18.23	\$3.92	\$11.72	\$0.18	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.11	\$73.86	\$0.00	\$20.21	\$22.61		\$18.23	\$3.92	15.10 (FRV)	\$0.18	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.11	\$73.86	\$0.00	\$20.21	\$22.61	\$0.00	\$18.23	\$3.92	\$15.10	\$0.18	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4832									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.55									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.80	\$109.55	\$0.00	\$20.21	\$22.61	\$0.00	\$18.23	\$3.92	\$15.10	\$0.18	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$21.92	\$3.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.72	\$113.37	\$0.00	\$20.43	\$23.02	\$0.00	\$35.70	\$3.92	\$15.10	\$0.18	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.97										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.8239	1.5126
Provider: CHULIO HILLS HEALTH AND REHAB Prvdr ID: 00143437A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.8239	1.5126
													27.03%	1.0%	4.42	3.0%	2.0060	1.5215				
													4.42	3.0%	2.0450	1.5482						
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
Peer Group Standards & Efficiency Measure Limits																						
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,137,739	\$5,082,711	\$0	\$604,891	\$706,005	\$0	\$1,036,717		\$707,415	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$317,327)	(\$58,151)	\$0	\$0	(\$33,047)	\$309	(\$198,879)		(\$27,559)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$147,206												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$27,582										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,995,200	\$5,024,560	\$0	\$604,891	\$672,958	\$309	\$837,838	\$147,206	\$679,856	\$27,582										
8	Total Nursing Facility Days	As Filed Days = 31,428 FY20 Audited C/R Days	31,428																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,428 FY20 GL-PL Ins Rpt Days								31,428												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$254.40	\$159.88	\$0.00	\$19.25	\$21.42	(with L&H)	\$26.66	\$4.68	\$21.63	\$0.88										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.8239																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.66																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.66	\$0.00	\$19.25	\$21.42		\$26.66	\$4.68	\$21.63	\$0.88										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.63	\$87.66	\$0.00	\$19.25	\$21.42		\$26.66	\$4.68	11.08 (FRV)	\$0.88										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.63	\$87.66	\$0.00	\$19.25	\$21.42	\$0.00	\$26.66	\$4.68	\$11.08	\$0.88										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0450																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$179.26																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.23	\$179.26	\$0.00	\$19.25	\$21.42	\$0.00	\$26.66	\$4.68	\$11.08	\$0.88										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.79	\$1.79																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.38	\$5.38																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.80	\$7.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$289.03	\$186.96	\$0.00	\$19.47	\$21.83	\$0.00	\$44.13	\$4.68	\$11.08	\$0.88										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$203.95																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance				
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance					
			a	b	c	d	e	f	g	g	h	i			
Provider: WAYCROSS HEALTH AND REHABILITATION Prvdr ID: 00143459A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
			Growth Allowance: N/A Qtrly BIMS score: 30.95% Nurse Hours per On-Site Day/Quality Incentive: 3.49				Add-on Percent: 0.00% 2.5% 4.0%				Facility Score: N/A 3.49		Facility Specific: 1.4332 1.3431 1.3680		State-wide: 1.5126 1.5215 1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,228,907	\$2,227,026	\$0	\$434,163	\$489,165	\$0	\$725,179		\$353,374	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$106,229)	(\$18,104)	\$0	\$0	(\$3,572)	(\$7,345)	(\$40,731)		(\$36,477)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$49,530					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$35,933			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,208,141	\$2,208,922	\$0	\$434,163	\$485,593	(\$7,345)	\$684,448	\$49,530	\$316,897	\$35,933			
8	Total Nursing Facility Days As Filed Days = 22,080	FY20 Audited C/R Days	22,194												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,080	FY20 GL-PL Ins Rpt Days								22,194					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.61	\$99.53	\$0.00	\$19.56	\$21.55	(with L&H)	\$30.84	\$2.23	\$14.28	\$1.62			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4332											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.45											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.45	\$0.00	\$19.56	\$21.55		\$30.84	\$2.23	\$14.28	\$1.62			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.45	\$69.45	\$0.00	\$19.56	\$21.55		\$30.83	\$2.23	8.21 (FRV)	\$1.62			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.45	\$69.45	\$0.00	\$19.56	\$21.55	\$0.00	\$30.83	\$2.23	\$8.21	\$1.62			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3680											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.01											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.01	\$95.01	\$0.00	\$19.56	\$21.55	\$0.00	\$30.83	\$2.23	\$8.21	\$1.62			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.80	\$3.80											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.44	\$6.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.45	\$101.72	\$0.00	\$19.78	\$21.96	\$0.00	\$47.93	\$2.23	\$8.21	\$1.62			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.76												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: WASHINGTON CO EXTENDED CARE FACILITY Prvdr ID: 00143481A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.1503	1.5126
							39.02%	2.5%					1.2969	1.5215
							4.28	3.0%					1.3215	1.5482
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,073,023	\$2,254,640	\$0	\$688,331	\$143,999	\$172,466	\$841,228		(\$27,641)	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$55,430)	(\$20,037)	\$0	(\$70,342)	(\$6,778)	(\$704)	(\$82,456)		\$124,887			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$25,270				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$6,589		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,049,452	\$2,234,603	\$0	\$617,989	\$137,221	\$171,762	\$758,772	\$25,270	\$97,246	\$6,589		
8	Total Nursing Facility Days	As Filed Days = 20,837 FY20 Audited C/R Days	20,837											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,837 FY20 GL-PL Ins Rpt Days								20,837				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.34	\$107.24	\$0.00	\$29.66	\$14.83	(with L&H)	\$36.41	\$1.21	\$4.67	\$0.32		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.1503										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.23										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$93.23	\$0.00	\$29.66	\$14.83		\$36.41	\$1.21	\$4.67	\$0.32		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.54	\$88.52	\$0.00	\$29.66	\$14.83		\$30.83	\$1.21	11.17 (FRV)	\$0.32		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.54	\$88.52	\$0.00	\$29.66	\$14.83	\$0.00	\$30.83	\$1.21	\$11.17	\$0.32		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3215										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.98										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.00	\$116.98	\$0.00	\$29.66	\$14.83	\$0.00	\$30.83	\$1.21	\$11.17	\$0.32		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.51	\$3.51										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.16	\$6.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.16	\$123.41	\$0.00	\$29.88	\$15.24	\$0.00	\$47.93	\$1.21	\$11.17	\$0.32		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.05											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: WESTBURY CENTER OF CONYERS FOR NURSING AND HEALING		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143503A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.4627	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	34.19%	Quarterly Medicaid CMI:				1.7839	1.5215	
					2.81	Qtrly Mcaid CMI w RUG Wght Options:				1.8182	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,841,792	\$6,456,939	\$0	\$1,208,699	\$1,506,049	\$0	\$1,567,137		\$102,968	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$440,399)	\$0	\$0	\$0	(\$3,040)	(\$2,506)	(\$369,031)		(\$65,822)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$295,809		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$65,580
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,762,782	\$6,456,939	\$0	\$1,208,699	\$1,503,009	(\$2,506)	\$1,198,106	\$295,809	\$37,146	\$65,580
8	Total Nursing Facility Days As Filed Days = 54,898	FY20 Audited C/R Days	54,898									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,898	FY20 GL-PL Ins Rpt Days								54,898		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.05	\$117.62	\$0.00	\$22.02	\$27.33	(with L&H)	\$21.82	\$5.39	\$0.68	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4627								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.41	\$0.00	\$22.02	\$27.33		\$21.82	\$5.39	\$0.68	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.76	\$80.41	\$0.00	\$22.02	\$27.33		\$21.82	\$5.39	10.60 (FRV)	\$1.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.76	\$80.41	\$0.00	\$22.02	\$27.33	\$0.00	\$21.82	\$5.39	\$10.60	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8182								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.55	\$146.20	\$0.00	\$22.02	\$27.33	\$0.00	\$21.82	\$5.39	\$10.60	\$1.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.34	\$0.53	\$0.00	\$0.22	\$0.22	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.66	\$3.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$25.02	\$7.11	\$0.00	\$0.22	\$0.22	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$259.57	\$153.31	\$0.00	\$22.24	\$27.55	\$0.00	\$39.29	\$5.39	\$10.60	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide					
													Facility Score	Add-on Percent	Base Period Overall CMI:	Quarterly Medicaid CMI:	Facility Specific	State-wide					
Provider: WESTBURY CENTER OF JACKSON FOR NURSING AND HEALING Prvdr ID: 00143514A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	Add-on Percent	Base Period Overall CMI:	Quarterly Medicaid CMI:	Facility Specific	State-wide					
													N/A	0.00%	1.5249	1.5126							
													31.21%	2.5%	1.7950	1.5215							
													2.67	2.0%	1.8292	1.5482							
													Nurse Hours per On-Site Day/Quality Incentive:		Qtrly Mcaid CMI w RUG Wght Options:								
			a	b	c	d	e	f	g	g	h	i											
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>														
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,432,207	\$7,504,677	\$0	\$1,435,644	\$1,665,991	\$0	\$1,617,729		\$208,166	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$428,305)	(\$67,201)	\$0	(\$6,032)	(\$6,436)	(\$1,940)	(\$273,903)		(\$72,793)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$197,364													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$72,793											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,274,059	\$7,437,476	\$0	\$1,429,612	\$1,659,555	(\$1,940)	\$1,343,826	\$197,364	\$135,373	\$72,793											
8	Total Nursing Facility Days	As Filed Days = 60,869 FY20 Audited C/R Days	60,869																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 60,869 FY20 GL-PL Ins Rpt Days								60,869													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.65	\$122.19	\$0.00	\$23.49	\$27.23	(with L&H)	\$22.08	\$3.24	\$2.22	\$1.20											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5249																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.13																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.13	\$0.00	\$23.49	\$27.23		\$22.08	\$3.24	\$2.22	\$1.20											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.48	\$80.13	\$0.00	\$23.49	\$27.23		\$22.08	\$3.24	12.11 (FRV)	\$1.20											
Quarterly Per Diem Rate Prior to Add-ons																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.48	\$80.13	\$0.00	\$23.49	\$27.23	\$0.00	\$22.08	\$3.24	\$12.11	\$1.20											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8292																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.57																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.92	\$146.57	\$0.00	\$23.49	\$27.23	\$0.00	\$22.08	\$3.24	\$12.11	\$1.20											
Quarterly Per Diem Add-on Amounts																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.41	\$0.53	\$0.00	\$0.22	\$0.29	\$0.00	\$0.37		\$0.00												
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.66	\$3.66																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$25.10	\$7.12	\$0.00	\$0.22	\$0.29	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$261.02	\$153.69	\$0.00	\$23.71	\$27.52	\$0.00	\$39.55	\$3.24	\$12.11	\$1.20											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.94																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: WESTBURY CENTER OF MCDONOUGH FOR NURSING & HEALING Prvdr ID: 00143525A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Growth Allowance: N/A Qtrly BIMS score: 45.45% Nurse Hours per On-Site Day/Quality Incentive: 2.81				Add-on Percent: 0.00% 5.5% 3.0%				Base Period Overall CMI: 1.4089 Quarterly Medicaid CMI: 1.6896 Qtrly Mcaid CMI w RUG Wght Options: 1.7215	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,479,132	\$6,404,449	\$0	\$1,106,359	\$1,422,091	\$0	\$1,462,127		\$84,106	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$354,614)	(\$10,732)	\$0	\$0	(\$1,976)	(\$1,757)	(\$275,495)		(\$64,654)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$203,152		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$64,484
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,392,154	\$6,393,717	\$0	\$1,106,359	\$1,420,115	(\$1,757)	\$1,186,632	\$203,152	\$19,452	\$64,484
8	Total Nursing Facility Days	As Filed Days = 51,014 FY20 Audited C/R Days	51,014									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 51,014 FY20 GL-PL Ins Rpt Days								51,014		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.70	\$125.33	\$0.00	\$21.69	\$27.80	(with L&H)	\$23.26	\$3.98	\$0.38	\$1.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4089								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.95	\$0.00	\$21.69	\$27.80		\$23.26	\$3.98	\$0.38	\$1.26
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.28	\$88.52	\$0.00	\$21.69	\$27.62		\$23.26	\$3.98	9.95 (FRV)	\$1.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.28	\$88.52	\$0.00	\$21.69	\$27.62	\$0.00	\$23.26	\$3.98	\$9.95	\$1.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7215								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$152.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.15	\$152.39	\$0.00	\$21.69	\$27.62	\$0.00	\$23.26	\$3.98	\$9.95	\$1.26
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.38	\$8.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.57	\$4.57								
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	\$30.64	\$12.95	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$270.79	\$165.34	\$0.00	\$21.91	\$27.62	\$0.00	\$40.73	\$3.98	\$9.95	\$1.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.27									

Quarterly Case Mix Per Diem Calculation

Interim

Provider: PruittHealth - Seaside, LLC				Facility Score	Add-on Percent				Facility Specific	State-wide
Prvdr ID: 00143536A				N/A	0.00%				1.6972	1.5126
H/B ? : No	Case Mix Per Diem Rate Effective Date: 10/01/22			BIMS: 44.7%	2.5%				1.6823	1.5215
	MDS & Nurse Hrs Data per Quarter Ending: 06/30/22	Nurse Hours per On-Site Day/Quality Incentive: 3.44			5.0%			Qtrly Mcaid CMI w RUG Wght Options:	1.7142	1.5482

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2020 GL-PL Ins. Rpt								\$ 205,470		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								27,066		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2020 Peer Group Limit		\$88.52	\$84.09	\$24.48	\$27.62	\$30.83	\$29.29	\$22.08	\$22.08	\$0.59
	Allowed @ 95% of Std		\$185.55	\$84.09	\$23.26	\$26.24	\$29.29	\$22.08	\$29.29	\$ 7.59	\$22.08	\$0.59
	Growth Allowance 0.0%		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$193.14	\$84.09	\$23.26	\$26.24	\$29.29	\$29.29	\$29.29	\$ 7.59	\$22.08	\$0.59
	Quarterly Facility Case Mix Index for Medicaid Residents			1.7142							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$144.15								
	Quarterly Medicaid CMA Allowed Per Diem		\$248.32	\$144.15	\$23.26	\$26.24	\$29.29	\$29.29	\$29.29	\$ 2.71	\$22.08	\$0.59
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$3.60	\$3.60								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		\$7.21	\$7.21								
	Nursing Home Provider Fee		\$17.10					17.10				
	Total Quarterly Per Diem Add-On Amounts		\$27.91									
	Quarterly Case Mix Based Per Diem Rate		\$276.23	\$154.96		\$23.26	\$26.24		\$46.39	\$2.71	\$22.08	\$0.59
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$194.35									

* 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 FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: WILDWOOD HEALTH AND REHAB Prvdr ID: 00143547A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Growth Allowance: N/A				Base Period Overall CMI: 1.5838				1.5838	1.5126
			Qtrly BIMS score: 33.33%				Quarterly Medicaid CMI: 1.4582				1.4582	1.5215
			Nurse Hours per On-Site Day/Quality Incentive: 2.85				Qtrly Mcaid CMI w RUG Wght Options: 1.4832				1.4832	1.5482
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,690,428	\$1,343,398	\$0	\$301,431	\$302,953	\$0	\$446,575		\$296,071	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$42,757)	\$0	\$0	\$0	(\$243)	(\$333)	(\$25,116)		(\$17,065)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$25,116		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$17,033
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,689,820	\$1,343,398	\$0	\$301,431	\$302,710	(\$333)	\$421,459	\$25,116	\$279,006	\$17,033
8	Total Nursing Facility Days	As Filed Days = 14,095 FY20 Audited C/R Days	14,095									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,095 FY20 GL-PL Ins Rpt Days								14,095		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.83	\$95.31	\$0.00	\$21.39	\$21.45	<i>(with L&H)</i>	\$29.90	\$1.78	\$19.79	\$1.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5838								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.18	\$0.00	\$21.39	\$21.45		\$29.90	\$1.78	\$19.79	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.53	\$60.18	\$0.00	\$21.39	\$21.45		\$29.90	\$1.78	10.62 <i>(FRV)</i>	\$1.21
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.53	\$60.18	\$0.00	\$21.39	\$21.45	\$0.00	\$29.90	\$1.78	\$10.62	\$1.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4832								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.61	\$89.26	\$0.00	\$21.39	\$21.45	\$0.00	\$29.90	\$1.78	\$10.62	\$1.21
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$5.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.15	\$94.70	\$0.00	\$21.61	\$21.86	\$0.00	\$47.37	\$1.78	\$10.62	\$1.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.54									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,278,604	\$2,355,466	\$0	\$427,095	\$517,924	\$0	\$947,718		\$1,030,401	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$76,599)	\$0	\$0	\$0	\$0	\$0	(\$45,995)		(\$30,604)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$30,936		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$30,604
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,263,545	\$2,355,466	\$0	\$427,095	\$517,924	\$0	\$901,723	\$30,936	\$999,797	\$30,604
8	Total Nursing Facility Days	FY20 Audited C/R Days	30,940									
	As Filed Days = 30,940											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								30,940		
	As Filed Days = 30,940											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.11	\$76.13	\$0.00	\$13.80	\$16.74	(with L&H)	\$29.14	\$1.00	\$32.31	\$0.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4736								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.66	\$0.00	\$13.80	\$16.74		\$29.14	\$1.00	\$32.31	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.10	\$51.66	\$0.00	\$13.80	\$16.74		\$29.14	\$1.00	8.77 (FRV)	\$0.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.10	\$51.66	\$0.00	\$13.80	\$16.74	\$0.00	\$29.14	\$1.00	\$8.77	\$0.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6423								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.28	\$84.84	\$0.00	\$13.80	\$16.74	\$0.00	\$29.14	\$1.00	\$8.77	\$0.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	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 Srvc)	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	\$21.18	\$3.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.46	\$87.92	\$0.00	\$14.02	\$17.15	\$0.00	\$46.61	\$1.00	\$8.77	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.52									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: PRUITTHEALTH - WASHINGTON														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6214	1.5126
Prvdr ID: 00143569A														Qtrly BIMS score	31.58%	2.5%	Quarterly Medicaid CMI:	1.5590	1.5215
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	2.78	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5886	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>										
Peer Group Standards & Efficiency Measure Limits																			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,714,385	\$1,418,182	\$0	\$251,871	\$371,481	\$0	\$561,673		\$111,178	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$134,674)	(\$99,333)	\$0	\$729	\$25	(\$16,897)	(\$32,115)		\$12,917								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$95,741									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$22,124							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,697,576	\$1,318,849	\$0	\$252,600	\$371,506	(\$16,897)	\$529,558	\$95,741	\$124,095	\$22,124							
8	Total Nursing Facility Days	As Filed Days = 14,157																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,157																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.55	\$93.16	\$0.00	\$17.84	\$25.05	(with L&H)	\$37.41	\$6.76	\$8.77	\$1.56							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6214															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.46															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.46	\$0.00	\$17.84	\$25.05		\$37.41	\$6.76	\$8.77	\$1.56							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.07	\$57.46	\$0.00	\$17.84	\$25.05		\$30.83	\$6.76	10.57 (FRV)	\$1.56							
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.07	\$57.46	\$0.00	\$17.84	\$25.05	\$0.00	\$30.83	\$6.76	\$10.57	\$1.56							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5886															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.28															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.89	\$91.28	\$0.00	\$17.84	\$25.05	\$0.00	\$30.83	\$6.76	\$10.57	\$1.56							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00							
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.56	\$4.56															
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	\$25.10	\$7.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.99	\$98.65	\$0.00	\$18.06	\$25.46	\$0.00	\$47.93	\$6.76	\$10.57	\$1.56							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.92																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: WOOD DALE HEALTH AND REHABILITATION														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.3420	1.5126	
Prvdr ID: 00143591A														Qtrly BIMS score	52.78%	5.5%	Quarterly Medicaid CMI:	1.2845	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	5.69	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3021	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,032,530	\$3,196,882	\$0	\$625,088	\$611,048	\$0	\$1,402,833		\$196,679	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$438,150)	(\$178,080)	\$0	\$0	(\$173)	\$8,710	(\$268,607)		\$0									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$246,757										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$4,297								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,845,434	\$3,018,802	\$0	\$625,088	\$610,875	\$8,710	\$1,134,226	\$246,757	\$196,679	\$4,297								
8	Total Nursing Facility Days As Filed Days = 27,414	FY20 Audited C/R Days	27,414																	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,414	FY20 GL-PL Ins Rpt Days								27,414										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.22	\$110.12	\$0.00	\$22.80	\$22.60	(with L&H)	\$41.37	\$9.00	\$7.17	\$0.16								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3420																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.06																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.06	\$0.00	\$22.80	\$22.60		\$41.37	\$9.00	\$7.17	\$0.16								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.00	\$82.06	\$0.00	\$22.80	\$22.60		\$30.83	\$9.00	11.55 (FRV)	\$0.16								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.00	\$82.06	\$0.00	\$22.80	\$22.60	\$0.00	\$30.83	\$9.00	\$11.55	\$0.16								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3021																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.85																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.79	\$106.85	\$0.00	\$22.80	\$22.60	\$0.00	\$30.83	\$9.00	\$11.55	\$0.16								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00									
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.88	\$5.88																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3.21																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.35	\$9.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.14	\$116.47	\$0.00	\$23.02	\$23.01	\$0.00	\$47.93	\$9.00	\$11.55	\$0.16								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.53																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:				
Provider: WRIGHTSVILLE MANOR HEALTH AND REHAB Prvdr ID: 00143602A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	1.6759	1.5126								
													39.13%	2.5%	1.6649	1.5215								
													3.36	3.0%	1.6969	1.5482								
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i		
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
Peer Group Standards & Efficiency Measure Limits																								
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,220,261	\$2,852,467	\$0	\$607,029	\$481,432	\$0	\$737,972		\$541,361	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$78,155)	\$0	\$0	\$0	\$0	\$0	(\$51,390)		(\$26,765)													
As Filed Cost Center Costs (GL/PL)																			\$51,390					
As Filed Cost Center Costs (Taxes and Insurance)																								\$26,765
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,220,261	\$2,852,467	\$0	\$607,029	\$481,432	\$0	\$686,582	\$51,390	\$514,596	\$26,765												
8	Total Nursing Facility Days	As Filed Days = 31,443 FY20 Audited C/R Days	31,443																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,443 FY20 GL-PL Ins Rpt Days								31,443														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$166.03	\$90.72	\$0.00	\$19.31	\$15.31	(with L&H)	\$21.84	\$1.63	\$16.37	\$0.85												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6759																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.13																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.13	\$0.00	\$19.31	\$15.31		\$21.84	\$1.63	\$16.37	\$0.85												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.82	\$54.13	\$0.00	\$19.31	\$15.31		\$21.84	\$1.63	11.75 (FRV)	\$0.85												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.82	\$54.13	\$0.00	\$19.31	\$15.31	\$0.00	\$21.84	\$1.63	\$11.75	\$0.85												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6969																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.85																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.54	\$91.85	\$0.00	\$19.31	\$15.31	\$0.00	\$21.84	\$1.63	\$11.75	\$0.85												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.69	\$5.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.23	\$97.44	\$0.00	\$19.53	\$15.72	\$0.00	\$39.31	\$1.63	\$11.75	\$0.85												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.85																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: HERITAGE INN OF BARNESVILLE HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143613A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5446	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	53.85%	5.5%	Quarterly Medicaid CMI:			1.2194	1.5215
							3.06	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2356	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,380,434	\$3,466,550	\$0	\$605,569	\$697,370	\$0	\$1,086,674		\$524,271	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$118,447)	\$0	\$0	\$0	\$3,869	(\$7,335)	(\$78,289)		(\$36,692)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$62,530			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$37,086	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,361,603	\$3,466,550	\$0	\$605,569	\$701,239	(\$7,335)	\$1,008,385	\$62,530	\$487,579	\$37,086	
8	Total Nursing Facility Days	As Filed Days = 35,953 FY20 Audited C/R Days	35,953										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,953 FY20 GL-PL Ins Rpt Days								35,953			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.94	\$96.42	\$0.00	\$16.84	\$19.30	(with L&H)	\$28.05	\$1.74	\$13.56	\$1.03	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5446									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.42									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.42	\$0.00	\$16.84	\$19.30		\$28.05	\$1.74	\$13.56	\$1.03	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.44	\$62.42	\$0.00	\$16.84	\$19.30		\$28.05	\$1.74	8.06 (FRV)	\$1.03	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.44	\$62.42	\$0.00	\$16.84	\$19.30	\$0.00	\$28.05	\$1.74	\$8.06	\$1.03	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2356									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.13									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.15	\$77.13	\$0.00	\$16.84	\$19.30	\$0.00	\$28.05	\$1.74	\$8.06	\$1.03	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.24	\$4.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$25.18	\$7.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.33	\$84.21	\$0.00	\$17.06	\$19.71	\$0.00	\$45.52	\$1.74	\$8.06	\$1.03	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.17										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: TRADITIONS HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143701A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5566	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	45.79%	5.5%	Quarterly Medicaid CMI:				1.6602	1.5215
							3.18	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6863	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,370,669	\$5,791,723	\$0	\$1,079,214	\$1,216,084	\$0	\$1,872,702		\$410,946	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$231,171)	\$0	\$0	\$0	\$11,142	\$2,573	(\$167,729)		(\$77,157)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$96,070				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$78,716		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,314,284	\$5,791,723	\$0	\$1,079,214	\$1,227,226	\$2,573	\$1,704,973	\$96,070	\$333,789	\$78,716		
8	Total Nursing Facility Days As Filed Days = 58,815	FY20 Audited C/R Days	58,815											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,815	FY20 GL-PL Ins Rpt Days								58,815				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$175.37	\$98.47	\$0.00	\$18.35	\$20.91	(with L&H)	\$28.99	\$1.63	\$5.68	\$1.34		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5566										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.26										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.26	\$0.00	\$18.35	\$20.91		\$28.99	\$1.63	\$5.68	\$1.34		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.61	\$63.26	\$0.00	\$18.35	\$20.91		\$28.99	\$1.63	10.13 (FRV)	\$1.34		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.61	\$63.26	\$0.00	\$18.35	\$20.91	\$0.00	\$28.99	\$1.63	\$10.13	\$1.34		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6863										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.68										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.03	\$106.68	\$0.00	\$18.35	\$20.91	\$0.00	\$28.99	\$1.63	\$10.13	\$1.34		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$5.87	\$5.87										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.27	\$4.27										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.77	\$10.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.80	\$117.35	\$0.00	\$18.57	\$21.32	\$0.00	\$46.46	\$1.63	\$10.13	\$1.34		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.78											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - LILBURN Prvdr ID: 00145527A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A Qtrly BIMS score: 39.29% Nurse Hours per On-Site Day/Quality Incentive: 2.78				0.00%	2.5%	Base Period Overall CMI: 1.5251 Quarterly Medicaid CMI: 1.5212 Qtrly Mcaid CMI w RUG Wght Options: 1.5467			1.5126	1.5215	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,649,391	\$4,887,583	\$0	\$779,148	\$1,108,527	\$0	\$1,455,016		\$419,117	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$389,616)	(\$39,656)	\$0	\$0	\$4,415	\$5,333	(\$293,325)		(\$66,383)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$309,511			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$68,798	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,638,084	\$4,847,927	\$0	\$779,148	\$1,112,942	\$5,333	\$1,161,691	\$309,511	\$352,734	\$68,798	
8	Total Nursing Facility Days As Filed Days = 46,516	FY20 Audited C/R Days	46,516										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,516	FY20 GL-PL Ins Rpt Days								46,516			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$185.69	\$104.22	\$0.00	\$16.75	\$24.04	(with L&H)	\$24.97	\$6.65	\$7.58	\$1.48	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5251									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.34									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.34	\$0.00	\$16.75	\$24.04		\$24.97	\$6.65	\$7.58	\$1.48	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.58	\$68.34	\$0.00	\$16.75	\$24.04		\$24.97	\$6.65	8.35 (FRV)	\$1.48	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.58	\$68.34	\$0.00	\$16.75	\$24.04	\$0.00	\$24.97	\$6.65	\$8.35	\$1.48	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5467									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.70									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.94	\$105.70	\$0.00	\$16.75	\$24.04	\$0.00	\$24.97	\$6.65	\$8.35	\$1.48	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.29	\$5.29									
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	\$26.56	\$8.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.50	\$114.16	\$0.00	\$16.97	\$24.45	\$0.00	\$42.44	\$6.65	\$8.35	\$1.48	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.05										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: QUINTON MEMORIAL HC & REHAB CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00150279A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4320	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	12.96%	0.0%	Quarterly Medicaid CMI:			1.1488	1.5215
							4.82	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1659	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,789,087	\$5,605,102	\$0	\$890,273	\$770,348	\$0	\$2,151,308		\$372,056	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$433,924)	\$0	\$0	\$0	(\$2,775)	(\$2,704)	(\$428,445)		\$0		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$332,562			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$9,589	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,697,314	\$5,605,102	\$0	\$890,273	\$767,573	(\$2,704)	\$1,722,863	\$332,562	\$372,056	\$9,589	
8	Total Nursing Facility Days	As Filed Days = 38,366 FY20 Audited C/R Days	38,366										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,366 FY20 GL-PL Ins Rpt Days								38,366			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$252.77	\$146.10	\$0.00	\$23.20	\$19.94	(with L&H)	\$44.91	\$8.67	\$9.70	\$0.25	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4320									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.03									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$102.03	\$0.00	\$23.20	\$19.94		\$44.91	\$8.67	\$9.70	\$0.25	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.00	\$88.52	\$0.00	\$23.20	\$19.94		\$30.83	\$8.67	19.59 (FRV)	\$0.25	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.00	\$88.52	\$0.00	\$23.20	\$19.94	\$0.00	\$30.83	\$8.67	\$19.59	\$0.25	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1659									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.21									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.69	\$103.21	\$0.00	\$23.20	\$19.94	\$0.00	\$30.83	\$8.67	\$19.59	\$0.25	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	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	\$20.83	\$3.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.52	\$106.31	\$0.00	\$23.42	\$20.35	\$0.00	\$47.93	\$8.67	\$19.59	\$0.25	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.07										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide					
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:					
Provider: CHRISTIAN CITY REHABILITATION CENTER Prvdr ID: 00158034A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	N/A	35.25%	2.5%	3.26	5.0%	1.5538	1.5072	1.5327	1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS																									
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																
Base Period Per Diem Allowed Amounts																									
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$14,232,214	\$7,910,806	\$0	\$1,369,218	\$1,376,949	\$0	\$3,153,886		\$421,355	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$465,704)	(\$59,129)	\$0	\$0	\$0	\$0	(\$354,262)		(\$52,313)														
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$408,033															
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$55,789													
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$14,230,332	\$7,851,677	\$0	\$1,369,218	\$1,376,949	\$0	\$2,799,624	\$408,033	\$369,042	\$55,789													
8	Total Nursing Facility Days	As Filed Days = 67,331 FY20 Audited C/R Days	67,331																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 67,331 FY20 GL-PL Ins Rpt Days								67,331															
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.35	\$116.61	\$0.00	\$20.34	\$20.45	<i>(with L&H)</i>	\$41.58	\$6.06	\$5.48	\$0.83													
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5538																					
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.05																					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.05	\$0.00	\$20.34	\$20.45		\$41.58	\$6.06	\$5.48	\$0.83													
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A														
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.51	\$75.05	\$0.00	\$20.34	\$20.45		\$30.83	\$6.06	13.95 <i>(FRV)</i>	\$0.83													
Quarterly Per Diem Rate Prior to Add-ons																									
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.51	\$75.05	\$0.00	\$20.34	\$20.45	\$0.00	\$30.83	\$6.06	\$13.95	\$0.83													
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5327																					
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.03																					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.49	\$115.03	\$0.00	\$20.34	\$20.45	\$0.00	\$30.83	\$6.06	\$13.95	\$0.83													
Quarterly Per Diem Add-on Amounts																									
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88																					
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.75	\$5.75																					
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00																
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.79	\$9.16	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00													
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.28	\$124.19	\$0.00	\$20.56	\$20.86	\$0.00	\$30.83	\$6.06	\$13.95	\$0.83													
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.96																						

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: MANOR CARE REHABILITATION CENTER - DECATUR		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00159266A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.5067	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	17.24%	Quarterly Medicaid CMI:				1.1123	1.5215	
					4.12	Qtrly Mcaid CMI w RUG Wght Options:				1.1233	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,981,308	\$4,821,828	\$0	\$754,215	\$801,474	\$0	\$1,416,613		\$187,178	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$177,764)	(\$61,214)	\$0	\$0	(\$5,630)	(\$6,236)	(\$45,271)		(\$59,413)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$63,881		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$58,533
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,925,958	\$4,760,614	\$0	\$754,215	\$795,844	(\$6,236)	\$1,371,342	\$63,881	\$127,765	\$58,533
8	Total Nursing Facility Days	As Filed Days = 39,062 FY20 Audited C/R Days	39,062									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,062 FY20 GL-PL Ins Rpt Days								39,062		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.91	\$121.87	\$0.00	\$19.31	\$20.21	(with L&H)	\$35.11	\$1.64	\$3.27	\$1.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5067								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.89	\$0.00	\$19.31	\$20.21		\$35.11	\$1.64	\$3.27	\$1.50
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.04	\$80.89	\$0.00	\$19.31	\$20.21		\$30.83	\$1.64	10.66 (FRV)	\$1.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.04	\$80.89	\$0.00	\$19.31	\$20.21	\$0.00	\$30.83	\$1.64	\$10.66	\$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1233								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.01	\$90.86	\$0.00	\$19.31	\$20.21	\$0.00	\$30.83	\$1.64	\$10.66	\$1.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$1.82	\$1.82								
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	\$20.08	\$2.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.09	\$93.21	\$0.00	\$19.53	\$20.62	\$0.00	\$47.93	\$1.64	\$10.66	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,684,055	\$3,778,540	\$0	\$674,110	\$549,594	\$0	\$623,236		\$58,575	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$97,840)	\$0	\$0	\$0	\$0	\$3,624	(\$59,929)		(\$41,535)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$56,305		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$41,535
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,684,055	\$3,778,540	\$0	\$674,110	\$549,594	\$3,624	\$563,307	\$56,305	\$17,040	\$41,535
8	Total Nursing Facility Days	As Filed Days = 36,174 FY20 Audited C/R Days	36,174									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,174 FY20 GL-PL Ins Rpt Days								36,174		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$157.13	\$104.45	\$0.00	\$18.64	\$15.29	(with L&H)	\$15.57	\$1.56	\$0.47	\$1.15
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6765								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.30	\$0.00	\$18.64	\$15.29		\$15.57	\$1.56	\$0.47	\$1.15
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.19	\$62.30	\$0.00	\$18.64	\$15.29		\$15.57	\$1.56	7.68 (FRV)	\$1.15
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.19	\$62.30	\$0.00	\$18.64	\$15.29	\$0.00	\$15.57	\$1.56	\$7.68	\$1.15
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3635								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.84	\$84.95	\$0.00	\$18.64	\$15.29	\$0.00	\$15.57	\$1.56	\$7.68	\$1.15
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.12	\$2.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$23.30	\$5.20	\$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	\$168.14	\$90.15	\$0.00	\$18.86	\$15.70	\$0.00	\$33.04	\$1.56	\$7.68	\$1.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.28									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: PARKSIDE POST ACUTE AND REHABILITATION Prvdr ID: 00169199A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Growth Allowance: N/A Qtrly BIMS score: 39.34% Nurse Hours per On-Site Day/Quality Incentive: 3.31			Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0%			Base Period Overall CMI: 1.5385 Quarterly Medicaid CMI: 1.6020 Qtrly Mcaid CMI w RUG Wght Options: 1.6285			1.5385	1.5126	1.6020	1.5215	1.6285	1.5482
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,552,594	\$5,923,258	\$0	\$1,159,101	\$1,273,218	\$0	\$2,017,670		\$1,179,347	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$266,993)	\$0	\$0	\$0	\$6,449	\$5,660	(\$204,248)		(\$74,854)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$241,311																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$75,566															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,602,478	\$5,923,258	\$0	\$1,159,101	\$1,279,667	\$5,660	\$1,813,422	\$241,311	\$1,104,493	\$75,566															
8	Total Nursing Facility Days	As Filed Days = 55,511																									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 55,511								55,511																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.01	\$106.70	\$0.00	\$20.88	\$23.15	(with L&H)	\$32.67	\$4.35	\$19.90	\$1.36															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5385																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.36																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.36	\$0.00	\$20.88	\$23.15		\$32.67	\$4.35	\$19.90	\$1.36															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.87	\$69.36	\$0.00	\$20.88	\$23.15		\$30.83	\$4.35	10.94 (FRV)	\$1.36															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.87	\$69.36	\$0.00	\$20.88	\$23.15	\$0.00	\$30.83	\$4.35	\$10.94	\$1.36															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6285																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.95																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.46	\$112.95	\$0.00	\$20.88	\$23.15	\$0.00	\$30.83	\$4.35	\$10.94	\$1.36															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00															
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.47	\$6.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.93	\$119.69	\$0.00	\$21.10	\$23.56	\$0.00	\$47.93	\$4.35	\$10.94	\$1.36															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.87																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$11,685,970	\$6,857,261	\$0	\$916,771	\$941,279	\$0	\$1,726,317		\$1,244,342	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$174,550)	\$0	\$0	\$0	\$0	\$0	(\$116,872)		(\$57,678)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$116,872		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$57,678
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$11,685,970	\$6,857,261	\$0	\$916,771	\$941,279	\$0	\$1,609,445	\$116,872	\$1,186,664	\$57,678
8	Total Nursing Facility Days	As Filed Days = 50,157 FY20 Audited C/R Days	50,157									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 50,157 FY20 GL-PL Ins Rpt Days								50,157		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.00	\$136.72	\$0.00	\$18.28	\$18.77	(with L&H)	\$32.09	\$2.33	\$23.66	\$1.15
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.8368								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.43	\$0.00	\$18.28	\$18.77		\$32.09	\$2.33	\$23.66	\$1.15
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.20	\$74.43	\$0.00	\$18.28	\$18.77		\$30.83	\$2.33	9.41 (FRV)	\$1.15
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.20	\$74.43	\$0.00	\$18.28	\$18.77	\$0.00	\$30.83	\$2.33	\$9.41	\$1.15
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7218								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.92	\$128.15	\$0.00	\$18.28	\$18.77	\$0.00	\$30.83	\$2.33	\$9.41	\$1.15
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.20	\$3.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.28	\$1.28								
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	\$22.74	\$5.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.66	\$133.16	\$0.00	\$18.50	\$19.18	\$0.00	\$47.93	\$2.33	\$9.41	\$1.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.92									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: FAIRBURN HEALTH CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00173071A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.5412		1.5412	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Qtrly BIMS score: 23.91%		Nurse Hours per On-Site Day/Quality Incentive: 2.87		23.91%	1.0%	Quarterly Medicaid CMI: 1.8217		1.8217	1.5215		
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8579		1.8579	1.5482		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,203,202	\$2,516,951	\$0	\$500,771	\$436,952	\$0	\$1,177,971		\$570,557	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$181,488)	\$0	\$0	\$0	\$16,682	\$13,998	(\$189,160)		(\$23,008)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$183,196			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$24,623	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,229,533	\$2,516,951	\$0	\$500,771	\$453,634	\$13,998	\$988,811	\$183,196	\$547,549	\$24,623	
8	Total Nursing Facility Days As Filed Days = 33,441	FY20 Audited C/R Days	33,441										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,441	FY20 GL-PL Ins Rpt Days								33,441			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$156.38	\$75.27	\$0.00	\$14.97	\$13.98	(with L&H)	\$29.57	\$5.48	\$16.37	\$0.74	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5412									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.84									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.84	\$0.00	\$14.97	\$13.98		\$29.57	\$5.48	\$16.37	\$0.74	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.75	\$48.84	\$0.00	\$14.97	\$13.98		\$29.57	\$5.48	9.17 (FRV)	\$0.74	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.75	\$48.84	\$0.00	\$14.97	\$13.98	\$0.00	\$29.57	\$5.48	\$9.17	\$0.74	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8579									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.74									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.65	\$90.74	\$0.00	\$14.97	\$13.98	\$0.00	\$29.57	\$5.48	\$9.17	\$0.74	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.81	\$1.81									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.35	\$3.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.00	\$93.99	\$0.00	\$15.19	\$14.39	\$0.00	\$47.04	\$5.48	\$9.17	\$0.74	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.68										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: THE OAKS - SCENIC VIEW SKILLED NURSING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00178307A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7203	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.59%	1.0%	Quarterly Medicaid CMI:			1.4903	1.5215
							3.44	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5183	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,862,690	\$5,161,743	\$0	\$697,492	\$965,495	\$0	\$1,387,786		\$650,174	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$388,991)	(\$106,622)	\$0	\$0	(\$5,046)	(\$5,006)	(\$208,579)		(\$63,738)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$301,415			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$73,460	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,848,574	\$5,055,121	\$0	\$697,492	\$960,449	(\$5,006)	\$1,179,207	\$301,415	\$586,436	\$73,460	
8	Total Nursing Facility Days	As Filed Days = 43,558 FY20 Audited C/R Days	43,558										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,558 FY20 GL-PL Ins Rpt Days								43,558			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.13	\$116.05	\$0.00	\$16.01	\$21.93	(with L&H)	\$27.07	\$6.92	\$13.46	\$1.69	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7203									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.46									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.46	\$0.00	\$16.01	\$21.93		\$27.07	\$6.92	\$13.46	\$1.69	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.28	\$67.46	\$0.00	\$16.01	\$21.93		\$27.07	\$6.92	9.20 (FRV)	\$1.69	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.28	\$67.46	\$0.00	\$16.01	\$21.93	\$0.00	\$27.07	\$6.92	\$9.20	\$1.69	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5183									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.24	\$102.42	\$0.00	\$16.01	\$21.93	\$0.00	\$27.07	\$6.92	\$9.20	\$1.69	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.12	\$5.12									
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	\$24.77	\$6.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.01	\$109.09	\$0.00	\$16.23	\$22.34	\$0.00	\$44.54	\$6.92	\$9.20	\$1.69	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.68										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: PRUITTHEALTH - MARIETTA Prvdr ID: 00202507A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	State-wide										
													N/A	47.56%	0.00%	1.5492	1.5126	2.77	5.0%	5.5%	1.6472	1.5215	1.6754	1.5482
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,389,668	\$3,912,063	\$0	\$632,908	\$690,890	\$0	\$1,145,231		\$1,008,576	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$409,239)	(\$140,251)	\$0	\$0	(\$1,265)	(\$1,069)	(\$203,029)		(\$63,625)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$242,452														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$65,422												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,288,303	\$3,771,812	\$0	\$632,908	\$689,625	(\$1,069)	\$942,202	\$242,452	\$944,951	\$65,422												
8	Total Nursing Facility Days	As Filed Days = 37,820																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,820																						
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$192.71	\$99.73	\$0.00	\$16.73	\$18.21	(with L&H)	\$24.91	\$6.41	\$24.99	\$1.73												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5492																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.37																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.37	\$0.00	\$16.73	\$18.21		\$24.91	\$6.41	\$24.99	\$1.73												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.97	\$64.37	\$0.00	\$16.73	\$18.21		\$24.91	\$6.41	13.61	\$1.73												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.97	\$64.37	\$0.00	\$16.73	\$18.21	\$0.00	\$24.91	\$6.41	\$13.61	\$1.73												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6754																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.85																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.45	\$107.85	\$0.00	\$16.73	\$18.21	\$0.00	\$24.91	\$6.41	\$13.61	\$1.73												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00													
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.93	\$5.93																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.39	\$5.39																				
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	\$29.95	\$11.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.40	\$119.70	\$0.00	\$16.95	\$18.62	\$0.00	\$42.38	\$6.41	\$13.61	\$1.73												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.73																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: GORDON HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00202848A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4670	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.00%	1.0%	Quarterly Medicaid CMI:			1.5536	1.5215
							3.25	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5805	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,424,608	\$3,700,108	\$0	\$761,351	\$751,334	\$0	\$1,251,162		\$960,653	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$185,982)	\$0	\$0	\$0	\$0	(\$6,081)	(\$134,455)		(\$45,446)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$62,010			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$45,446	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,346,082	\$3,700,108	\$0	\$761,351	\$751,334	(\$6,081)	\$1,116,707	\$62,010	\$915,207	\$45,446	
8	Total Nursing Facility Days	As Filed Days = 39,888 FY20 Audited C/R Days	39,888										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,888 FY20 GL-PL Ins Rpt Days								39,888			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.16	\$92.76	\$0.00	\$19.09	\$18.68	(with L&H)	\$28.00	\$1.55	\$22.94	\$1.14	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4670									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.23									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.23	\$0.00	\$19.09	\$18.68		\$28.00	\$1.55	\$22.94	\$1.14	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.40	\$63.23	\$0.00	\$19.09	\$18.68		\$28.00	\$1.55	10.71 (FRV)	\$1.14	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.40	\$63.23	\$0.00	\$19.09	\$18.68	\$0.00	\$28.00	\$1.55	\$10.71	\$1.14	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5805									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.11	\$99.94	\$0.00	\$19.09	\$18.68	\$0.00	\$28.00	\$1.55	\$10.71	\$1.14	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.00	\$5.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.63	\$6.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.74	\$106.47	\$0.00	\$19.31	\$19.09	\$0.00	\$45.47	\$1.55	\$10.71	\$1.14	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.98										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: FLORENCE HAND HOME Prvdr ID: 00207083A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	State-wide										
													N/A	21.33%	4.12	0.00%	1.0%	3.0%	1.2277	1.5126	1.1724	1.5215	1.1881	1.5482
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																	
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$18,750,716	\$5,597,129	\$0	\$1,398,152	\$1,269,611	\$1,156,023	\$7,679,210		\$1,650,591	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$105,910)	\$0	\$0	\$0	\$10,819	\$9,850	(\$126,579)		\$0													
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$126,579														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$0												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$18,771,385	\$5,597,129	\$0	\$1,398,152	\$1,280,430	\$1,165,873	\$7,552,631	\$126,579	\$1,650,591	\$0												
8	Total Nursing Facility Days	As Filed Days = 48,089																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 48,089																						
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$390.34	\$116.39	\$0.00	\$29.07	\$50.87	(with L&H)	\$157.06	\$2.63	\$34.32	\$0.00												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2277																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.80																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.80	\$0.00	\$29.07	\$50.87		\$157.06	\$2.63	\$34.32	\$0.00												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.17	\$88.52	\$0.00	\$29.07	\$27.62		\$30.83	\$2.63	15.50 (FRV)	\$0.00												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.17	\$88.52	\$0.00	\$29.07	\$27.62	\$0.00	\$30.83	\$2.63	\$15.50	\$0.00												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1881																				
18	Qtrly Routine Srvc 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	\$210.82	\$105.17	\$0.00	\$29.07	\$27.62	\$0.00	\$30.83	\$2.63	\$15.50	\$0.00												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	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 Srvc)	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	\$21.53	\$4.21	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.35	\$109.38	\$0.00	\$29.29	\$27.62	\$0.00	\$47.93	\$2.63	\$15.50	\$0.00												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.44																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: CHATSWORTH HEALTH CARE CENTER Prvdr ID: 00209778A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Growth Allowance: N/A Qtrly BIMS score: 45.36% Nurse Hours per On-Site Day/Quality Incentive: 2.33			Facility Score: N/A Add-on Percent: 0.00% 5.5% 1.0%			Base Period Overall CMI: 1.6841 Quarterly Medicaid CMI: 1.9482 Qtrly Mcaid CMI w RUG Wght Options: 1.9872			1.6841	1.5126	1.9482	1.5215	1.9872	1.5482
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,799,886	\$2,967,073	\$0	\$647,893	\$588,196	\$0	\$1,111,456		\$1,485,268	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$214,642)	\$0	\$0	\$0	\$7,423	\$7,488	(\$192,163)		(\$37,390)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$183,196																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$38,339															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,806,779	\$2,967,073	\$0	\$647,893	\$595,619	\$7,488	\$919,293	\$183,196	\$1,447,878	\$38,339															
8	Total Nursing Facility Days	As Filed Days = 40,395 FY20 Audited C/R Days	40,395																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,395 FY20 GL-PL Ins Rpt Days								40,395																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$168.51	\$73.45	\$0.00	\$16.04	\$14.93	(with L&H)	\$22.76	\$4.54	\$35.84	\$0.95															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6841																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.61																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$43.61	\$0.00	\$16.04	\$14.93		\$22.76	\$4.54	\$35.84	\$0.95															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.78	\$43.61	\$0.00	\$16.04	\$14.93		\$22.76	\$4.54	8.95 (FRV)	\$0.95															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$111.78	\$43.61	\$0.00	\$16.04	\$14.93	\$0.00	\$22.76	\$4.54	\$8.95	\$0.95															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9872																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.66																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.83	\$86.66	\$0.00	\$16.04	\$14.93	\$0.00	\$22.76	\$4.54	\$8.95	\$0.95															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.77	\$4.77																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.87	\$0.87																							
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	\$24.27	\$6.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.10	\$92.83	\$0.00	\$16.26	\$15.34	\$0.00	\$40.23	\$4.54	\$8.95	\$0.95															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.50																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: HIGH SHOALS HEALTH AND REHABILITATION														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.2780	1.5126	
Prvdr ID: 00212814A														Qtrly BIMS score	46.15%	5.5%	Quarterly Medicaid CMI:	1.0891	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.25	4.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.1020	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,781,551	\$3,126,510	\$0	\$559,356	\$679,022	\$0	\$1,073,236		\$343,427	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$99,917)	\$0	\$0	\$0	\$0	\$5,734	(\$84,552)		(\$21,099)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$56,637										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$21,099								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,759,370	\$3,126,510	\$0	\$559,356	\$679,022	\$5,734	\$988,684	\$56,637	\$322,328	\$21,099								
8	Total Nursing Facility Days As Filed Days = 31,868	FY20 Audited C/R Days	31,868																	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,868	FY20 GL-PL Ins Rpt Days								31,868										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$180.72	\$98.11	\$0.00	\$17.55	\$21.49	(with L&H)	\$31.02	\$1.78	\$10.11	\$0.66								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2780																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.77																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.77	\$0.00	\$17.55	\$21.49		\$31.02	\$1.78	\$10.11	\$0.66								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.41	\$76.77	\$0.00	\$17.55	\$21.49		\$30.83	\$1.78	16.33 (FRV)	\$0.66								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.41	\$76.77	\$0.00	\$17.55	\$21.49	\$0.00	\$30.83	\$1.78	\$16.33	\$0.66								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1020																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.60																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.24	\$84.60	\$0.00	\$17.55	\$21.49	\$0.00	\$30.83	\$1.78	\$16.33	\$0.66								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$4.65	\$4.65																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$26.29	\$8.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.53	\$93.16	\$0.00	\$17.77	\$21.90	\$0.00	\$47.93	\$1.78	\$16.33	\$0.66								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.82																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - FORT OGLETHORPE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00214695A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3478	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	31.52%	2.5%	Quarterly Medicaid CMI:			1.4941	1.5215
							2.99	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5202	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,304,193	\$3,646,109	\$0	\$576,420	\$712,710	\$0	\$1,070,160		\$298,794	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$296,235)	(\$31,657)	\$0	\$0	\$0	\$0	(\$227,660)		(\$36,918)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$244,355			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$38,727	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,291,040	\$3,614,452	\$0	\$576,420	\$712,710	\$0	\$842,500	\$244,355	\$261,876	\$38,727	
8	Total Nursing Facility Days	As Filed Days = 36,809 FY20 Audited C/R Days	36,809										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,809 FY20 GL-PL Ins Rpt Days								36,809			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$170.90	\$98.19	\$0.00	\$15.66	\$19.36	(with L&H)	\$22.89	\$6.64	\$7.11	\$1.05	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3478									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.85									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.85	\$0.00	\$15.66	\$19.36		\$22.89	\$6.64	\$7.11	\$1.05	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.76	\$72.85	\$0.00	\$15.66	\$19.36		\$22.89	\$6.64	9.31 (FRV)	\$1.05	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.76	\$72.85	\$0.00	\$15.66	\$19.36	\$0.00	\$22.89	\$6.64	\$9.31	\$1.05	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5202									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.75									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.66	\$110.75	\$0.00	\$15.66	\$19.36	\$0.00	\$22.89	\$6.64	\$9.31	\$1.05	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.43	\$4.43									
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	\$25.83	\$7.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.49	\$118.48	\$0.00	\$15.88	\$19.77	\$0.00	\$40.36	\$6.64	\$9.31	\$1.05	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.79										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: UNIVERSITY EXTENDED CARE-WESTWOOD Prvdr ID: 00219359A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4488	1.5126
							32.97%	2.5%					1.3799	1.5215
							3.72	3.0%					1.4020	1.5482
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,292,062	\$5,522,627	\$0	\$1,108,391	\$943,015	\$0	\$1,269,367		\$448,662	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$805,241)	\$0	\$0	\$0	\$0	\$0	(\$796,656)		(\$8,585)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$194,244				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$8,585		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,689,650	\$5,522,627	\$0	\$1,108,391	\$943,015	\$0	\$472,711	\$194,244	\$440,077	\$8,585		
8	Total Nursing Facility Days	As Filed Days = 49,752 FY20 Audited C/R Days	49,752											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 49,752 FY20 GL-PL Ins Rpt Days								49,752				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.65	\$111.00	\$0.00	\$22.28	\$18.95	(with L&H)	\$9.50	\$3.90	\$8.85	\$0.17		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4488										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.62										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.62	\$0.00	\$22.28	\$18.95		\$9.50	\$3.90	\$8.85	\$0.17		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.74	\$76.62	\$0.00	\$22.28	\$18.95		\$9.50	\$3.90	15.32 (FRV)	\$0.17		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.74	\$76.62	\$0.00	\$22.28	\$18.95	\$0.00	\$9.50	\$3.90	\$15.32	\$0.17		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4020										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.42										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.54	\$107.42	\$0.00	\$22.28	\$18.95	\$0.00	\$9.50	\$3.90	\$15.32	\$0.17		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.54	\$6.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.08	\$113.86	\$0.00	\$22.50	\$19.36	\$0.00	\$26.97	\$3.90	\$15.32	\$0.17		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.74											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: COMER HEALTH AND REHABILITATION Prvdr ID: 00220448A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
			Growth Allowance: N/A Qtrly BIMS score: 47.06% Nurse Hours per On-Site Day/Quality Incentive: 2.99				Add-on Percent: 0.00% 5.5% 6.0%				Base Period Overall CMI: 1.4328 Quarterly Medicaid CMI: 1.2148 Qtrly Mcaid CMI w RUG Wght Options: 1.2336		1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,846,252	\$3,379,927	\$0	\$756,099	\$727,832	\$0	\$1,713,134		\$269,260	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$163,238)	\$0	\$0	\$0	\$0	(\$8,080)	(\$140,665)		(\$14,493)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$61,789					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$14,493			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,759,296	\$3,379,927	\$0	\$756,099	\$727,832	(\$8,080)	\$1,572,469	\$61,789	\$254,767	\$14,493			
8	Total Nursing Facility Days	As Filed Days = 36,545 FY20 Audited C/R Days	36,545												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,545 FY20 GL-PL Ins Rpt Days								36,545					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.96	\$92.49	\$0.00	\$20.69	\$19.69	(with L&H)	\$43.03	\$1.69	\$6.97	\$0.40			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4328											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.55											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.55	\$0.00	\$20.69	\$19.69		\$43.03	\$1.69	\$6.97	\$0.40			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.13	\$64.55	\$0.00	\$20.69	\$19.69		\$30.83	\$1.69	9.28 (FRV)	\$0.40			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.13	\$64.55	\$0.00	\$20.69	\$19.69	\$0.00	\$30.83	\$1.69	\$9.28	\$0.40			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2336											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.63											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.21	\$79.63	\$0.00	\$20.69	\$19.69	\$0.00	\$30.83	\$1.69	\$9.28	\$0.40			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.38	\$4.38											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.78	\$4.78											
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	\$27.42	\$9.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.63	\$89.32	\$0.00	\$20.91	\$20.10	\$0.00	\$47.93	\$1.69	\$9.28	\$0.40			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.40												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data			Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: GLENWOOD HEALTH AND REHABILITATION CENTER														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.4825	1.5126	
Prvdr ID: 00220514A														Qtrly BIMS score	28.99%	1.0%	Quarterly Medicaid CMI:	1.5971	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	0.00	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6266	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,095,656	\$7,227,958	\$0	\$1,161,775	\$976,646	\$0	\$1,553,748		\$1,175,529	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$827,034	\$0	\$0	\$0	\$0	\$0	\$633,766		\$193,268	\$0								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$113,179										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R																		\$0
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$13,035,869	\$7,227,958	\$0	\$1,161,775	\$976,646	\$0	\$2,187,514	\$113,179	\$1,368,797	\$0								
8	Total Nursing Facility Days	As Filed Days = 77,678																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 77,678																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$167.82	\$93.05	\$0.00	\$14.96	\$12.57	(with L&H)	\$28.16	\$1.46	\$17.62	\$0.00								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4825																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.76																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.76	\$0.00	\$14.96	\$12.57		\$28.16	\$1.46	\$17.62	\$0.00								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.51	\$62.76	\$0.00	\$14.96	\$12.57		\$28.16	\$1.46	6.60 (FRV)	\$0.00								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.51	\$62.76	\$0.00	\$14.96	\$12.57	\$0.00	\$28.16	\$1.46	\$6.60	\$0.00								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6266																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.09																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.84	\$102.09	\$0.00	\$14.96	\$12.57	\$0.00	\$28.16	\$1.46	\$6.60	\$0.00								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.04	\$2.04																
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	\$21.69	\$3.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.53	\$105.68	\$0.00	\$15.18	\$12.98	\$0.00	\$45.63	\$1.46	\$6.60	\$0.00								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.82																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: FOUNTAIN BLUE REHAB AND NURSING														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6003	1.5126
Prvdr ID: 00222582A														Qtrly BIMS score	47.27%	5.5%	Quarterly Medicaid CMI:	1.7331	1.5215
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	2.96	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.7669	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>										
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,644,089	\$2,331,390	\$0	\$483,496	\$437,867	\$0	\$840,932		\$550,404	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$172,382)	(\$17,904)	\$0	\$0	\$1,116	\$1,154	(\$92,494)		(\$64,254)								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$92,494									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R																	\$64,588
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,628,789	\$2,313,486	\$0	\$483,496	\$438,983	\$1,154	\$748,438	\$92,494	\$486,150	\$64,588							
8	Total Nursing Facility Days	As Filed Days = 28,814		28,814															
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,814								28,814									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$160.64	\$80.29	\$0.00	\$16.78	\$15.28	(with L&H)	\$25.97	\$3.21	\$16.87	\$2.24							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6003															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.17															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.17	\$0.00	\$16.78	\$15.28		\$25.97	\$3.21	\$16.87	\$2.24							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.70	\$50.17	\$0.00	\$16.78	\$15.28		\$25.97	\$3.21	9.05	\$2.24							
											(FRV)								
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.70	\$50.17	\$0.00	\$16.78	\$15.28	\$0.00	\$25.97	\$3.21	\$9.05	\$2.24							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7669															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.65															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.18	\$88.65	\$0.00	\$16.78	\$15.28	\$0.00	\$25.97	\$3.21	\$9.05	\$2.24							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00							
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.88	\$4.88															
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$25.28	\$7.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.46	\$95.83	\$0.00	\$17.00	\$15.69	\$0.00	\$43.44	\$3.21	\$9.05	\$2.24							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.02																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: EATONTON HEALTH AND REHABILITATION														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.4584	1.5126	
Prvdr ID: 00223473A														Qtrly BIMS score	20.83%	1.0%	Quarterly Medicaid CMI:	1.3321	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.40	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3556	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,839,852	\$2,574,984	\$0	\$474,854	\$577,367	\$0	\$805,735		\$406,912	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$91,178)	\$0	\$0	\$0	\$1,100	(\$2,006)	(\$62,777)		(\$27,495)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$55,120										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$27,606								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,831,400	\$2,574,984	\$0	\$474,854	\$578,467	(\$2,006)	\$742,958	\$55,120	\$379,417	\$27,606								
8	Total Nursing Facility Days As Filed Days = 27,198	FY20 Audited C/R Days	27,198																	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,198	FY20 GL-PL Ins Rpt Days								27,198										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$177.65	\$94.68	\$0.00	\$17.46	\$21.19	(with L&H)	\$27.32	\$2.03	\$13.95	\$1.02								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4584																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.92																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.92	\$0.00	\$17.46	\$21.19		\$27.32	\$2.03	\$13.95	\$1.02								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.60	\$64.92	\$0.00	\$17.46	\$21.19		\$27.32	\$2.03	9.66 (FRV)	\$1.02								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.60	\$64.92	\$0.00	\$17.46	\$21.19	\$0.00	\$27.32	\$2.03	\$9.66	\$1.02								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3556																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.01																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.69	\$88.01	\$0.00	\$17.46	\$21.19	\$0.00	\$27.32	\$2.03	\$9.66	\$1.02								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$23.91	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.60	\$93.82	\$0.00	\$17.68	\$21.60	\$0.00	\$44.79	\$2.03	\$9.66	\$1.02								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.13																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,527,747	\$5,245,024	\$0	\$891,365	\$800,558	\$0	\$1,512,970		\$1,077,830	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$119,947)	\$150	\$0	(\$5,518)	\$2,639	\$2,229	(\$90,508)		(\$28,939)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$91,008		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$28,939
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,527,747	\$5,245,174	\$0	\$885,847	\$803,197	\$2,229	\$1,422,462	\$91,008	\$1,048,891	\$28,939
8	Total Nursing Facility Days	As Filed Days = 48,328 FY20 Audited C/R Days	48,328									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 48,328 FY20 GL-PL Ins Rpt Days								48,328		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.14	\$108.53	\$0.00	\$18.33	\$16.67	(with L&H)	\$29.43	\$1.88	\$21.70	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6452								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.97	\$0.00	\$18.33	\$16.67		\$29.43	\$1.88	\$21.70	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.15	\$65.97	\$0.00	\$18.33	\$16.67		\$29.43	\$1.88	8.27 (FRV)	\$0.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.15	\$65.97	\$0.00	\$18.33	\$16.67	\$0.00	\$29.43	\$1.88	\$8.27	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5655								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.46	\$103.28	\$0.00	\$18.33	\$16.67	\$0.00	\$29.43	\$1.88	\$8.27	\$0.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.76	\$4.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.22	\$107.94	\$0.00	\$18.55	\$17.08	\$0.00	\$46.90	\$1.88	\$8.27	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.09									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: MANOR CARE REHABILITATION CENTER - MARIETTA		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00236211A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6045	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.64%	1.0%	Quarterly Medicaid CMI:			1.2137	1.5215
							4.75	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2264	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,608,396	\$5,197,768	\$0	\$861,759	\$722,670	\$0	\$1,492,065		\$334,134	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$152,104)	(\$114,615)	\$0	\$0	\$8,062	(\$10,301)	\$26,641		(\$61,891)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$104,075			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$63,341	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,623,708	\$5,083,153	\$0	\$861,759	\$730,732	(\$10,301)	\$1,518,706	\$104,075	\$272,243	\$63,341	
8	Total Nursing Facility Days As Filed Days = 37,056	FY20 Audited C/R Days	37,056										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,056	FY20 GL-PL Ins Rpt Days								37,056			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$232.72	\$137.17	\$0.00	\$23.26	\$19.44	(with L&H)	\$40.98	\$2.81	\$7.35	\$1.71	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6045									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.49									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.49	\$0.00	\$23.26	\$19.44		\$40.98	\$2.81	\$7.35	\$1.71	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.39	\$85.49	\$0.00	\$23.26	\$19.44		\$30.83	\$2.81	10.85 (FRV)	\$1.71	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.39	\$85.49	\$0.00	\$23.26	\$19.44	\$0.00	\$30.83	\$2.81	\$10.85	\$1.71	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2264									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.74	\$104.84	\$0.00	\$23.26	\$19.44	\$0.00	\$30.83	\$2.81	\$10.85	\$1.71	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.10	\$2.10									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.41	\$3.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.15	\$108.52	\$0.00	\$23.48	\$19.85	\$0.00	\$47.93	\$2.81	\$10.85	\$1.71	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.54										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITHEALTH - SAVANNAH		<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: 00238323A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.6824	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				47.22%	5.5%	Quarterly Medicaid CMI:				1.6446	1.5215	
						3.83	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6756	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
Peer Group Standards & Efficiency Measure Limits														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,509,461	\$4,943,765	\$0	\$679,811	\$962,928	\$0	\$1,550,780		\$1,372,177	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$451,586)	(\$60,983)	\$0	\$0	\$10,878	\$11,662	(\$235,136)		(\$178,007)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$246,360				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$184,463		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,488,698	\$4,882,782	\$0	\$679,811	\$973,806	\$11,662	\$1,315,644	\$246,360	\$1,194,170	\$184,463		
8	Total Nursing Facility Days	As Filed Days = 41,162	41,162											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,162								41,162				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$230.52	\$118.62	\$0.00	\$16.52	\$23.94	(with L&H)	\$31.96	\$5.99	\$29.01	\$4.48		
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY20		1.6824										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.51										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.51	\$0.00	\$16.52	\$23.94		\$31.96	\$5.99	\$29.01	\$4.48		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.82	\$70.51	\$0.00	\$16.52	\$23.94		\$30.83	\$5.99	27.55 (FRV)	\$4.48		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.82	\$70.51	\$0.00	\$16.52	\$23.94	\$0.00	\$30.83	\$5.99	\$27.55	\$4.48		
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6756										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.15										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.46	\$118.15	\$0.00	\$16.52	\$23.94	\$0.00	\$30.83	\$5.99	\$27.55	\$4.48		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.50	\$6.50										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.30	\$10.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$255.76	\$128.72	\$0.00	\$16.74	\$24.35	\$0.00	\$47.93	\$5.99	\$27.55	\$4.48		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.00											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: RESORTS AT POOLER INC Prvdr ID: 00238741A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.3716	1.5126
							25.00%	1.0%					1.8341	1.5215
							3.06	2.0%					1.8705	1.5482
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,121,897	\$1,532,528	\$0	\$357,955	\$389,859	\$0	\$756,767		\$84,788	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$329,350)	(\$89,741)	\$0	\$0	(\$3,113)	(\$3,586)	(\$150,724)		(\$82,186)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$150,724				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$77,980		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,021,251	\$1,442,787	\$0	\$357,955	\$386,746	(\$3,586)	\$606,043	\$150,724	\$2,602	\$77,980		
8	Total Nursing Facility Days	As Filed Days = 20,971 FY20 Audited C/R Days	20,971											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,971 FY20 GL-PL Ins Rpt Days								20,971				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$144.07	\$68.80	\$0.00	\$17.07	\$18.27	(with L&H)	\$28.90	\$7.19	\$0.12	\$3.72		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3716										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.16										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.16	\$0.00	\$17.07	\$18.27		\$28.90	\$7.19	\$0.12	\$3.72		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.25	\$50.16	\$0.00	\$17.07	\$18.27		\$28.90	\$7.19	7.94 (FRV)	\$3.72		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.25	\$50.16	\$0.00	\$17.07	\$18.27	\$0.00	\$28.90	\$7.19	\$7.94	\$3.72		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8705										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.82										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.91	\$93.82	\$0.00	\$17.07	\$18.27	\$0.00	\$28.90	\$7.19	\$7.94	\$3.72		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.88	\$1.88										
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	\$21.45	\$3.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.36	\$97.17	\$0.00	\$17.29	\$18.68	\$0.00	\$46.37	\$7.19	\$7.94	\$3.72		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.95											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,080,534	\$3,993,840	\$0	\$630,479	\$568,919	\$0	\$885,621		\$2,001,675	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$329,227	(\$3,300)	\$0	(\$2,475)	(\$4,944)	(\$282)	\$406,209		(\$65,981)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$4,593		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$64,730
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,479,084	\$3,990,540	\$0	\$628,004	\$563,975	(\$282)	\$1,291,830	\$4,593	\$1,935,694	\$64,730
8	Total Nursing Facility Days As Filed Days = 33,917	FY20 Audited C/R Days	33,917									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,917	FY20 GL-PL Ins Rpt Days								33,917		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$250.01	\$117.66	\$0.00	\$18.52	\$16.62	(with L&H)	\$38.09	\$0.14	\$57.07	\$1.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7182								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.48								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.48	\$0.00	\$18.52	\$16.62		\$38.09	\$0.14	\$57.07	\$1.91
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.06	\$68.48	\$0.00	\$18.52	\$16.62		\$30.83	\$0.14	10.56 (FRV)	\$1.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.06	\$68.48	\$0.00	\$18.52	\$16.62	\$0.00	\$30.83	\$0.14	\$10.56	\$1.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4893								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.57	\$101.99	\$0.00	\$18.52	\$16.62	\$0.00	\$30.83	\$0.14	\$10.56	\$1.91
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.04	\$2.04								
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	\$21.32	\$3.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.89	\$105.58	\$0.00	\$18.74	\$17.03	\$0.00	\$47.93	\$0.14	\$10.56	\$1.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.59									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - AUGUSTA HILLS		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00245055A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance: N/A		20.00%	0.00%	Base Period Overall CMI: 1.5193		1.5193	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Qtrly BIMS score: 2.86		Nurse Hours per On-Site Day/Quality Incentive: 5.0%		2.86	1.0%	Quarterly Medicaid CMI: 1.4654		1.4654	1.5215		
								Qtrly Mcaid CMI w RUG Wght Options: 1.4903		1.4903	1.5482		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,821,978	\$3,171,321	\$0	\$547,028	\$714,466	\$0	\$1,030,927		\$358,236	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$375,686)	(\$123,277)	\$0	\$8,418	\$7,683	(\$47,894)	(\$190,914)		(\$29,702)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$256,366			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$55,028	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,757,686	\$3,048,044	\$0	\$555,446	\$722,149	(\$47,894)	\$840,013	\$256,366	\$328,534	\$55,028	
8	Total Nursing Facility Days	As Filed Days = 28,319 FY20 Audited C/R Days	28,319										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,319 FY20 GL-PL Ins Rpt Days								28,319			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.30	\$107.63	\$0.00	\$19.61	\$23.81	(with L&H)	\$29.66	\$9.05	\$11.60	\$1.94	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5193									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.84									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.84	\$0.00	\$19.61	\$23.81		\$29.66	\$9.05	\$11.60	\$1.94	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.29	\$70.84	\$0.00	\$19.61	\$23.81		\$29.66	\$9.05	8.38 (FRV)	\$1.94	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.29	\$70.84	\$0.00	\$19.61	\$23.81	\$0.00	\$29.66	\$9.05	\$8.38	\$1.94	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4903									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.57									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.02	\$105.57	\$0.00	\$19.61	\$23.81	\$0.00	\$29.66	\$9.05	\$8.38	\$1.94	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$24.97	\$6.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.99	\$112.44	\$0.00	\$19.83	\$24.22	\$0.00	\$47.13	\$9.05	\$8.38	\$1.94	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.42										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - MAGNOLIA MANOR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00252007A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6788	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	17.91%	0.0%	Quarterly Medicaid CMI:			1.5364	1.5215
							3.30	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5638	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,601,241	\$3,280,910	\$0	\$492,425	\$798,043	\$0	\$1,187,443		\$842,420	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$395,060)	(\$178,492)	\$0	\$4,855	\$7,919	(\$254)	(\$121,518)		(\$107,570)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$203,610			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$110,188	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,519,979	\$3,102,418	\$0	\$497,280	\$805,962	(\$254)	\$1,065,925	\$203,610	\$734,850	\$110,188	
8	Total Nursing Facility Days	As Filed Days = 32,089 FY20 Audited C/R Days	32,089										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,089 FY20 GL-PL Ins Rpt Days								32,089			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.19	\$96.68	\$0.00	\$15.50	\$25.11	(with L&H)	\$33.22	\$6.35	\$22.90	\$3.43	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6788									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.59									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.59	\$0.00	\$15.50	\$25.11		\$33.22	\$6.35	\$22.90	\$3.43	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.68	\$57.59	\$0.00	\$15.50	\$25.11		\$30.83	\$6.35	26.87 (FRV)	\$3.43	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.68	\$57.59	\$0.00	\$15.50	\$25.11	\$0.00	\$30.83	\$6.35	\$26.87	\$3.43	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5638									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.06									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.15	\$90.06	\$0.00	\$15.50	\$25.11	\$0.00	\$30.83	\$6.35	\$26.87	\$3.43	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	\$22.76	\$5.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.91	\$95.09	\$0.00	\$15.72	\$25.52	\$0.00	\$47.93	\$6.35	\$26.87	\$3.43	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.86										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - DECATUR		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00252942A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5439	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	24.39%	1.0%	Quarterly Medicaid CMI:			1.5585	1.5215
							2.59	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5863	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,963,780	\$5,333,110	\$0	\$744,365	\$1,225,491	\$0	\$1,612,462		\$1,048,352	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$396,979)	(\$55,681)	\$0	\$0	(\$5,353)	(\$6,388)	(\$269,620)		(\$59,937)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$298,050			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$62,754	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,927,605	\$5,277,429	\$0	\$744,365	\$1,220,138	(\$6,388)	\$1,342,842	\$298,050	\$988,415	\$62,754	
8	Total Nursing Facility Days	As Filed Days = 46,915 FY20 Audited C/R Days	46,915										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 46,915 FY20 GL-PL Ins Rpt Days								46,915			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.61	\$112.49	\$0.00	\$15.87	\$25.87	(with L&H)	\$28.62	\$6.35	\$21.07	\$1.34	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5439									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.86									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.86	\$0.00	\$15.87	\$25.87		\$28.62	\$6.35	\$21.07	\$1.34	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.54	\$72.86	\$0.00	\$15.87	\$25.87		\$28.62	\$6.35	14.63 (FRV)	\$1.34	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.54	\$72.86	\$0.00	\$15.87	\$25.87	\$0.00	\$28.62	\$6.35	\$14.63	\$1.34	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5863									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.26	\$115.58	\$0.00	\$15.87	\$25.87	\$0.00	\$28.62	\$6.35	\$14.63	\$1.34	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.62	\$4.62									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.41	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.67	\$121.89	\$0.00	\$16.09	\$26.28	\$0.00	\$46.09	\$6.35	\$14.63	\$1.34	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.68										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - LAFAYETTE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00254394A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.4138	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	25.35%	1.0%	Quarterly Medicaid CMI:				1.4215	1.5215
							2.44	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4444	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,051,454	\$2,765,930	\$0	\$493,634	\$610,029	\$0	\$841,557		\$340,304	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$260,228)	(\$73,620)	\$0	\$0	(\$3,316)	(\$4,629)	(\$153,473)		(\$25,190)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$203,659				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$27,124		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,022,009	\$2,692,310	\$0	\$493,634	\$606,713	(\$4,629)	\$688,084	\$203,659	\$315,114	\$27,124		
8	Total Nursing Facility Days	As Filed Days = 30,685 FY20 Audited C/R Days	30,685											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,685 FY20 GL-PL Ins Rpt Days								30,685				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.66	\$87.74	\$0.00	\$16.09	\$19.62	(with L&H)	\$22.42	\$6.64	\$10.27	\$0.88		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4138										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.06										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.06	\$0.00	\$16.09	\$19.62		\$22.42	\$6.64	\$10.27	\$0.88		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.80	\$62.06	\$0.00	\$16.09	\$19.62		\$22.42	\$6.64	9.09 (FRV)	\$0.88		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.80	\$62.06	\$0.00	\$16.09	\$19.62	\$0.00	\$22.42	\$6.64	\$9.09	\$0.88		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4444										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.64										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.38	\$89.64	\$0.00	\$16.09	\$19.62	\$0.00	\$22.42	\$6.64	\$9.09	\$0.88		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.59	\$3.59										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.12	\$5.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.50	\$94.66	\$0.00	\$16.31	\$20.03	\$0.00	\$39.89	\$6.64	\$9.09	\$0.88		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.80											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: PRUITTHEALTH - WEST ATLANTA Prvdr ID: 00256088A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 21.84% Nurse Hours per On-Site Day/Quality Incentive: 2.99 5.0%				Base Period Overall CMI: 1.3403 Quarterly Medicaid CMI: 1.6542 Qtrly Mcaid CMI w RUG Wght Options: 1.6823				Facility Specific: 1.3403 State-wide: 1.5126 1.6542 1.5215 1.6823 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,782,861	\$3,908,648	\$0	\$486,164	\$944,693	\$0	\$1,189,594		\$253,762	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$356,149)	(\$66,592)	\$0	\$0	(\$1,324)	(\$1,941)	(\$233,386)		(\$52,906)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$244,652		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$54,983
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,726,347	\$3,842,056	\$0	\$486,164	\$943,369	(\$1,941)	\$956,208	\$244,652	\$200,856	\$54,983
8	Total Nursing Facility Days	As Filed Days = 35,461 FY20 Audited C/R Days	35,461									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,461 FY20 GL-PL Ins Rpt Days								35,461		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.69	\$108.35	\$0.00	\$13.71	\$26.55	(with L&H)	\$26.97	\$6.90	\$5.66	\$1.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3403								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.84	\$0.00	\$13.71	\$26.55		\$26.97	\$6.90	\$5.66	\$1.55
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.84	\$80.84	\$0.00	\$13.71	\$26.55		\$26.97	\$6.90	11.32 (FRV)	\$1.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.84	\$80.84	\$0.00	\$13.71	\$26.55	\$0.00	\$26.97	\$6.90	\$11.32	\$1.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6823								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.00	\$136.00	\$0.00	\$13.71	\$26.55	\$0.00	\$26.97	\$6.90	\$11.32	\$1.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.80	\$6.80								
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	\$26.79	\$8.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.79	\$144.69	\$0.00	\$13.93	\$26.96	\$0.00	\$44.44	\$6.90	\$11.32	\$1.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.52									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: BAINBRIDGE HEALTH AND REHAB Prvdr ID: 00258915A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
			Growth Allowance: N/A Qtrly BIMS score: 27.91% Nurse Hours per On-Site Day/Quality Incentive: 3.25				Add-on Percent: 0.00% 1.0% 4.0%				Base Period Overall CMI: 1.7887 Quarterly Medicaid CMI: 1.9713 Qtrly Mcaid CMI w RUG Wght Options: 2.0089		1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,044,335	\$2,191,599	\$0	\$437,362	\$451,291	\$0	\$1,033,304		\$930,779	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$36,278)	\$0	\$0	\$0	\$0	\$0	(\$17,445)		(\$18,833)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$17,445					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$18,833			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,044,335	\$2,191,599	\$0	\$437,362	\$451,291	\$0	\$1,015,859	\$17,445	\$911,946	\$18,833			
8	Total Nursing Facility Days	As Filed Days = 32,772 FY20 Audited C/R Days	32,772												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,772 FY20 GL-PL Ins Rpt Days								32,772					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$153.92	\$66.87	\$0.00	\$13.35	\$13.77	(with L&H)	\$31.00	\$0.53	\$27.83	\$0.57			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7887											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$37.38											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$37.38	\$0.00	\$13.35	\$13.77		\$31.00	\$0.53	\$27.83	\$0.57			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.76	\$37.38	\$0.00	\$13.35	\$13.77		\$30.83	\$0.53	8.33 (FRV)	\$0.57			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$104.76	\$37.38	\$0.00	\$13.35	\$13.77	\$0.00	\$30.83	\$0.53	\$8.33	\$0.57			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0089											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.09											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.47	\$75.09	\$0.00	\$13.35	\$13.77	\$0.00	\$30.83	\$0.53	\$8.33	\$0.57			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.75	\$0.75											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$22.01	\$4.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.48	\$79.37	\$0.00	\$13.57	\$14.18	\$0.00	\$47.93	\$0.53	\$8.33	\$0.57			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.54												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: PRUITTHEALTH - COVINGTON Prvdr ID: 00265196A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 27.78% Qtrly BIMS score: 3.19 Nurse Hours per On-Site Day/Quality Incentive: 5.0%				Base Period Overall CMI: 1.5993 Quarterly Medicaid CMI: 1.5928 Qtrly Mcaid CMI w RUG Wght Options: 1.6208				Facility Specific: 1.5993 State-wide: 1.5126 1.5928 1.5215 1.6208 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,792,844	\$2,572,277	\$0	\$376,105	\$504,086	\$0	\$858,298		\$482,078	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$191,243)	(\$37,156)	\$0	\$0	\$0	\$0	(\$127,192)		(\$26,895)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$144,651		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$28,407
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,774,659	\$2,535,121	\$0	\$376,105	\$504,086	\$0	\$731,106	\$144,651	\$455,183	\$28,407
8	Total Nursing Facility Days	As Filed Days = 23,896 FY20 Audited C/R Days	23,896									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,896 FY20 GL-PL Ins Rpt Days								23,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.81	\$106.09	\$0.00	\$15.74	\$21.09	(with L&H)	\$30.60	\$6.05	\$19.05	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5993								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.34	\$0.00	\$15.74	\$21.09		\$30.60	\$6.05	\$19.05	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.03	\$66.34	\$0.00	\$15.74	\$21.09		\$30.60	\$6.05	10.02 (FRV)	\$1.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.03	\$66.34	\$0.00	\$15.74	\$21.09	\$0.00	\$30.60	\$6.05	\$10.02	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6208								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.21	\$107.52	\$0.00	\$15.74	\$21.09	\$0.00	\$30.60	\$6.05	\$10.02	\$1.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.33	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.17		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.38	\$5.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.89	\$6.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.27	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.10	\$114.51	\$0.00	\$15.96	\$21.50	\$0.00	\$47.87	\$6.05	\$10.02	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.00									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,561,932	\$3,104,744	\$0	\$569,606	\$701,842	\$0	\$1,002,426		\$1,183,314	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$110,210)	(\$4,800)	\$0	\$0	\$0	\$0	(\$62,345)		(\$43,065)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$62,345		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$43,065
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,557,132	\$3,099,944	\$0	\$569,606	\$701,842	\$0	\$940,081	\$62,345	\$1,140,249	\$43,065
8	Total Nursing Facility Days	As Filed Days = 32,985 FY20 Audited C/R Days	32,985									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,985 FY20 GL-PL Ins Rpt Days								32,985		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.80	\$93.98	\$0.00	\$17.27	\$21.28	(with L&H)	\$28.50	\$1.89	\$34.57	\$1.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5438								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.87	\$0.00	\$17.27	\$21.28		\$28.50	\$1.89	\$34.57	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.47	\$60.87	\$0.00	\$17.27	\$21.28		\$28.50	\$1.89	10.35 (FRV)	\$1.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.47	\$60.87	\$0.00	\$17.27	\$21.28	\$0.00	\$28.50	\$1.89	\$10.35	\$1.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4369								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.06	\$87.46	\$0.00	\$17.27	\$21.28	\$0.00	\$28.50	\$1.89	\$10.35	\$1.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	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	\$20.38	\$2.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.44	\$89.74	\$0.00	\$17.49	\$21.69	\$0.00	\$45.97	\$1.89	\$10.35	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.51									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: LUMBER CITY NURSING & REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00270256A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5516	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	37.74%	2.5%	Quarterly Medicaid CMI:			1.2875	1.5215
							0.00	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3067	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,438,482	\$1,948,317	\$0	\$370,545	\$418,264	\$0	\$720,658		\$980,698	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$121,545)	\$0	\$0	\$0	\$0	\$0	(\$96,829)		(\$24,716)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$45,042			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$25,659	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,387,638	\$1,948,317	\$0	\$370,545	\$418,264	\$0	\$623,829	\$45,042	\$955,982	\$25,659	
8	Total Nursing Facility Days	As Filed Days = 26,152 FY20 Audited C/R Days	26,152										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,152 FY20 GL-PL Ins Rpt Days								26,152			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$167.76	\$74.50	\$0.00	\$14.17	\$15.99	(with L&H)	\$23.85	\$1.72	\$36.55	\$0.98	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5516									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.02									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.02	\$0.00	\$14.17	\$15.99		\$23.85	\$1.72	\$36.55	\$0.98	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.72	\$48.02	\$0.00	\$14.17	\$15.99		\$23.85	\$1.72	9.99 (FRV)	\$0.98	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.72	\$48.02	\$0.00	\$14.17	\$15.99	\$0.00	\$23.85	\$1.72	\$9.99	\$0.98	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3067									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$62.75									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$129.45	\$62.75	\$0.00	\$14.17	\$15.99	\$0.00	\$23.85	\$1.72	\$9.99	\$0.98	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.57	\$1.57									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.63	\$0.63									
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	\$20.83	\$2.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$150.28	\$65.48	\$0.00	\$14.39	\$16.40	\$0.00	\$41.32	\$1.72	\$9.99	\$0.98	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$99.89										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: WILLOWOOD HEALTHCARE AND REHABILITATION														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6442	1.5126	
Prvdr ID: 00271829A														Qtrly BIMS score	27.78%	1.0%	Quarterly Medicaid CMI:	1.7550	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	2.81	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.7899	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,158,042	\$1,536,813	\$0	\$318,211	\$198,583	\$0	\$598,600		\$505,835	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$83,513)	\$0	\$0	\$0	\$628	\$614	(\$61,750)		(\$23,005)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$61,750										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$23,149								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,159,428	\$1,536,813	\$0	\$318,211	\$199,211	\$614	\$536,850	\$61,750	\$482,830	\$23,149								
8	Total Nursing Facility Days	As Filed Days = 18,134																		
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,134																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.24	\$84.75	\$0.00	\$17.55	\$11.02	(with L&H)	\$29.60	\$3.41	\$26.63	\$1.28								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6442																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.54																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.54	\$0.00	\$17.55	\$11.02		\$29.60	\$3.41	\$26.63	\$1.28								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.96	\$51.54	\$0.00	\$17.55	\$11.02		\$29.60	\$3.41	8.56 (FRV)	\$1.28								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.96	\$51.54	\$0.00	\$17.55	\$11.02	\$0.00	\$29.60	\$3.41	\$8.56	\$1.28								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7899																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.25																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.67	\$92.25	\$0.00	\$17.55	\$11.02	\$0.00	\$29.60	\$3.41	\$8.56	\$1.28								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.32	\$4.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.99	\$96.47	\$0.00	\$17.77	\$11.43	\$0.00	\$47.07	\$3.41	\$8.56	\$1.28								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.67																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: CRESTVIEW HEALTH & REHAB CTR Prvdr ID: 00273567A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: 2.5% Qtrly BIMS score: 2.16 Nurse Hours per On-Site Day/Quality Incentive: 2.0%				Base Period Overall CMI: 1.1622 Quarterly Medicaid CMI: 1.3394 Qtrly Mcaid CMI w RUG Wght Options: 1.3609				Facility Specific: 1.1622 State-wide: 1.5126 1.3394 1.5215 1.3609 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$23,559,846	\$12,694,962	\$0	\$2,588,360	\$1,766,214	\$1,367,038	\$3,783,917		\$1,359,355	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$260,583)	\$0	\$0	\$0	\$10,479	\$8,110	(\$111,103)		(\$168,069)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$111,103		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$39,544
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$23,449,910	\$12,694,962	\$0	\$2,588,360	\$1,776,693	\$1,375,148	\$3,672,814	\$111,103	\$1,191,286	\$39,544
8	Total Nursing Facility Days	As Filed Days = 106,259 FY20 Audited C/R Days	106,259									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 106,259 FY20 GL-PL Ins Rpt Days								106,259		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.68	\$119.47	\$0.00	\$24.36	\$29.66	(with L&H)	\$34.56	\$1.05	\$11.21	\$0.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.1622								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$102.80	\$0.00	\$24.36	\$29.66		\$34.56	\$1.05	\$11.21	\$0.37
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.14	\$88.52	\$0.00	\$24.36	\$27.62		\$30.83	\$1.05	10.39 (FRV)	\$0.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.14	\$88.52	\$0.00	\$24.36	\$27.62	\$0.00	\$30.83	\$1.05	\$10.39	\$0.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3609								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.09	\$120.47	\$0.00	\$24.36	\$27.62	\$0.00	\$30.83	\$1.05	\$10.39	\$0.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41								
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	\$5.64	\$5.42	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.73	\$125.89	\$0.00	\$24.58	\$27.62	\$0.00	\$30.83	\$1.05	\$10.39	\$0.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,464,770	\$3,613,492	\$0	\$532,982	\$258,538	\$385,658	\$1,217,459		\$456,641	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$107,728)	\$0	\$0	\$0	\$0	\$0	(\$95,905)		(\$11,823)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$95,905		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$11,823
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,464,770	\$3,613,492	\$0	\$532,982	\$258,538	\$385,658	\$1,121,554	\$95,905	\$444,818	\$11,823
8	Total Nursing Facility Days	As Filed Days = 22,914 FY20 Audited C/R Days		22,914								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,914 FY20 GL-PL Ins Rpt Days								22,914		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.14	\$157.70	\$0.00	\$23.26	\$28.11	(with L&H)	\$48.95	\$4.19	\$19.41	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7817								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.51	\$0.00	\$23.26	\$28.11		\$48.95	\$4.19	\$19.41	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.55	\$88.51	\$0.00	\$23.26	\$27.62		\$30.83	\$4.19	10.62 (FRV)	\$0.52
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.55	\$88.51	\$0.00	\$23.26	\$27.62	\$0.00	\$30.83	\$4.19	\$10.62	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7559								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.45	\$155.41	\$0.00	\$23.26	\$27.62	\$0.00	\$30.83	\$4.19	\$10.62	\$0.52
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.23	\$0.01	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.55	\$1.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.66	\$4.66								
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	\$23.54	\$6.22	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$275.99	\$161.63	\$0.00	\$23.48	\$27.62	\$0.00	\$47.93	\$4.19	\$10.62	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: THOMASVILLE HEALTH & REHAB, LLC Prvdr ID: 00277604A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	State-wide										
													N/A	42.86%	0.00%	1.5549	1.5126	2.78	2.78	3.0%	1.4649	1.5215	1.4886	1.5482
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,718,140	\$1,205,144	\$0	\$344,742	\$285,189	\$0	\$493,543		\$389,522	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$43,060)	\$0	\$0	\$0	\$0	\$0	(\$26,585)		(\$16,475)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$26,585														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$16,475												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,718,140	\$1,205,144	\$0	\$344,742	\$285,189	\$0	\$466,958	\$26,585	\$373,047	\$16,475												
8	Total Nursing Facility Days	As Filed Days = 15,702 FY20 Audited C/R Days	15,702																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,702 FY20 GL-PL Ins Rpt Days								15,702														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$173.11	\$76.75	\$0.00	\$21.96	\$18.16	(with L&H)	\$29.74	\$1.69	\$23.76	\$1.05												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5549																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.36																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.36	\$0.00	\$21.96	\$18.16		\$29.74	\$1.69	\$23.76	\$1.05												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.37	\$49.36	\$0.00	\$21.96	\$18.16		\$29.74	\$1.69	10.41 (FRV)	\$1.05												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.37	\$49.36	\$0.00	\$21.96	\$18.16	\$0.00	\$29.74	\$1.69	\$10.41	\$1.05												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4886																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.48																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.49	\$73.48	\$0.00	\$21.96	\$18.16	\$0.00	\$29.74	\$1.69	\$10.41	\$1.05												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.84	\$1.84																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.67	\$4.57	\$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	\$179.16	\$78.05	\$0.00	\$22.18	\$18.57	\$0.00	\$47.21	\$1.69	\$10.41	\$1.05												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.55																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,484,730	\$4,029,222	\$0	\$928,401	\$936,619	\$0	\$1,108,213		\$482,275	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$163,370)	(\$78,785)	\$0	\$0	\$1,608	\$1,654	(\$16,315)		(\$71,532)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$95,100		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$71,782
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,488,242	\$3,950,437	\$0	\$928,401	\$938,227	\$1,654	\$1,091,898	\$95,100	\$410,743	\$71,782
8	Total Nursing Facility Days As Filed Days = 37,074	FY20 Audited C/R Days	37,074									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,074	FY20 GL-PL Ins Rpt Days								37,074		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.99	\$106.56	\$0.00	\$25.04	\$25.35	(with L&H)	\$29.45	\$2.57	\$11.08	\$1.94
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3619								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.24	\$0.00	\$25.04	\$25.35		\$29.45	\$2.57	\$11.08	\$1.94
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.11	\$78.24	\$0.00	\$24.48	\$25.35		\$29.45	\$2.57	12.08 (FRV)	\$1.94
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.11	\$78.24	\$0.00	\$24.48	\$25.35	\$0.00	\$29.45	\$2.57	\$12.08	\$1.94
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2827								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.23	\$100.36	\$0.00	\$24.48	\$25.35	\$0.00	\$29.45	\$2.57	\$12.08	\$1.94
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.42	\$4.54	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.65	\$104.90	\$0.00	\$24.48	\$25.76	\$0.00	\$46.92	\$2.57	\$12.08	\$1.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.16									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: NHC HEALTHCARE FT OGLETHORPE														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.2636	1.5126	
Prvdr ID: 00344759A														Qtrly BIMS score	27.66%	1.0%	Quarterly Medicaid CMI:	1.0457	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.99	4.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.0574	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>											
Peer Group Standards & Efficiency Measure Limits																				
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,998,624	\$4,584,098	\$0	\$859,764	\$862,673	\$0	\$1,300,361		\$391,728	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$278,085)	\$1,493	\$0	\$0	(\$3,180)	(\$3,372)	(\$209,600)		(\$63,426)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$209,600										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R											\$62,945							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,993,084	\$4,585,591	\$0	\$859,764	\$859,493	(\$3,372)	\$1,090,761	\$209,600	\$328,302	\$62,945								
8	Total Nursing Facility Days	As Filed Days = 45,629		45,629																
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,629									45,629									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$175.17	\$100.50	\$0.00	\$18.84	\$18.76	(with L&H)	\$23.90	\$4.59	\$7.20	\$1.38								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2636																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.54																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.54	\$0.00	\$18.84	\$18.76		\$23.90	\$4.59	\$7.20	\$1.38								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.75	\$79.54	\$0.00	\$18.84	\$18.76		\$23.90	\$4.59	11.74 (FRV)	\$1.38								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.75	\$79.54	\$0.00	\$18.84	\$18.76	\$0.00	\$23.90	\$4.59	\$11.74	\$1.38								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0574																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.11																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.32	\$84.11	\$0.00	\$18.84	\$18.76	\$0.00	\$23.90	\$4.59	\$11.74	\$1.38								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$22.83	\$4.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.15	\$88.84	\$0.00	\$19.06	\$19.17	\$0.00	\$41.37	\$4.59	\$11.74	\$1.38								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.79																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide				
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance			Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i				
Provider: PRESBYTERIAN VILLAGE Prvdr ID: 00362832A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 36.11% Nurse Hours per On-Site Day/Quality Incentive: 5.32				Base Period Overall CMI: 1.6303 Quarterly Medicaid CMI: 1.7115 Qtrly Mcaid CMI w RUG Wght Options: 1.7423				1.6303	1.5126	1.7115	1.5215	1.7423	1.5482
CASE MIX BASED RATE CALCULATIONS																
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>							
Peer Group Standards & Efficiency Measure Limits																
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%							
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%							
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37							
Base Period Per Diem Allowed Amounts																
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,989,402	\$5,227,656	\$0	\$889,484	\$1,156,765	\$0	\$2,058,237		\$657,260	\$0				
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$127,126)	\$0	\$0	\$0	\$0	\$0	(\$27,955)		(\$99,171)					
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$49,152						
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$58,813				
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,970,241	\$5,227,656	\$0	\$889,484	\$1,156,765	\$0	\$2,030,282	\$49,152	\$558,089	\$58,813				
8	Total Nursing Facility Days	As Filed Days = 36,052 FY20 Audited C/R Days	36,056													
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,052 FY20 GL-PL Ins Rpt Days								36,056						
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$276.52	\$144.99	\$0.00	\$24.67	\$32.08	<i>(with L&H)</i>	\$56.31	\$1.36	\$15.48	\$1.63				
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6303												
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.93												
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.93	\$0.00	\$24.67	\$32.08		\$56.31	\$1.36	\$15.48	\$1.63				
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A					
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.57	\$88.52	\$0.00	\$24.48	\$27.62		\$30.83	\$1.36	20.13 <i>(FRV)</i>	\$1.63				
Quarterly Per Diem Rate Prior to Add-ons																
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.57	\$88.52	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.36	\$20.13	\$1.63				
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7423												
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.23												
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.28	\$154.23	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.36	\$20.13	\$1.63				
Quarterly Per Diem Add-on Amounts																
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00					
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.86	\$3.86												
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.63	\$4.63												
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	\$8.49	\$8.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.77	\$162.72	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.36	\$20.13	\$1.63				
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$201.58													

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: CAMELLIA GARDENS OF LIFE CARE Prvdr ID: 00366341A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	State-wide													
													N/A	3.48	0.00%	1.3991	1.5126	32.61%	3.48	2.5%	1.0201	1.5215	5.0%	3.48	5.0%	1.0277	1.5482
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i					
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
Peer Group Standards & Efficiency Measure Limits																											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,782,275	\$2,643,678	\$0	\$504,012	\$603,082	\$0	\$846,909		\$184,594	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$155,346)	(\$26,522)	\$0	(\$674)	\$1,576	(\$3,620)	(\$80,529)		(\$45,577)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$83,687																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R																		\$45,983							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,756,599	\$2,617,156	\$0	\$503,338	\$604,658	(\$3,620)	\$766,380	\$83,687	\$139,017	\$45,983															
8	Total Nursing Facility Days	As Filed Days = 24,806 FY20 Audited C/R Days	24,806																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,806 FY20 GL-PL Ins Rpt Days								24,806																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.73	\$105.50	\$0.00	\$20.29	\$24.23	(with L&H)	\$30.89	\$3.37	\$5.60	\$1.85															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3991																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.40																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.40	\$0.00	\$20.29	\$24.23		\$30.89	\$3.37	\$5.60	\$1.85															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.58	\$75.40	\$0.00	\$20.29	\$24.23		\$30.83	\$3.37	9.61 (FRV)	\$1.85															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.58	\$75.40	\$0.00	\$20.29	\$24.23	\$0.00	\$30.83	\$3.37	\$9.61	\$1.85															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0277																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.49																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.67	\$77.49	\$0.00	\$20.29	\$24.23	\$0.00	\$30.83	\$3.37	\$9.61	\$1.85															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00															
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.94	\$1.94																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.87	\$3.87																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.07	\$6.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.74	\$83.83	\$0.00	\$20.51	\$24.64	\$0.00	\$47.93	\$3.37	\$9.61	\$1.85															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.98																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: QUIET OAKS HEALTH CARE CENTER														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.4189	1.5126	
Prvdr ID: 00370851A														Qtrly BIMS score	78.26%	5.5%	Quarterly Medicaid CMI:	1.5998	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.41	5.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6309	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,671,802	\$1,854,777	\$0	\$385,751	\$643,525	\$0	\$688,193		\$99,556	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$173,919)	\$610	\$0	\$0	(\$4,102)	(\$1,243)	(\$111,869)		(\$57,315)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$115,242										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$56,641								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,669,766	\$1,855,387	\$0	\$385,751	\$639,423	(\$1,243)	\$576,324	\$115,242	\$42,241	\$56,641								
8	Total Nursing Facility Days As Filed Days = 20,457	FY20 Audited C/R Days	20,457																	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,457	FY20 GL-PL Ins Rpt Days								20,457										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.39	\$90.70	\$0.00	\$18.86	\$31.20	(with L&H)	\$28.17	\$5.63	\$2.06	\$2.77								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4189																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.92	\$0.00	\$18.86	\$31.20		\$28.17	\$5.63	\$2.06	\$2.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.92	\$0.00	\$18.86	\$31.20		\$28.17	\$5.63	\$2.06	\$2.77								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.58	\$63.92	\$0.00	\$18.86	\$27.62		\$28.17	\$5.63	11.61 (FRV)	\$2.77								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.58	\$63.92	\$0.00	\$18.86	\$27.62	\$0.00	\$28.17	\$5.63	\$11.61	\$2.77								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6309																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.25																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.91	\$104.25	\$0.00	\$18.86	\$27.62	\$0.00	\$28.17	\$5.63	\$11.61	\$2.77								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00									
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.73	\$5.73																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng 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	\$29.16	\$11.47	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.07	\$115.72	\$0.00	\$19.08	\$27.62	\$0.00	\$45.64	\$5.63	\$11.61	\$2.77								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.23																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: WESTWOOD HEALTHCARE AND REHABILITATION Prvdr ID: 00370862A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Growth Allowance: N/A Qtrly BIMS score: 42.00% Nurse Hours per On-Site Day/Quality Incentive: 2.79			Facility Score: N/A Add-on Percent: 0.00% 2.5% 2.0%			Base Period Overall CMI: 1.6741 Quarterly Medicaid CMI: 1.9975 Qtrly Mcaid CMI w RUG Wght Options: 2.0374			1.6741	1.5126	1.9975	1.5215	2.0374	1.5482
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$1,551,669	\$727,032	\$0	\$171,865	\$134,331	\$0	\$367,448		\$150,993	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$82,051)	\$0	\$0	\$0	\$0	\$0	(\$62,377)		(\$19,674)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$62,377																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$19,674															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$1,551,669	\$727,032	\$0	\$171,865	\$134,331	\$0	\$305,071	\$62,377	\$131,319	\$19,674															
8	Total Nursing Facility Days	As Filed Days = 8,257 FY20 Audited C/R Days	8,257																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 8,257 FY20 GL-PL Ins Rpt Days								8,257																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$187.91	\$88.05	\$0.00	\$20.81	\$16.27	(with L&H)	\$36.95	\$7.55	\$15.90	\$2.38															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6741																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.59																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.59	\$0.00	\$20.81	\$16.27		\$36.95	\$7.55	\$15.90	\$2.38															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.86	\$52.59	\$0.00	\$20.81	\$16.27		\$30.83	\$7.55	10.43 (FRV)	\$2.38															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.86	\$52.59	\$0.00	\$20.81	\$16.27	\$0.00	\$30.83	\$7.55	\$10.43	\$2.38															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0374																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.15																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.42	\$107.15	\$0.00	\$20.81	\$16.27	\$0.00	\$30.83	\$7.55	\$10.43	\$2.38															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$23.08	\$5.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.50	\$112.50	\$0.00	\$21.03	\$16.68	\$0.00	\$47.93	\$7.55	\$10.43	\$2.38															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.05																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: LIFE CARE CENTER OF GWINNETT Prvdr ID: 00370873A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4069	1.5126
							23.08%	1.0%					1.2686	1.5215
							2.86	5.0%					1.2848	1.5482
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,222,807	\$3,903,360	\$0	\$788,721	\$884,913	\$0	\$1,216,689		\$429,124	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$278,907)	(\$35,772)	\$0	(\$1,770)	\$158	\$2,365	(\$145,699)		(\$98,189)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$159,202				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$98,652		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,201,754	\$3,867,588	\$0	\$786,951	\$885,071	\$2,365	\$1,070,990	\$159,202	\$330,935	\$98,652		
8	Total Nursing Facility Days As Filed Days = 32,139	FY20 Audited C/R Days	32,137											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,139	FY20 GL-PL Ins Rpt Days								32,137				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.10	\$120.35	\$0.00	\$24.49	\$27.61	(with L&H)	\$33.33	\$4.95	\$10.30	\$3.07		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4069										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.54										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.54	\$0.00	\$24.49	\$27.61		\$33.33	\$4.95	\$10.30	\$3.07		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.94	\$85.54	\$0.00	\$24.48	\$27.61		\$30.83	\$4.95	11.46 (FRV)	\$3.07		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.94	\$85.54	\$0.00	\$24.48	\$27.61	\$0.00	\$30.83	\$4.95	\$11.46	\$3.07		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2848										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.90										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.30	\$109.90	\$0.00	\$24.48	\$27.61	\$0.00	\$30.83	\$4.95	\$11.46	\$3.07		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.54	\$0.53	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.50	\$5.50										
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	\$24.24	\$7.13	\$0.00	\$0.00	\$0.01	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.54	\$117.03	\$0.00	\$24.48	\$27.62	\$0.00	\$47.93	\$4.95	\$11.46	\$3.07		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.58											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide					
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:
Provider: DELMAR GARDENS OF GWINNETT Prvdr ID: 00395161A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	10.26%	2.86	N/A	0.00%	0.0%	3.0%	1.3570	1.3294	1.3465	1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS																									
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																
Base Period Per Diem Allowed Amounts																									
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,190,671	\$2,845,381	\$0	\$815,372	\$861,248	\$0	\$1,035,010		\$633,660	\$0													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$249,899)	\$0	\$0	\$0	(\$16,237)	(\$12,235)	(\$72,600)		(\$148,827)														
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$72,600															
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$143,908													
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,157,280	\$2,845,381	\$0	\$815,372	\$845,011	(\$12,235)	\$962,410	\$72,600	\$484,833	\$143,908													
8	Total Nursing Facility Days	As Filed Days = 21,290 FY20 Audited C/R Days	21,290																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,290 FY20 GL-PL Ins Rpt Days								21,290															
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$289.21	\$133.65	\$0.00	\$38.30	\$39.12	(with L&H)	\$45.20	\$3.41	\$22.77	\$6.76													
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3570																					
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.49																					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$98.49	\$0.00	\$38.30	\$39.12		\$45.20	\$3.41	\$22.77	\$6.76													
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A														
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.49	\$88.52	\$0.00	\$24.48	\$27.62		\$30.83	\$3.41	9.87 <i>(FRV)</i>	\$6.76													
Quarterly Per Diem Rate Prior to Add-ons																									
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A													
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.49	\$88.52	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.41	\$9.87	\$6.76													
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3465																					
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.19																					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.16	\$119.19	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.41	\$9.87	\$6.76													
Quarterly Per Diem Add-on Amounts																									
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00														
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	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	\$20.68	\$3.58	\$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	\$242.84	\$122.77	\$0.00	\$24.48	\$27.62	\$0.00	\$47.93	\$3.41	\$9.87	\$6.76													
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.31																						

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: FAYETTEVILLE CENTER FOR NURSING & HEALING LLC Prvdr ID: 00399737A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Growth Allowance: N/A Qtrly BIMS score: 27.55% Nurse Hours per On-Site Day/Quality Incentive: 3.22			Facility Score: N/A Add-on Percent: 0.00% Add-on Percent: 1.0% Add-on Percent: 2.0%			Base Period Overall CMI: 1.5284 Quarterly Medicaid CMI: 1.8955 Qtrly Mcaid CMI w RUG Wght Options: 1.9324			1.5284	1.5126	1.8955	1.5215	1.9324	1.5482
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,714,825	\$4,138,980	\$0	\$775,807	\$689,410	\$0	\$996,605		\$1,114,023	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$78,297)	\$5,902	\$0	\$0	\$0	\$0	(\$6,645)		(\$77,554)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$84,482																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$77,554															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,798,564	\$4,144,882	\$0	\$775,807	\$689,410	\$0	\$989,960	\$84,482	\$1,036,469	\$77,554															
8	Total Nursing Facility Days	As Filed Days = 41,961 FY20 Audited C/R Days	41,961																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,961 FY20 GL-PL Ins Rpt Days								41,961																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$185.85	\$98.78	\$0.00	\$18.49	\$16.43	(with L&H)	\$23.59	\$2.01	\$24.70	\$1.85															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5284																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.63																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.63	\$0.00	\$18.49	\$16.43		\$23.59	\$2.01	\$24.70	\$1.85															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.76	\$64.63	\$0.00	\$18.49	\$16.43		\$23.59	\$2.01	15.76 (FRV)	\$1.85															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.76	\$64.63	\$0.00	\$18.49	\$16.43	\$0.00	\$23.59	\$2.01	\$15.76	\$1.85															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9324																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.89																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.02	\$124.89	\$0.00	\$18.49	\$16.43	\$0.00	\$23.59	\$2.01	\$15.76	\$1.85															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$22.38	\$4.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.40	\$129.17	\$0.00	\$18.71	\$16.84	\$0.00	\$41.06	\$2.01	\$15.76	\$1.85															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.23																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: LAKE CROSSING HEALTH CENTER Prvdr ID: 00403939A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
													N/A	0.00%	N/A	58.62%	3.21	3.0%	1.4319	1.5126		
																			1.4269	1.5215		
																			1.4528	1.5482		
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
	Peer Group Standards & Efficiency Measure Limits																					
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
	Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,231,700	\$2,668,824	\$0	\$529,009	\$542,531	\$0	\$1,874,646		\$616,690	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$281,032)	\$0	\$0	\$0	\$4,442	\$0	(\$257,743)		(\$27,731)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$183,542												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$27,731										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,161,941	\$2,668,824	\$0	\$529,009	\$546,973	\$0	\$1,616,903	\$183,542	\$588,959	\$27,731										
8	Total Nursing Facility Days	As Filed Days = 34,727 FY20 Audited C/R Days	34,727																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,727 FY20 GL-PL Ins Rpt Days								34,727												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$177.44	\$76.85	\$0.00	\$15.23	\$15.75	(with L&H)	\$46.56	\$5.29	\$16.96	\$0.80										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4319																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.67																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.67	\$0.00	\$15.23	\$15.75		\$46.56	\$5.29	\$16.96	\$0.80										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.69	\$53.67	\$0.00	\$15.23	\$15.75		\$30.83	\$5.29	10.12 (FRV)	\$0.80										
	Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.69	\$53.67	\$0.00	\$15.23	\$15.75	\$0.00	\$30.83	\$5.29	\$10.12	\$0.80										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4528																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.97																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.99	\$77.97	\$0.00	\$15.23	\$15.75	\$0.00	\$30.83	\$5.29	\$10.12	\$0.80										
	Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00											
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.29	\$4.29																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.34	\$2.34																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.89	\$7.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.88	\$85.13	\$0.00	\$15.45	\$16.16	\$0.00	\$47.93	\$5.29	\$10.12	\$0.80										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.84																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: TOWNSEND PARK HEALTH AND REHABILITATION Prvdr ID: 00404995A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4214	1.5126
							37.93%	2.5%					1.2587	1.5215
							3.68	4.0%					1.2762	1.5482
Case Mix Based Rate Calculations														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,100,838	\$4,182,147	\$0	\$758,000	\$1,006,468	\$0	\$1,740,146		\$414,077	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$61,628)	\$0	\$0	\$0	(\$5,677)	(\$3,088)	(\$38,399)		(\$14,464)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$65,260				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$14,316		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,118,786	\$4,182,147	\$0	\$758,000	\$1,000,791	(\$3,088)	\$1,701,747	\$65,260	\$399,613	\$14,316		
8	Total Nursing Facility Days	As Filed Days = 38,139 FY20 Audited C/R Days	38,139											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,139 FY20 GL-PL Ins Rpt Days								38,139				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.88	\$109.66	\$0.00	\$19.87	\$26.16	(with L&H)	\$44.62	\$1.71	\$10.48	\$0.38		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4214										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.15										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.15	\$0.00	\$19.87	\$26.16		\$44.62	\$1.71	\$10.48	\$0.38		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.04	\$77.15	\$0.00	\$19.87	\$26.16		\$30.83	\$1.71	13.94 (FRV)	\$0.38		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.04	\$77.15	\$0.00	\$19.87	\$26.16	\$0.00	\$30.83	\$1.71	\$13.94	\$0.38		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2762										
18	Qtrly Routine Srvc 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	\$191.35	\$98.46	\$0.00	\$19.87	\$26.16	\$0.00	\$30.83	\$1.71	\$13.94	\$0.38		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.66	\$6.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.01	\$105.39	\$0.00	\$20.09	\$26.57	\$0.00	\$47.93	\$1.71	\$13.94	\$0.38		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.18											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: FOUR COUNTY HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00405292A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4501	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	49.09%	5.5%	Quarterly Medicaid CMI:			1.3879	1.5215
							3.34	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4102	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,744,810	\$2,373,405	\$0	\$507,703	\$543,930	\$0	\$833,685		\$486,087	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$92,863)	\$0	\$0	\$0	\$0	(\$5,847)	(\$53,490)		(\$33,526)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$45,630			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$33,526	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,731,103	\$2,373,405	\$0	\$507,703	\$543,930	(\$5,847)	\$780,195	\$45,630	\$452,561	\$33,526	
8	Total Nursing Facility Days	As Filed Days = 27,918 FY20 Audited C/R Days	27,918										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,918 FY20 GL-PL Ins Rpt Days								27,918			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.46	\$85.01	\$0.00	\$18.19	\$19.27	(with L&H)	\$27.95	\$1.63	\$16.21	\$1.20	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4501									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.62									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.62	\$0.00	\$18.19	\$19.27		\$27.95	\$1.63	\$16.21	\$1.20	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.64	\$58.62	\$0.00	\$18.19	\$19.27		\$27.95	\$1.63	9.78 (FRV)	\$1.20	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.64	\$58.62	\$0.00	\$18.19	\$19.27	\$0.00	\$27.95	\$1.63	\$9.78	\$1.20	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4102									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.67									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.69	\$82.67	\$0.00	\$18.19	\$19.27	\$0.00	\$27.95	\$1.63	\$9.78	\$1.20	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.55	\$4.55									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.96	\$4.96									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.14	\$10.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.83	\$92.71	\$0.00	\$18.41	\$19.68	\$0.00	\$45.42	\$1.63	\$9.78	\$1.20	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.80										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: SOUTHLAND HEALTH AND REHABILITATION Prvdr ID: 00409054A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Growth Allowance: N/A Qtrly BIMS score: 22.50% Nurse Hours per On-Site Day/Quality Incentive: 3.52			Facility Score: N/A Add-on Percent: 0.00% 1.0% 3.0%			Base Period Overall CMI: 1.6287 Quarterly Medicaid CMI: 1.4715 Qtrly Mcaid CMI w RUG Wght Options: 1.4957			1.6287	1.5126	1.4715	1.5215	1.4957	1.5482
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,547,048	\$4,896,548	\$0	\$920,329	\$1,112,286	\$0	\$1,557,717		\$2,060,168	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$134,315)	(\$10,020)	\$0	\$0	\$1,866	\$3,338	(\$53,095)		(\$76,404)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$81,250																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$76,660															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,570,643	\$4,886,528	\$0	\$920,329	\$1,114,152	\$3,338	\$1,504,622	\$81,250	\$1,983,764	\$76,660															
8	Total Nursing Facility Days	As Filed Days = 47,417 FY20 Audited C/R Days	47,417																								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 47,417 FY20 GL-PL Ins Rpt Days								47,417																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.93	\$103.05	\$0.00	\$19.41	\$23.57	(with L&H)	\$31.73	\$1.71	\$41.84	\$1.62															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6287																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.27																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.27	\$0.00	\$19.41	\$23.57		\$31.73	\$1.71	\$41.84	\$1.62															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.50	\$63.27	\$0.00	\$19.41	\$23.57		\$30.83	\$1.71	14.09 (FRV)	\$1.62															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.50	\$63.27	\$0.00	\$19.41	\$23.57	\$0.00	\$30.83	\$1.71	\$14.09	\$1.62															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4957																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.63																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.86	\$94.63	\$0.00	\$19.41	\$23.57	\$0.00	\$30.83	\$1.71	\$14.09	\$1.62															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00																
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.05	\$4.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.91	\$98.95	\$0.00	\$19.63	\$23.98	\$0.00	\$47.93	\$1.71	\$14.09	\$1.62															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.11																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: PRUITTHEALTH - TOOMSBORO		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00409494A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6201	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.19%	1.0%	Quarterly Medicaid CMI:			1.5229	1.5215
							2.95	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5510	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,404,936	\$1,771,041	\$0	\$302,418	\$434,057	\$0	\$646,504		\$250,916	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$157,970)	\$0	\$0	\$0	(\$2,769)	(\$3,855)	(\$127,080)		(\$24,266)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$126,411			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$25,923	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,399,300	\$1,771,041	\$0	\$302,418	\$431,288	(\$3,855)	\$519,424	\$126,411	\$226,650	\$25,923	
8	Total Nursing Facility Days	As Filed Days = 18,773 FY20 Audited C/R Days	18,773										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,773 FY20 GL-PL Ins Rpt Days								18,773			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$181.07	\$94.34	\$0.00	\$16.11	\$22.77	(with L&H)	\$27.67	\$6.73	\$12.07	\$1.38	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6201									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.23									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.23	\$0.00	\$16.11	\$22.77		\$27.67	\$6.73	\$12.07	\$1.38	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.41	\$58.23	\$0.00	\$16.11	\$22.77		\$27.67	\$6.73	13.52 (FRV)	\$1.38	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.41	\$58.23	\$0.00	\$16.11	\$22.77	\$0.00	\$27.67	\$6.73	\$13.52	\$1.38	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5510									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.49	\$90.31	\$0.00	\$16.11	\$22.77	\$0.00	\$27.67	\$6.73	\$13.52	\$1.38	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.52	\$4.52									
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	\$24.05	\$5.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.54	\$96.26	\$0.00	\$16.33	\$23.18	\$0.00	\$45.14	\$6.73	\$13.52	\$1.38	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.08										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: CHERRY BLOSSOM HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00413509A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7015	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	48.21%	5.5%	Quarterly Medicaid CMI:			1.3970	1.5215
							3.38	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4215	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,850,584	\$2,573,737	\$0	\$459,313	\$542,177	\$0	\$853,055		\$422,302	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$95,683)	\$0	\$0	\$0	(\$2,224)	(\$5,548)	(\$50,953)		(\$36,958)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$43,861			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$36,628	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,835,390	\$2,573,737	\$0	\$459,313	\$539,953	(\$5,548)	\$802,102	\$43,861	\$385,344	\$36,628	
8	Total Nursing Facility Days	As Filed Days = 25,191 FY20 Audited C/R Days	25,191										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,191 FY20 GL-PL Ins Rpt Days								25,191			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.94	\$102.17	\$0.00	\$18.23	\$21.21	(with L&H)	\$31.84	\$1.74	\$15.30	\$1.45	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7015									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.05									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.05	\$0.00	\$18.23	\$21.21		\$31.84	\$1.74	\$15.30	\$1.45	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.77	\$60.05	\$0.00	\$18.23	\$21.21		\$30.83	\$1.74	11.26 (FRV)	\$1.45	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.77	\$60.05	\$0.00	\$18.23	\$21.21	\$0.00	\$30.83	\$1.74	\$11.26	\$1.45	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4215									
18	Qtrly Routine Srvc 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	\$170.08	\$85.36	\$0.00	\$18.23	\$21.21	\$0.00	\$30.83	\$1.74	\$11.26	\$1.45	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.69	\$4.69									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$25.51	\$7.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.59	\$93.14	\$0.00	\$18.45	\$21.62	\$0.00	\$47.93	\$1.74	\$11.26	\$1.45	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.87										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: LEGACY HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00415522A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2889		1.2889	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Qtrly BIMS score: 55.00%		Nurse Hours per On-Site Day/Quality Incentive: 3.53		55.00%	5.5%	Quarterly Medicaid CMI: 1.4277		1.4277	1.5215		
							4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4525		1.4525	1.5482		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,805,823	\$2,123,388	\$0	\$351,061	\$466,218	\$0	\$670,544		\$194,612	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$10,088	(\$28,710)	\$0	(\$1,700)	(\$4,638)	\$5,875	\$47,718		(\$8,457)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$27,779			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$8,263	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,851,953	\$2,094,678	\$0	\$349,361	\$461,580	\$5,875	\$718,262	\$27,779	\$186,155	\$8,263	
8	Total Nursing Facility Days As Filed Days = 16,881	FY20 Audited C/R Days	16,880										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,881	FY20 GL-PL Ins Rpt Days								16,880			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.20	\$124.09	\$0.00	\$20.70	\$27.69	(with L&H)	\$42.55	\$1.65	\$11.03	\$0.49	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2889									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.28									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.28	\$0.00	\$20.70	\$27.69		\$42.55	\$1.65	\$11.03	\$0.49	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.48	\$88.52	\$0.00	\$20.70	\$27.62		\$30.83	\$1.65	34.67 (FRV)	\$0.49	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.48	\$88.52	\$0.00	\$20.70	\$27.62	\$0.00	\$30.83	\$1.65	\$34.67	\$0.49	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4525									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.54	\$128.58	\$0.00	\$20.70	\$27.62	\$0.00	\$30.83	\$1.65	\$34.67	\$0.49	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.07	\$7.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	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	\$29.53	\$12.21	\$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	\$274.07	\$140.79	\$0.00	\$20.92	\$27.62	\$0.00	\$47.93	\$1.65	\$34.67	\$0.49	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.73										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide			
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
Provider: FOUNTAINVIEW CTR FOR ALZHEIMER Prvdr ID: 00421429A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	88.00%	2.14	2.0%	1.4785	1.3506	1.3694	1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>														
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%														
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%														
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37														
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,664,793	\$4,679,554	\$0	\$982,436	\$1,027,657	\$0	\$1,327,736		\$647,410	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$359,634)	\$0	\$0	\$0	\$0	\$0	(\$175,659)		(\$183,975)												
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$175,659													
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$183,975											
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,664,793	\$4,679,554	\$0	\$982,436	\$1,027,657	\$0	\$1,152,077	\$175,659	\$463,435	\$183,975											
8	Total Nursing Facility Days	As Filed Days = 40,939 FY20 Audited C/R Days	40,939																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,939 FY20 GL-PL Ins Rpt Days								40,939													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.65	\$114.31	\$0.00	\$24.00	\$25.10	(with L&H)	\$28.14	\$4.29	\$11.32	\$4.49											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4785																			
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.32																			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.32	\$0.00	\$24.00	\$25.10		\$28.14	\$4.29	\$11.32	\$4.49											
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A												
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.78	\$77.32	\$0.00	\$24.00	\$25.10		\$28.14	\$4.29	12.44 <i>(FRV)</i>	\$4.49											
Quarterly Per Diem Rate Prior to Add-ons																							
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A											
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.78	\$77.32	\$0.00	\$24.00	\$25.10	\$0.00	\$28.14	\$4.29	\$12.44	\$4.49											
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3694																			
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.88																			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.34	\$105.88	\$0.00	\$24.00	\$25.10	\$0.00	\$28.14	\$4.29	\$12.44	\$4.49											
Quarterly Per Diem Add-on Amounts																							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00												
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.82	\$5.82																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10														
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.57	\$8.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00											
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.91	\$114.35	\$0.00	\$24.22	\$25.51	\$0.00	\$45.61	\$4.29	\$12.44	\$4.49											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.36																				

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: SANDY SPRINGS HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00426214A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6181	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	32.05%	2.5%	Quarterly Medicaid CMI:			1.6427	1.5215
							3.27	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6728	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,017,451	\$4,395,319	\$0	\$776,667	\$1,029,951	\$0	\$1,681,585		\$2,133,929	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$418,171	\$31,172	\$0	\$0	(\$3,461)	(\$4,540)	\$504,550		(\$109,550)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$41,106			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$108,698	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,585,426	\$4,426,491	\$0	\$776,667	\$1,026,490	(\$4,540)	\$2,186,135	\$41,106	\$2,024,379	\$108,698	
8	Total Nursing Facility Days	As Filed Days = 39,201 FY20 Audited C/R Days	39,201										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,201 FY20 GL-PL Ins Rpt Days								39,201			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$270.03	\$112.92	\$0.00	\$19.81	\$26.07	(with L&H)	\$55.77	\$1.05	\$51.64	\$2.77	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6181									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.78									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.78	\$0.00	\$19.81	\$26.07		\$55.77	\$1.05	\$51.64	\$2.77	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.52	\$69.78	\$0.00	\$19.81	\$26.07		\$30.83	\$1.05	12.21 (FRV)	\$2.77	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.52	\$69.78	\$0.00	\$19.81	\$26.07	\$0.00	\$30.83	\$1.05	\$12.21	\$2.77	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6728									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.73									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.47	\$116.73	\$0.00	\$19.81	\$26.07	\$0.00	\$30.83	\$1.05	\$12.21	\$2.77	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$24.68	\$6.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.15	\$123.68	\$0.00	\$20.03	\$26.48	\$0.00	\$47.93	\$1.05	\$12.21	\$2.77	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.79										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide
Provider: TAYLOR COUNTY HEALTH AND REHABILITATION Prvdr ID: 00432924A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	1.5450	1.5126	45.61%	5.5%	1.5685	1.5215	3.15	5.0%	1.5970	1.5482
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,766,512	\$2,468,152	\$0	\$496,196	\$509,356	\$0	\$812,394		\$480,414	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$101,304)	\$0	\$0	\$0	\$0	(\$4,424)	(\$48,895)		(\$47,985)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$41,795														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$45,131												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,752,134	\$2,468,152	\$0	\$496,196	\$509,356	(\$4,424)	\$763,499	\$41,795	\$432,429	\$45,131												
8	Total Nursing Facility Days	As Filed Days = 25,219 FY20 Audited C/R Days	25,219																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,219 FY20 GL-PL Ins Rpt Days								25,219														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.44	\$97.87	\$0.00	\$19.68	\$20.02	(with L&H)	\$30.27	\$1.66	\$17.15	\$1.79												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5450																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.35																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.35	\$0.00	\$19.68	\$20.02		\$30.27	\$1.66	\$17.15	\$1.79												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.08	\$63.35	\$0.00	\$19.68	\$20.02		\$30.27	\$1.66	10.31 <i>(FRV)</i>	\$1.79												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.08	\$63.35	\$0.00	\$19.68	\$20.02	\$0.00	\$30.27	\$1.66	\$10.31	\$1.79												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5970																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.17																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.90	\$101.17	\$0.00	\$19.68	\$20.02	\$0.00	\$30.27	\$1.66	\$10.31	\$1.79												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$5.56	\$5.56																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.06	\$5.06																				
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	\$29.25	\$11.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.15	\$112.32	\$0.00	\$19.90	\$20.43	\$0.00	\$47.74	\$1.66	\$10.31	\$1.79												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.79																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
Provider: HILL HAVEN NURSING HOME Prvdr ID: 00448456A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													
							Facility Score: N/A	Add-on Percent: 0.00%	Base Period Overall CMI: 1.4295				1.5126
							Qtrly BIMS score: 67.44%	5.5%	Quarterly Medicaid CMI: 1.3168				1.5215
							Nurse Hours per On-Site Day/Quality Incentive: 3.45	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3374				1.5482
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,752,108	\$1,941,478	\$0	\$318,100	\$468,156	\$0	\$674,961		\$349,413	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$94,933)	\$0	\$0	\$0	\$0	\$0	(\$71,903)		(\$23,030)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$74,118			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$23,030	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,754,323	\$1,941,478	\$0	\$318,100	\$468,156	\$0	\$603,058	\$74,118	\$326,383	\$23,030	
8	Total Nursing Facility Days	As Filed Days = 23,192 FY20 Audited C/R Days	23,192										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,192 FY20 GL-PL Ins Rpt Days								23,192			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$161.88	\$83.71	\$0.00	\$13.72	\$20.19	(with L&H)	\$26.00	\$3.20	\$14.07	\$0.99	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4295									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.56									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.56	\$0.00	\$13.72	\$20.19		\$26.00	\$3.20	\$14.07	\$0.99	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.03	\$58.56	\$0.00	\$13.72	\$20.19		\$26.00	\$3.20	10.37 (FRV)	\$0.99	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.03	\$58.56	\$0.00	\$13.72	\$20.19	\$0.00	\$26.00	\$3.20	\$10.37	\$0.99	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3374									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.79	\$78.32	\$0.00	\$13.72	\$20.19	\$0.00	\$26.00	\$3.20	\$10.37	\$0.99	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$4.31	\$4.31									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$25.29	\$7.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.08	\$85.51	\$0.00	\$13.94	\$20.60	\$0.00	\$43.47	\$3.20	\$10.37	\$0.99	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.74										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: A.G. RHODES HOME, INC - COBB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00493292A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7794	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	34.33%	2.5%	Quarterly Medicaid CMI:			1.6921	1.5215
							3.75	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7244	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$10,802,985	\$5,832,777	\$0	\$1,195,902	\$1,248,809	\$0	\$2,172,631		\$352,866	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$179,022)	(\$24,258)	\$0	\$0	\$0	\$0	(\$131,931)		(\$22,833)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$131,931			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$22,833	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,778,727	\$5,808,519	\$0	\$1,195,902	\$1,248,809	\$0	\$2,040,700	\$131,931	\$330,033	\$22,833	
8	Total Nursing Facility Days As Filed Days = 40,098	FY20 Audited C/R Days	40,098										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,098	FY20 GL-PL Ins Rpt Days								40,098			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$268.80	\$144.86	\$0.00	\$29.82	\$31.14	(with L&H)	\$50.89	\$3.29	\$8.23	\$0.57	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7794									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.41									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.41	\$0.00	\$29.82	\$31.14		\$50.89	\$3.29	\$8.23	\$0.57	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.16	\$81.41	\$0.00	\$24.48	\$27.62		\$30.83	\$3.29	14.96 (FRV)	\$0.57	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.16	\$81.41	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.29	\$14.96	\$0.57	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7244									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.13	\$140.38	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$3.29	\$14.96	\$0.57	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.51	\$3.51									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.21	\$4.21									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.35	\$8.25	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$267.48	\$148.63	\$0.00	\$24.48	\$27.62	\$0.00	\$47.93	\$3.29	\$14.96	\$0.57	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.79										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: CAMBRIDGE POST ACUTE CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00494139A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6660	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	34.88%	2.5%	Quarterly Medicaid CMI:			1.5627	1.5215
							2.80	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5875	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,756,762	\$4,212,673	\$0	\$777,538	\$786,723	\$0	\$1,666,384		\$2,313,444	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$350,351)	\$0	\$0	\$0	\$4,600	\$6,207	(\$276,177)		(\$84,981)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$275,643			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$86,148	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,768,202	\$4,212,673	\$0	\$777,538	\$791,323	\$6,207	\$1,390,207	\$275,643	\$2,228,463	\$86,148	
8	Total Nursing Facility Days	As Filed Days = 45,803 FY20 Audited C/R Days	45,803										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,803 FY20 GL-PL Ins Rpt Days								45,803			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.26	\$91.97	\$0.00	\$16.98	\$17.41	(with L&H)	\$30.35	\$6.02	\$48.65	\$1.88	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6660									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.21									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.21	\$0.00	\$16.98	\$17.41		\$30.35	\$6.02	\$48.65	\$1.88	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.24	\$55.21	\$0.00	\$16.98	\$17.41		\$30.35	\$6.02	11.39 (FRV)	\$1.88	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.24	\$55.21	\$0.00	\$16.98	\$17.41	\$0.00	\$30.35	\$6.02	\$11.39	\$1.88	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5875									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.68	\$87.65	\$0.00	\$16.98	\$17.41	\$0.00	\$30.35	\$6.02	\$11.39	\$1.88	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.52	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.36		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.44	\$5.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.46	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.12	\$93.00	\$0.00	\$17.20	\$17.82	\$0.00	\$47.81	\$6.02	\$11.39	\$1.88	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.52										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: POWDER SPRINGS CENTER FOR NURSING & HEALING		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00530824A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5348	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	23.77%	1.0%	Quarterly Medicaid CMI:			1.6625	1.5215
							3.07	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6921	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$13,325,672	\$6,744,456	\$0	\$1,129,806	\$1,301,605	\$0	\$1,958,442		\$2,191,363	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$352,152)	\$0	\$0	\$0	\$15,833	\$17,527	(\$265,210)		(\$120,302)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$298,151			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$123,385	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$13,395,056	\$6,744,456	\$0	\$1,129,806	\$1,317,438	\$17,527	\$1,693,232	\$298,151	\$2,071,061	\$123,385	
8	Total Nursing Facility Days As Filed Days = 64,924	FY20 Audited C/R Days	64,924										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 64,924	FY20 GL-PL Ins Rpt Days								64,924			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.31	\$103.88	\$0.00	\$17.40	\$20.56	(with L&H)	\$26.08	\$4.59	\$31.90	\$1.90	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5348									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.68									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.68	\$0.00	\$17.40	\$20.56		\$26.08	\$4.59	\$31.90	\$1.90	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.03	\$67.68	\$0.00	\$17.40	\$20.56		\$26.08	\$4.59	12.82 (FRV)	\$1.90	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.03	\$67.68	\$0.00	\$17.40	\$20.56	\$0.00	\$26.08	\$4.59	\$12.82	\$1.90	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6921									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.87	\$114.52	\$0.00	\$17.40	\$20.56	\$0.00	\$26.08	\$4.59	\$12.82	\$1.90	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.44	\$3.44									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.22	\$5.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.09	\$119.64	\$0.00	\$17.62	\$20.97	\$0.00	\$43.55	\$4.59	\$12.82	\$1.90	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.99										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: JONESBORO NURSING AND REHABILITATION CENTER Prvdr ID: 00531033A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22			Growth Allowance: N/A Qtrly BIMS score: 31.91% Nurse Hours per On-Site Day/Quality Incentive: 3.00				N/A	0.00%	Base Period Overall CMI: 1.6332 Quarterly Medicaid CMI: 1.5265 Qtrly Mcaid CMI w RUG Wght Options: 1.5540			1.6332	1.5126
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,740,142	\$5,062,949	\$0	\$707,677	\$724,820	\$0	\$1,444,656		\$800,040	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$200,309)	\$0	\$0	(\$3,075)	(\$1,412)	\$67	(\$96,666)		(\$99,223)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$92,064			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$98,556	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,730,453	\$5,062,949	\$0	\$704,602	\$723,408	\$67	\$1,347,990	\$92,064	\$700,817	\$98,556	
8	Total Nursing Facility Days	As Filed Days = 41,417 FY20 Audited C/R Days	41,417										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,417 FY20 GL-PL Ins Rpt Days								41,417			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.79	\$122.24	\$0.00	\$17.01	\$17.47	(with L&H)	\$32.55	\$2.22	\$16.92	\$2.38	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6332									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.85									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.85	\$0.00	\$17.01	\$17.47		\$32.55	\$2.22	\$16.92	\$2.38	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.58	\$74.85	\$0.00	\$17.01	\$17.47		\$30.83	\$2.22	12.82 (FRV)	\$2.38	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.58	\$74.85	\$0.00	\$17.01	\$17.47	\$0.00	\$30.83	\$2.22	\$12.82	\$2.38	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5540									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.05	\$116.32	\$0.00	\$17.01	\$17.47	\$0.00	\$30.83	\$2.22	\$12.82	\$2.38	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$2.91	\$2.91									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.49	\$3.49									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.66	\$6.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.71	\$123.25	\$0.00	\$17.23	\$17.88	\$0.00	\$47.93	\$2.22	\$12.82	\$2.38	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.96										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: MAPLE RIDGE HEALTH CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00534619A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6288	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	54.76%	5.5%	Quarterly Medicaid CMI:			1.8268	1.5215
							3.18	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8632	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,604,506	\$2,256,570	\$0	\$529,072	\$473,095	\$0	\$916,146		\$1,429,623	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$180,987)	\$0	\$0	\$0	\$1,521	\$1,442	(\$121,829)		(\$62,121)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$121,829			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$62,511	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,607,859	\$2,256,570	\$0	\$529,072	\$474,616	\$1,442	\$794,317	\$121,829	\$1,367,502	\$62,511	
8	Total Nursing Facility Days	As Filed Days = 24,504 FY20 Audited C/R Days	24,504										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,504 FY20 GL-PL Ins Rpt Days								24,504			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.86	\$92.09	\$0.00	\$21.59	\$19.43	(with L&H)	\$32.42	\$4.97	\$55.81	\$2.55	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6288									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.54									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.54	\$0.00	\$21.59	\$19.43		\$32.42	\$4.97	\$55.81	\$2.55	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.33	\$56.54	\$0.00	\$21.59	\$19.43		\$30.83	\$4.97	13.42 (FRV)	\$2.55	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.33	\$56.54	\$0.00	\$21.59	\$19.43	\$0.00	\$30.83	\$4.97	\$13.42	\$2.55	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8632									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.14	\$105.35	\$0.00	\$21.59	\$19.43	\$0.00	\$30.83	\$4.97	\$13.42	\$2.55	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.79	\$5.79									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$27.21	\$9.48	\$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	\$225.35	\$114.83	\$0.00	\$21.81	\$19.84	\$0.00	\$47.93	\$4.97	\$13.42	\$2.55	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.19										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:		
Provider: ROSEMONT AT STONE MOUNTAIN Prvdr ID: 00587331A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific	State-wide
													N/A	0.00%	N/A	67.26%	2.83	0.00%	1.6470	1.5126		
														5.5%	2.83	67.26%	3.0%	1.9613	1.5215			
														3.0%	2.83	67.26%	3.0%	2.0005	1.5482			
CASE MIX BASED RATE CALCULATIONS																						
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,619,977	\$4,729,225	\$0	\$876,414	\$772,550	\$0	\$1,502,987		\$1,738,801	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$292,817)	\$0	\$0	\$0	\$14,604	\$16,130	(\$233,538)		(\$90,013)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$227,574												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$93,594										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,648,328	\$4,729,225	\$0	\$876,414	\$787,154	\$16,130	\$1,269,449	\$227,574	\$1,648,788	\$93,594										
8	Total Nursing Facility Days	As Filed Days = 52,810																				
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,810																				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.70	\$89.55	\$0.00	\$16.60	\$15.21	(with L&H)	\$24.04	\$4.31	\$31.22	\$1.77										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6470																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.37																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.37	\$0.00	\$16.60	\$15.21		\$24.04	\$4.31	\$31.22	\$1.77										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.85	\$54.37	\$0.00	\$16.60	\$15.21		\$24.04	\$4.31	10.55 (FRV)	\$1.77										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.85	\$54.37	\$0.00	\$16.60	\$15.21	\$0.00	\$24.04	\$4.31	\$10.55	\$1.77										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0005																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.77																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.25	\$108.77	\$0.00	\$16.60	\$15.21	\$0.00	\$24.04	\$4.31	\$10.55	\$1.77										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00										
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.98	\$5.98																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.87	\$9.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00										
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.12	\$118.54	\$0.00	\$16.82	\$15.62	\$0.00	\$41.51	\$4.31	\$10.55	\$1.77										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.02																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: BAYVIEW NURSING HOME		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00624951A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance:	N/A	Base Period Overall CMI:				1.4596	1.5126	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	45.45%	Quarterly Medicaid CMI:				1.4354	1.5215	
					4.10	Qtrly Mcaid CMI w RUG Wght Options:				1.4620	1.5482	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,049,146	\$2,145,927	\$0	\$506,843	\$514,743	\$0	\$526,807		\$354,826	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$93,764)	\$0	\$0	\$0	\$0	\$0	(\$48,446)		(\$45,318)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$45,807		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$45,318
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,046,507	\$2,145,927	\$0	\$506,843	\$514,743	\$0	\$478,361	\$45,807	\$309,508	\$45,318
8	Total Nursing Facility Days	As Filed Days = 21,290 FY20 Audited C/R Days	21,290									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,290 FY20 GL-PL Ins Rpt Days								21,290		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.08	\$100.80	\$0.00	\$23.81	\$24.18	(with L&H)	\$22.47	\$2.15	\$14.54	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4596								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.06	\$0.00	\$23.81	\$24.18		\$22.47	\$2.15	\$14.54	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.23	\$69.06	\$0.00	\$23.81	\$24.18		\$22.47	\$2.15	33.43 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.23	\$69.06	\$0.00	\$23.81	\$24.18	\$0.00	\$22.47	\$2.15	\$33.43	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4620								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.14	\$100.97	\$0.00	\$23.81	\$24.18	\$0.00	\$22.47	\$2.15	\$33.43	\$2.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.55	\$5.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.21	\$9.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.35	\$110.08	\$0.00	\$24.03	\$24.59	\$0.00	\$39.94	\$2.15	\$33.43	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.44									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: BRIARWOOD HEALTH AND REHABILITATION CENTER Prvdr ID: 00706813A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 29.63% Nurse Hours per On-Site Day/Quality Incentive: 3.34				Base Period Overall CMI: 1.7138 Quarterly Medicaid CMI: 1.4397 Qtrly Mcaid CMI w RUG Wght Options: 1.4635				Facility Specific: 1.7138 State-wide: 1.5126 1.4397 1.5215 1.4635 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,705,788	\$3,705,964	\$0	\$578,296	\$623,646	\$0	\$1,312,486		\$1,485,396	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$261,223)	(\$25,566)	\$0	(\$3,037)	\$4,195	\$14,319	(\$134,159)		(\$116,975)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$518,980		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$117,912
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,081,457	\$3,680,398	\$0	\$575,259	\$627,841	\$14,319	\$1,178,327	\$518,980	\$1,368,421	\$117,912
8	Total Nursing Facility Days	As Filed Days = 32,511 FY20 Audited C/R Days	32,995									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,511 FY20 GL-PL Ins Rpt Days								32,995		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.91	\$111.54	\$0.00	\$17.43	\$19.46	(with L&H)	\$35.71	\$15.73	\$41.47	\$3.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7138								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.08	\$0.00	\$17.43	\$19.46		\$35.71	\$15.73	\$41.47	\$3.57
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.57	\$65.08	\$0.00	\$17.43	\$19.46		\$30.83	\$15.73	10.47 (FRV)	\$3.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.57	\$65.08	\$0.00	\$17.43	\$19.46	\$0.00	\$30.83	\$15.73	\$10.47	\$3.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4635								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.73	\$95.24	\$0.00	\$17.43	\$19.46	\$0.00	\$30.83	\$15.73	\$10.47	\$3.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.07	\$4.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.80	\$99.58	\$0.00	\$17.65	\$19.87	\$0.00	\$47.93	\$15.73	\$10.47	\$3.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.28									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: LEE COUNTY HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00712665A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6712	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.19%	1.0%	Quarterly Medicaid CMI:			1.5244	1.5215
							3.61	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5514	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,166,310	\$2,099,045	\$0	\$452,016	\$462,743	\$0	\$696,311		\$456,195	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$79,346)	\$0	\$0	\$0	\$0	(\$208)	(\$37,587)		(\$41,551)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$31,785			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$41,551	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,160,300	\$2,099,045	\$0	\$452,016	\$462,743	(\$208)	\$658,724	\$31,785	\$414,644	\$41,551	
8	Total Nursing Facility Days	As Filed Days = 20,609 FY20 Audited C/R Days	20,609										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,609 FY20 GL-PL Ins Rpt Days								20,609			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.86	\$101.85	\$0.00	\$21.93	\$22.44	(with L&H)	\$31.96	\$1.54	\$20.12	\$2.02	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6712									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.94									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.94	\$0.00	\$21.93	\$22.44		\$31.96	\$1.54	\$20.12	\$2.02	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.28	\$60.94	\$0.00	\$21.93	\$22.44		\$30.83	\$1.54	13.58 (FRV)	\$2.02	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.28	\$60.94	\$0.00	\$21.93	\$22.44	\$0.00	\$30.83	\$1.54	\$13.58	\$2.02	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5514									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.88	\$94.54	\$0.00	\$21.93	\$22.44	\$0.00	\$30.83	\$1.54	\$13.58	\$2.02	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.05	\$4.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.93	\$98.86	\$0.00	\$22.15	\$22.85	\$0.00	\$47.93	\$1.54	\$13.58	\$2.02	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.87										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: BRYAN COUNTY HLTH & REHAB CTR Prvdr ID: 00715569A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
			Growth Allowance: N/A Qtrly BIMS score: 57.35% Nurse Hours per On-Site Day/Quality Incentive: 3.46				Add-on Percent: 0.00% 5.5% 3.0%				Base Period Overall CMI: 1.6622 Quarterly Medicaid CMI: 1.7955 Qtrly Mcaid CMI w RUG Wght Options: 1.8308		1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,398,203	\$3,505,998	\$0	\$627,906	\$761,913	\$0	\$1,050,357		\$452,029	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$449,589)	(\$54,312)	\$0	\$293	(\$3,178)	(\$38,928)	(\$254,263)		(\$99,201)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$199,724					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$108,262			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,256,600	\$3,451,686	\$0	\$628,199	\$758,735	(\$38,928)	\$796,094	\$199,724	\$352,828	\$108,262			
8	Total Nursing Facility Days	As Filed Days = 31,784 FY20 Audited C/R Days	31,784												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,784 FY20 GL-PL Ins Rpt Days								31,784					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.85	\$108.60	\$0.00	\$19.76	\$22.65	(with L&H)	\$25.05	\$6.28	\$11.10	\$3.41			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6622											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.34											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.34	\$0.00	\$19.76	\$22.65		\$25.05	\$6.28	\$11.10	\$3.41			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.57	\$65.34	\$0.00	\$19.76	\$22.65		\$25.05	\$6.28	13.08 (FRV)	\$3.41			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.57	\$65.34	\$0.00	\$19.76	\$22.65	\$0.00	\$25.05	\$6.28	\$13.08	\$3.41			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8308											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.62											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.85	\$119.62	\$0.00	\$19.76	\$22.65	\$0.00	\$25.05	\$6.28	\$13.08	\$3.41			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.58	\$6.58											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.59	\$3.59											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.80	\$10.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.65	\$130.32	\$0.00	\$19.98	\$23.06	\$0.00	\$42.52	\$6.28	\$13.08	\$3.41			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.16												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,084,687	\$4,387,273	\$0	\$694,271	\$834,511	\$0	\$1,254,856		\$1,913,776	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$368,846)	\$0	\$0	\$0	\$0	\$0	(\$234,698)		(\$134,148)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$256,501		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$134,148
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,106,490	\$4,387,273	\$0	\$694,271	\$834,511	\$0	\$1,020,158	\$256,501	\$1,779,628	\$134,148
8	Total Nursing Facility Days	As Filed Days = 44,849 FY20 Audited C/R Days	44,849									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,849 FY20 GL-PL Ins Rpt Days								44,849		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.05	\$97.82	\$0.00	\$15.48	\$18.61	(with L&H)	\$22.75	\$5.72	\$39.68	\$2.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5492								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.14	\$0.00	\$15.48	\$18.61		\$22.75	\$5.72	\$39.68	\$2.99
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.44	\$63.14	\$0.00	\$15.48	\$18.61		\$22.75	\$5.72	16.75 (FRV)	\$2.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.44	\$63.14	\$0.00	\$15.48	\$18.61	\$0.00	\$22.75	\$5.72	\$16.75	\$2.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5646								
18	Qtrly Routine Srvc 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	\$181.09	\$98.79	\$0.00	\$15.48	\$18.61	\$0.00	\$22.75	\$5.72	\$16.75	\$2.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	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	\$22.58	\$4.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.67	\$103.27	\$0.00	\$15.70	\$19.02	\$0.00	\$40.22	\$5.72	\$16.75	\$2.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.93									

Quarterly Case Mix Per Diem Rate Calculations

Interim

Provider: Northside Gwinnett Extended Care Center	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data		Facility Specific	State-wide
Pvdr ID: 00781382A	Growth Allowance:		N/A	0.00%	Base Period Overall CMI:		1.7126	1.5126
H/B ? : Yes	Case Mix Per Diem Rate Effective Date: 10/01/22	BIMS	31.6%	2.5%	Quarterly Medicaid CMI:		1.4145	1.5294
	MDS & Nurse Hrs Data per Quarter Ending: 06/30/22	Nurse Hours per On-Site Day/Quality Incentive:	6.97	5.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.4400	1.5030

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost 2019	FY2019 C/R - FY 2019 GL-PL Rpt		6,271,543		1,198,625	572,970	965,334	1,950,526	0	1,095,040	0
	Inflation (July 2020) @ 1.60%			100,345		19,178	24,613		31,208			0
	Patient Days	FY 2019 Cost Rpt		30,289		30,289	30,289		30,289		30,289	30,289
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 19 GL-PL Ins Rpt Days								0		
	Inflated NHC/ Patient Days			210.37		40.21	51.60		65.43	0.00	36.15	0.00
	Base Period Facility CMI for all Residents			1.7126								
	Routine Services Case Mix Adjusted Net Per Diem			\$122.84								
	Net Per Diems After Case Mix Adjustments		\$316.22	\$122.84		\$40.21	\$51.60		\$65.43	\$0.00	\$36.15	0.00
	Per Diem Standards			\$88.52		\$32.46	\$27.62		\$30.83			
	Base Period Case Mix Adjusted Allowed Per Diem		\$192.74	\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	13.31	0.00
	Quarterly Per Diem Rate Prior to Add-Ons										(FRV Rate)	
	Growth Allowance 0.00%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem After Growth Allowance		\$192.74	\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	\$13.31	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4400								
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$127.47								
	Quarterly Medicaid CMA Allowed Per Diem		\$231.69	\$127.47		\$32.46	\$27.62		\$30.83	\$0.00	\$13.31	\$0.00
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$3.19	3.19								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		\$6.37	6.37								
	Nursing Home Provider Fee		\$ 17.10					\$ 17.10				
	Total Quarterly Per Diem Add-On Amounts		\$26.66									
	Quarterly Case Mix Based Per Diem Rate		\$258.35	\$137.03		\$32.46	\$27.62		\$47.93	\$0.00	\$13.31	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$180.94										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: DUNWOODY HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00815295A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7555	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	20.18%	1.0%	Quarterly Medicaid CMI:			1.5380	1.5215
							3.65	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5637	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$16,514,138	\$7,973,038	\$0	\$1,161,506	\$1,487,807	\$0	\$2,178,127		\$3,713,660	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$654,841	(\$18,232)	\$0	\$0	\$0	\$0	\$252,416		\$420,657		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$60,235			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$496,903	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$17,726,117	\$7,954,806	\$0	\$1,161,506	\$1,487,807	\$0	\$2,430,543	\$60,235	\$4,134,317	\$496,903	
8	Total Nursing Facility Days As Filed Days = 69,026	FY20 Audited C/R Days	69,026										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 69,026	FY20 GL-PL Ins Rpt Days								69,026			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$256.80	\$115.24	\$0.00	\$16.83	\$21.55	(with L&H)	\$35.21	\$0.87	\$59.90	\$7.20	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7555									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.64									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.64	\$0.00	\$16.83	\$21.55		\$35.21	\$0.87	\$59.90	\$7.20	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.29	\$65.64	\$0.00	\$16.83	\$21.55		\$30.83	\$0.87	15.37 (FRV)	\$7.20	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.29	\$65.64	\$0.00	\$16.83	\$21.55	\$0.00	\$30.83	\$0.87	\$15.37	\$7.20	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5637									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.29	\$102.64	\$0.00	\$16.83	\$21.55	\$0.00	\$30.83	\$0.87	\$15.37	\$7.20	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.34	\$3.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.63	\$106.25	\$0.00	\$17.05	\$21.96	\$0.00	\$47.93	\$0.87	\$15.37	\$7.20	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.65										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide		
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
Provider: THE D. SCOTT HUDGENS CENTER FOR SKILLED NURSING Prvdr ID: 000815493B Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
							Facility Score	Add-on Percent					Facility Specific	State-wide
							N/A	0.00%					1.4372	1.5126
							64.00%	5.5%					1.5679	1.5215
							5.68	3.0%					1.5962	1.5482
Case Mix Based Rate Calculations (see Policy Manual)														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,996,300	\$1,563,860	\$0	\$358,606	\$363,723	\$0	\$530,248		\$179,863	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$23,846)	\$81,945	\$0	\$0	\$203	\$354	(\$87,402)		(\$18,946)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$5,457				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$18,975		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,996,886	\$1,645,805	\$0	\$358,606	\$363,926	\$354	\$442,846	\$5,457	\$160,917	\$18,975		
8	Total Nursing Facility Days	As Filed Days = 10,847 FY20 Audited C/R Days	10,847											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 10,847 FY20 GL-PL Ins Rpt Days								10,847				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$276.29	\$151.73	\$0.00	\$33.06	\$33.58	(with L&H)	\$40.83	\$0.50	\$14.84	\$1.75		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4372										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.57										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$105.57	\$0.00	\$33.06	\$33.58		\$40.83	\$0.50	\$14.84	\$1.75		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.78	\$88.52	\$0.00	\$24.48	\$27.62		\$30.83	\$0.50	23.08 (FRV)	\$1.75		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.78	\$88.52	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$0.50	\$23.08	\$1.75		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5962										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.30										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.56	\$141.30	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$0.50	\$23.08	\$1.75		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$7.77	\$7.77										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.24	\$4.24										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.11	\$12.01	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$278.67	\$153.31	\$0.00	\$24.48	\$27.62	\$0.00	\$47.93	\$0.50	\$23.08	\$1.75		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.18											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: LIFE CARE CTR OF LAWRENCEVILLE		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00818914A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5321	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	22.22%	1.0%	Quarterly Medicaid CMI:			1.4621	1.5215
							3.41	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4836	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,748,003	\$4,194,097	\$0	\$803,336	\$769,308	\$0	\$1,443,813		\$537,449	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$320,056)	(\$54,406)	\$0	(\$1,490)	(\$129)	\$4,440	(\$134,212)		(\$134,259)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$132,361			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$139,310	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,699,618	\$4,139,691	\$0	\$801,846	\$769,179	\$4,440	\$1,309,601	\$132,361	\$403,190	\$139,310	
8	Total Nursing Facility Days	As Filed Days = 31,564 FY20 Audited C/R Days	31,564										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,564 FY20 GL-PL Ins Rpt Days								31,564			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.92	\$131.15	\$0.00	\$25.40	\$24.51	(with L&H)	\$41.49	\$4.19	\$12.77	\$4.41	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5321									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.60									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.60	\$0.00	\$25.40	\$24.51		\$41.49	\$4.19	\$12.77	\$4.41	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.66	\$85.60	\$0.00	\$24.48	\$24.51		\$30.83	\$4.19	16.64 (FRV)	\$4.41	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.66	\$85.60	\$0.00	\$24.48	\$24.51	\$0.00	\$30.83	\$4.19	\$16.64	\$4.41	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4836									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.06	\$127.00	\$0.00	\$24.48	\$24.51	\$0.00	\$30.83	\$4.19	\$16.64	\$4.41	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.81	\$3.81									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.12	\$5.61	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$255.18	\$132.61	\$0.00	\$24.48	\$24.92	\$0.00	\$47.93	\$4.19	\$16.64	\$4.41	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.56										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: SENIOR CARE CENTER - BRUNSWICK Prvdr ID: 000830827B		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A Qtrly BIMS score: 30.21% Nurse Hours per On-Site Day/Quality Incentive: 3.76				N/A	0.00% 2.5% 2.0%	Base Period Overall CMI: 1.4206 Quarterly Medicaid CMI: 1.3302 Qtrly Mcaid CMI w RUG Wght Options: 1.3501			1.4206 1.3302 1.3501	1.5126 1.5215 1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$17,977,744	\$10,798,632	\$0	\$1,810,974	\$782,063	\$433,996	\$3,019,476		\$1,132,603	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$276,230)	\$0	\$0	\$0	\$0	\$0	(\$541,449)		\$265,219	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$276,230		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$17,142
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$17,994,886	\$10,798,632	\$0	\$1,810,974	\$782,063	\$433,996	\$2,478,027	\$276,230	\$1,397,822	\$17,142
8	Total Nursing Facility Days As Filed Days = 70,250	FY20 Audited C/R Days	70,639									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 70,250	FY20 GL-PL Ins Rpt Days								70,639		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$254.75	\$152.87	\$0.00	\$25.64	\$17.22	(with L&H)	\$35.08	\$3.91	\$19.79	\$0.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4206								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$107.61	\$0.00	\$25.64	\$17.22		\$35.08	\$3.91	\$19.79	\$0.24
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.76	\$88.52	\$0.00	\$24.48	\$17.22		\$30.83	\$3.91	13.56 (FRV)	\$0.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.76	\$88.52	\$0.00	\$24.48	\$17.22	\$0.00	\$30.83	\$3.91	\$13.56	\$0.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3501								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.75	\$119.51	\$0.00	\$24.48	\$17.22	\$0.00	\$30.83	\$3.91	\$13.56	\$0.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.39	\$2.39								
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	\$5.79	\$5.38	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.54	\$124.89	\$0.00	\$24.48	\$17.63	\$0.00	\$30.83	\$3.91	\$13.56	\$0.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.66									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: ROSELANE HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00831751A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8005	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	26.92%	1.0%	Quarterly Medicaid CMI:			1.6787	1.5215
							3.48	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7082	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,981,130	\$5,168,746	\$0	\$758,580	\$836,809	\$0	\$1,235,129		\$1,981,866	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$443,163	\$0	\$0	\$0	\$0	\$0	\$485,167		(\$42,004)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$57,291			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$42,004	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$10,523,588	\$5,168,746	\$0	\$758,580	\$836,809	\$0	\$1,720,296	\$57,291	\$1,939,862	\$42,004	
8	Total Nursing Facility Days As Filed Days = 42,525	FY20 Audited C/R Days	42,525										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,525	FY20 GL-PL Ins Rpt Days								42,525			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$247.48	\$121.55	\$0.00	\$17.84	\$19.68	(with L&H)	\$40.45	\$1.35	\$45.62	\$0.99	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.8005									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.51									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.51	\$0.00	\$17.84	\$19.68		\$40.45	\$1.35	\$45.62	\$0.99	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.85	\$67.51	\$0.00	\$17.84	\$19.68		\$30.83	\$1.35	13.65 (FRV)	\$0.99	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.85	\$67.51	\$0.00	\$17.84	\$19.68	\$0.00	\$30.83	\$1.35	\$13.65	\$0.99	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7082									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.66	\$115.32	\$0.00	\$17.84	\$19.68	\$0.00	\$30.83	\$1.35	\$13.65	\$0.99	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.72	\$3.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.38	\$119.31	\$0.00	\$18.06	\$20.09	\$0.00	\$47.93	\$1.35	\$13.65	\$0.99	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.21										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide	
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	
Provider: REGENCY PARK HEALTH AND REHABILITATION														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.5131	1.5126
Prvdr ID: 00837207A														Qtrly BIMS score	13.73%	0.0%	Quarterly Medicaid CMI:	1.4587	1.5215
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	6.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.4830	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																			
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>										
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$9,229,400	\$4,966,816	\$0	\$876,943	\$670,422	\$0	\$2,200,415		\$514,804	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$473,036)	(\$21,743)	\$0	\$0	\$0	\$9,829	(\$461,122)		\$0								
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$332,664									
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$9,660							
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$9,098,688	\$4,945,073	\$0	\$876,943	\$670,422	\$9,829	\$1,739,293	\$332,664	\$514,804	\$9,660							
8	Total Nursing Facility Days	FY20 Audited C/R Days	30,180																
	As Filed Days = 30,180																		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY20 GL-PL Ins Rpt Days								30,180									
	As Filed Days = 30,180																		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$301.48	\$163.85	\$0.00	\$29.06	\$22.54	(with L&H)	\$57.63	\$11.02	\$17.06	\$0.32							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5131															
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$108.29															
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.29	\$0.00	\$29.06	\$22.54		\$57.63	\$11.02	\$17.06	\$0.32							
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.78	\$88.52	\$0.00	\$24.48	\$22.54		\$30.83	\$11.02	21.07	\$0.32							
											(FRV)								
Quarterly Per Diem Rate Prior to Add-ons																			
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A							
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.78	\$88.52	\$0.00	\$24.48	\$22.54	\$0.00	\$30.83	\$11.02	\$21.07	\$0.32							
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4830															
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.28															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.54	\$131.28	\$0.00	\$24.48	\$22.54	\$0.00	\$30.83	\$11.02	\$21.07	\$0.32							
Quarterly Per Diem Add-on Amounts																			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00								
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.45	\$3.94	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00							
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$262.99	\$135.22	\$0.00	\$24.48	\$22.95	\$0.00	\$47.93	\$11.02	\$21.07	\$0.32							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.42																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: ROCKDALE HEALTHCARE CENTER														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.6191	1.5126	
Prvdr ID: 00838252A														Qtrly BIMS score	23.44%	1.0%	Quarterly Medicaid CMI:	1.5610	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	3.82	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5898	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$8,294,313	\$3,812,902	\$0	\$624,540	\$669,932	\$0	\$1,232,580		\$1,954,359	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$299,119)	\$0	\$0	\$0	\$0	\$0	(\$172,567)		(\$126,552)									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$191,419										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$126,552								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$8,313,165	\$3,812,902	\$0	\$624,540	\$669,932	\$0	\$1,060,013	\$191,419	\$1,827,807	\$126,552								
8	Total Nursing Facility Days	As Filed Days = 34,083 FY20 Audited C/R Days	34,083																	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,083 FY20 GL-PL Ins Rpt Days								34,083										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.91	\$111.87	\$0.00	\$18.32	\$19.66	(with L&H)	\$31.10	\$5.62	\$53.63	\$3.71								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6191																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.09																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.09	\$0.00	\$18.32	\$19.66		\$31.10	\$5.62	\$53.63	\$3.71								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.77	\$69.09	\$0.00	\$18.32	\$19.66		\$30.83	\$5.62	12.54 (FRV)	\$3.71								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.77	\$69.09	\$0.00	\$18.32	\$19.66	\$0.00	\$30.83	\$5.62	\$12.54	\$3.71								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5898																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.84																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.52	\$109.84	\$0.00	\$18.32	\$19.66	\$0.00	\$30.83	\$5.62	\$12.54	\$3.71								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00								
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	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 Srvc)	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	\$22.66	\$4.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.18	\$114.77	\$0.00	\$18.54	\$20.07	\$0.00	\$47.93	\$5.62	\$12.54	\$3.71								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.56																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide							
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:	Facility Specific	State-wide	Nurse Hours per On-Site Day/Quality Incentive:	Facility Score	Add-on Percent
Provider: COASTAL MANOR Prvdr ID: 00856028A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Growth Allowance: N/A Qtrly BIMS score: 43.24% Nurse Hours per On-Site Day/Quality Incentive: 4.24			Facility Score: N/A Add-on Percent: 0.00% 2.5% 3.0%			Base Period Overall CMI: 1.4786 Quarterly Medicaid CMI: 1.4327 Qtrly Mcaid CMI w RUG Wght Options: 1.4570			1.4786	1.5126	1.4327	1.5215	1.4570	1.5482
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>																		
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,589,851	\$3,496,714	\$0	\$942,570	\$341,341	\$603,199	\$689,908		\$516,119	\$0															
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$128,573)	(\$117,522)	\$0	\$100,893	\$0	\$0	(\$79,090)		(\$32,854)																
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$95,719																	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$32,854															
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,589,851	\$3,379,192	\$0	\$1,043,463	\$341,341	\$603,199	\$610,818	\$95,719	\$483,265	\$32,854															
8	Total Nursing Facility Days As Filed Days = 38,048	FY20 Audited C/R Days	38,048																								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,048	FY20 GL-PL Ins Rpt Days								38,048																	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$173.18	\$88.81	\$0.00	\$27.42	\$24.82	(with L&H)	\$16.05	\$2.52	\$12.70	\$0.86															
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4786																							
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.06																							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.06	\$0.00	\$27.42	\$24.82		\$16.05	\$2.52	\$12.70	\$0.86															
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A																
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.47	\$60.06	\$0.00	\$27.42	\$24.82		\$16.05	\$2.52	14.74 (FRV)	\$0.86															
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.47	\$60.06	\$0.00	\$27.42	\$24.82	\$0.00	\$16.05	\$2.52	\$14.74	\$0.86															
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4570																							
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.51																							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.92	\$87.51	\$0.00	\$27.42	\$24.82	\$0.00	\$16.05	\$2.52	\$14.74	\$0.86															
Quarterly Per Diem Add-on Amounts																											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19																							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63																							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.45	\$5.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00															
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.37	\$92.86	\$0.00	\$27.64	\$25.23	\$0.00	\$33.52	\$2.52	\$14.74	\$0.86															
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.20																								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide				
													Facility Score	Add-on Percent	Growth Allowance:	Qtrly BIMS score	Nurse Hours per On-Site Day/Quality Incentive:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:				
Provider: CANDLER SKILLED NURSING UNIT Prvdr ID: 00870911A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													N/A	0.00%	10.54	0.00%	0.0%	1.5482	1.5215	1.5482	1.5482	1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS																								
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>															
Peer Group Standards & Efficiency Measure Limits																								
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%															
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%															
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37															
Base Period Per Diem Allowed Amounts																								
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$1,937,629	\$965,844	\$0	\$66,725	\$81,995	\$119,209	\$395,443		\$308,413	\$0												
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$25,327)	\$0	\$0	\$0	\$0	\$0	(\$19,533)		(\$5,794)													
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$19,533														
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$5,794												
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$1,937,629	\$965,844	\$0	\$66,725	\$81,995	\$119,209	\$375,910	\$19,533	\$302,619	\$5,794												
8	Total Nursing Facility Days	As Filed Days = 3,294 FY20 Audited C/R Days	3,294																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 3,294 FY20 GL-PL Ins Rpt Days								3,294														
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$588.23	\$293.21	\$0.00	\$20.26	\$61.08	(with L&H)	\$114.12	\$5.93	\$91.87	\$1.76												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5482																				
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$189.39																				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$189.39	\$0.00	\$20.26	\$61.08		\$114.12	\$5.93	\$91.87	\$1.76												
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.26	\$88.52	\$0.00	\$20.26	\$27.62		\$30.83	\$5.93	11.34 (FRV)	\$1.76												
Quarterly Per Diem Rate Prior to Add-ons																								
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A												
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.26	\$88.52	\$0.00	\$20.26	\$27.62	\$0.00	\$30.83	\$5.93	\$11.34	\$1.76												
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5482																				
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.05																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.79	\$137.05	\$0.00	\$20.26	\$27.62	\$0.00	\$30.83	\$5.93	\$11.34	\$1.76												
Quarterly Per Diem Add-on Amounts																								
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00													
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00																				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10															
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$252.11	\$137.05	\$0.00	\$20.48	\$27.62	\$0.00	\$47.93	\$5.93	\$11.34	\$1.76												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.26																					

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,658,295	\$3,883,497	\$0	\$496,652	\$835,686	\$0	\$1,234,191		\$208,269	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$223,179)	(\$70,962)	\$0	\$0	(\$5,500)	(\$8,858)	(\$120,287)		(\$17,572)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$181,572		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$19,536
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,636,224	\$3,812,535	\$0	\$496,652	\$830,186	(\$8,858)	\$1,113,904	\$181,572	\$190,697	\$19,536
8	Total Nursing Facility Days As Filed Days = 28,231	FY20 Audited C/R Days	28,231									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,231	FY20 GL-PL Ins Rpt Days								28,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.06	\$135.05	\$0.00	\$17.59	\$29.09	(with L&H)	\$39.46	\$6.43	\$6.75	\$0.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6602								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.34	\$0.00	\$17.59	\$29.09		\$39.46	\$6.43	\$6.75	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.21	\$81.34	\$0.00	\$17.59	\$27.62		\$30.83	\$6.43	19.71 (FRV)	\$0.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.21	\$81.34	\$0.00	\$17.59	\$27.62	\$0.00	\$30.83	\$6.43	\$19.71	\$0.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6408								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.33	\$133.46	\$0.00	\$17.59	\$27.62	\$0.00	\$30.83	\$6.43	\$19.71	\$0.69
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$3.34	\$3.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.67	\$6.67								
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	\$27.86	\$10.54	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$264.19	\$144.00	\$0.00	\$17.81	\$27.62	\$0.00	\$47.93	\$6.43	\$19.71	\$0.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.32									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide		
Provider: ATRIUM HEALTH NAVICENT BALDWIN														Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	1.9750	1.5126	
Prvdr ID: 00947658A														Qtrly BIMS score	0.00%	0.0%	Quarterly Medicaid CMI:	1.9360	1.5215	
Case Mix Per Diem Rate Effective Date: 10/1/2022														Nurse Hours per On-Site Day/Quality Incentive:	5.28	0.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.9750	1.5482	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22																				
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,314,384	\$1,041,218	\$0	\$158,942	\$67,917	\$101,919	\$806,643		\$137,745	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$93,023)	\$0	\$0	\$0	\$0	\$0	(\$93,023)		\$0									
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$93,023										
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$0								
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,314,384	\$1,041,218	\$0	\$158,942	\$67,917	\$101,919	\$713,620	\$93,023	\$137,745	\$0								
8	Total Nursing Facility Days As Filed Days = 4,001	FY20 Audited C/R Days	4,001																	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 4,001	FY20 GL-PL Ins Rpt Days								4,001										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$578.46	\$260.24	\$0.00	\$39.73	\$42.45	(with L&H)	\$178.36	\$23.25	\$34.43	\$0.00								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.9750																
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$131.77																
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$131.77	\$0.00	\$39.73	\$42.45		\$178.36	\$23.25	\$34.43	\$0.00								
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$32.46	\$27.62		\$30.83	\$0.00	N/A									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.44	\$88.52	\$0.00	\$32.46	\$27.62		\$30.83	\$23.25	19.76 (FRV)	\$0.00								
Quarterly Per Diem Rate Prior to Add-ons																				
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.44	\$88.52	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$23.25	\$19.76	\$0.00								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9750																
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$174.83																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$308.75	\$174.83	\$0.00	\$32.46	\$27.62	\$0.00	\$30.83	\$23.25	\$19.76	\$0.00								
Quarterly Per Diem Add-on Amounts																				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00								
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$325.85	\$174.83	\$0.00	\$32.46	\$27.62	\$0.00	\$47.93	\$23.25	\$19.76	\$0.00								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$231.56																	

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: ZEBULON PARK HEALTH AND REHABILITATION Prvdr ID: 003125041B		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Growth Allowance: N/A Qtrly BIMS score: 25.81% Nurse Hours per On-Site Day/Quality Incentive: 3.99				N/A	0.00% 1.0% 4.0%	Base Period Overall CMI: 1.4513 Quarterly Medicaid CMI: 1.6772 Qtrly Mcaid CMI w RUG Wght Options: 1.7077			1.4513 1.6772 1.7077	1.5126 1.5215 1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,094,739	\$2,474,320	\$0	\$444,956	\$525,877	\$0	\$925,336		\$724,250	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$5,136	\$0	\$0	\$0	(\$664)	\$10,235	\$16,786		(\$21,221)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$35,612		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$21,147
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,156,634	\$2,474,320	\$0	\$444,956	\$525,213	\$10,235	\$942,122	\$35,612	\$703,029	\$21,147
8	Total Nursing Facility Days As Filed Days = 22,313	FY20 Audited C/R Days	22,313									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,313	FY20 GL-PL Ins Rpt Days								22,313		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$231.11	\$110.89	\$0.00	\$19.94	\$24.00	(with L&H)	\$42.22	\$1.60	\$31.51	\$0.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.4513								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.41	\$0.00	\$19.94	\$24.00		\$42.22	\$1.60	\$31.51	\$0.95
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.35	\$76.41	\$0.00	\$19.94	\$24.00		\$30.83	\$1.60	31.62 (FRV)	\$0.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.35	\$76.41	\$0.00	\$19.94	\$24.00	\$0.00	\$30.83	\$1.60	\$31.62	\$0.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7077								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.43	\$130.49	\$0.00	\$19.94	\$24.00	\$0.00	\$30.83	\$1.60	\$31.62	\$0.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.22	\$5.22								
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	\$24.78	\$7.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$264.21	\$137.54	\$0.00	\$20.16	\$24.41	\$0.00	\$47.93	\$1.60	\$31.62	\$0.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.33									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
Provider: ANSLEY PARK HEALTH AND REHABILITATION Prvdr ID: 003136416A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
			Growth Allowance: N/A Qtrly BIMS score: 0.00% Nurse Hours per On-Site Day/Quality Incentive: 4.22				Add-on Percent: 0.00% 0.0% 3.0%				Base Period Overall CMI: 1.5403 Quarterly Medicaid CMI: 1.5414 Qtrly Mcaid CMI w RUG Wght Options: 1.5706		1.5126	1.5215	1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,952,784	\$2,630,523	\$0	\$504,463	\$545,439	\$0	\$890,327		\$382,032	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$65,460	\$0	\$0	\$0	\$0	\$13,747	\$74,877		(\$23,164)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$35,580					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$23,164			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,076,988	\$2,630,523	\$0	\$504,463	\$545,439	\$13,747	\$965,204	\$35,580	\$358,868	\$23,164			
8	Total Nursing Facility Days	As Filed Days = 20,138 FY20 Audited C/R Days	20,138												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,138 FY20 GL-PL Ins Rpt Days								20,138					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$252.11	\$130.62	\$0.00	\$25.05	\$27.77	(with L&H)	\$47.93	\$1.77	\$17.82	\$1.15			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5403											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.80											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.80	\$0.00	\$25.05	\$27.77		\$47.93	\$1.77	\$17.82	\$1.15			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.74	\$84.80	\$0.00	\$24.48	\$27.62		\$30.83	\$1.77	36.09 (FRV)	\$1.15			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.74	\$84.80	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.77	\$36.09	\$1.15			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5706											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.19											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.13	\$133.19	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.77	\$36.09	\$1.15			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	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 Srvc)	Ln 19 Col b x Stfng Add-on	\$4.00	\$4.00											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.63	\$4.53	\$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	\$276.76	\$137.72	\$0.00	\$24.48	\$27.62	\$0.00	\$47.93	\$1.77	\$36.09	\$1.15			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.75												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,688,724	\$1,628,731	\$0	\$388,098	\$400,026	\$0	\$899,703		\$372,166	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$31,870	\$0	\$0	\$0	\$0	\$7,096	\$34,267		(\$9,493)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$22,100		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$9,493
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,752,187	\$1,628,731	\$0	\$388,098	\$400,026	\$7,096	\$933,970	\$22,100	\$362,673	\$9,493
8	Total Nursing Facility Days	As Filed Days = 13,682 FY20 Audited C/R Days	13,682									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 13,682 FY20 GL-PL Ins Rpt Days								13,682		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$274.25	\$119.04	\$0.00	\$28.37	\$29.76	(with L&H)	\$68.26	\$1.62	\$26.51	\$0.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6429								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.46	\$0.00	\$28.37	\$29.76		\$68.26	\$1.62	\$26.51	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.59	\$72.46	\$0.00	\$24.48	\$27.62		\$30.83	\$1.62	30.89 (FRV)	\$0.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.59	\$72.46	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.62	\$30.89	\$0.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5393								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.67	\$111.54	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$1.62	\$30.89	\$0.69
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.46	\$4.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.09	\$4.99	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.76	\$116.53	\$0.00	\$24.48	\$27.62	\$0.00	\$47.93	\$1.62	\$30.89	\$0.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: CHELSEY PARK HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 003165720A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5440	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.41%	1.0%	Quarterly Medicaid CMI:			1.5413	1.5215
							3.62	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5685	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,520,475	\$2,325,992	\$0	\$431,049	\$488,227	\$0	\$762,171		\$513,036	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$3,571	(\$1,159)	\$0	\$0	(\$1,741)	\$9,575	\$22,360		(\$25,464)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$31,655			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$25,231	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,580,932	\$2,324,833	\$0	\$431,049	\$486,486	\$9,575	\$784,531	\$31,655	\$487,572	\$25,231	
8	Total Nursing Facility Days	As Filed Days = 18,843 FY20 Audited C/R Days	18,843										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,843 FY20 GL-PL Ins Rpt Days								18,843			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.13	\$123.38	\$0.00	\$22.88	\$26.33	(with L&H)	\$41.64	\$1.68	\$25.88	\$1.34	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5440									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.91									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.91	\$0.00	\$22.88	\$26.33		\$41.64	\$1.68	\$25.88	\$1.34	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.05	\$79.91	\$0.00	\$22.88	\$26.33		\$30.83	\$1.68	35.08 (FRV)	\$1.34	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.05	\$79.91	\$0.00	\$22.88	\$26.33	\$0.00	\$30.83	\$1.68	\$35.08	\$1.34	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5685									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.34									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.48	\$125.34	\$0.00	\$22.88	\$26.33	\$0.00	\$30.83	\$1.68	\$35.08	\$1.34	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$269.26	\$133.39	\$0.00	\$23.10	\$26.74	\$0.00	\$47.93	\$1.68	\$35.08	\$1.34	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.12										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: HARRINGTON PARK HEALTH AND REHABILITATION		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 003165726A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.3682	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	29.17%	1.0%	Quarterly Medicaid CMI:			1.4824	1.5215
							3.64	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5088	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$4,878,830	\$2,321,405	\$0	\$485,686	\$463,901	\$0	\$870,520		\$737,318	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$33,217	\$0	\$0	\$0	(\$1,690)	\$7,358	\$54,984		(\$27,435)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$30,355			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$27,151	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$4,969,553	\$2,321,405	\$0	\$485,686	\$462,211	\$7,358	\$925,504	\$30,355	\$709,883	\$27,151	
8	Total Nursing Facility Days	As Filed Days = 18,607 FY20 Audited C/R Days	18,607										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,607 FY20 GL-PL Ins Rpt Days								18,607			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$267.08	\$124.76	\$0.00	\$26.10	\$25.24	(with L&H)	\$49.74	\$1.63	\$38.15	\$1.46	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3682									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.18									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.18	\$0.00	\$26.10	\$25.24		\$49.74	\$1.63	\$38.15	\$1.46	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.84	\$88.52	\$0.00	\$24.48	\$25.24		\$30.83	\$1.63	35.68 (FRV)	\$1.46	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.84	\$88.52	\$0.00	\$24.48	\$25.24	\$0.00	\$30.83	\$1.63	\$35.68	\$1.46	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5088									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.88	\$133.56	\$0.00	\$24.48	\$25.24	\$0.00	\$30.83	\$1.63	\$35.68	\$1.46	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.68	\$6.68									
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	\$25.53	\$8.02	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$278.41	\$141.58	\$0.00	\$24.48	\$25.65	\$0.00	\$47.93	\$1.63	\$35.68	\$1.46	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.98										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				a	b	c	d	e	f	g	g	h
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 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 <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$25,021,063	\$14,499,524	\$0	\$2,222,159	\$2,658,656	\$0	\$4,910,011		\$730,713	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$2,320,788)	(\$1,879,703)	\$0	\$0	\$0	\$0	(\$441,085)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$159,800		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$22,860,075	\$12,619,821	\$0	\$2,222,159	\$2,658,656	\$0	\$4,468,926	\$159,800	\$730,713	\$0
8	Total Nursing Facility Days	As Filed Days = 68,828 FY20 Audited C/R Days	68,828									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 68,828 FY20 GL-PL Ins Rpt Days								68,828		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$332.14	\$183.35	\$0.00	\$32.29	\$38.63	(with L&H)	\$64.93	\$2.32	\$10.62	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.3224								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$138.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$138.65	\$0.00	\$32.29	\$38.63		\$64.93	\$2.32	\$10.62	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.52	\$88.52	\$0.00	\$24.48	\$27.62		\$30.83	\$2.32	14.75 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.52	\$88.52	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$2.32	\$14.75	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1847								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.87	\$104.87	\$0.00	\$24.48	\$27.62	\$0.00	\$30.83	\$2.32	\$14.75	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.10	\$2.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.25	\$3.15	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.12	\$108.02	\$0.00	\$24.48	\$27.62	\$0.00	\$47.93	\$2.32	\$14.75	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.02									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance		
			a	b	c	d	e	f	g	g	h	i
Provider: MEADOWS PARK HEALTH AND REHABILITATION Prvdr ID: 003167911A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22												
			Facility Score: N/A Add-on Percent: 0.00% Growth Allowance: N/A Qtrly BIMS score: 29.17% Nurse Hours per On-Site Day/Quality Incentive: 4.06				Base Period Overall CMI: 1.7348 Quarterly Medicaid CMI: 1.6350 Qtrly Mcaid CMI w RUG Wght Options: 1.6676				Facility Specific: 1.7348 State-wide: 1.5126 1.6350 1.5215 1.6676 1.5482	
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,508,023	\$2,927,689	\$0	\$472,127	\$533,116	\$0	\$998,940		\$576,151	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$10,677	\$2,268	\$0	\$0	\$0	\$5,386	\$27,811		(\$24,788)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$39,780		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$24,788
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,583,268	\$2,929,957	\$0	\$472,127	\$533,116	\$5,386	\$1,026,751	\$39,780	\$551,363	\$24,788
8	Total Nursing Facility Days	As Filed Days = 24,839 FY20 Audited C/R Days	24,839									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,839 FY20 GL-PL Ins Rpt Days								24,839		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.79	\$117.96	\$0.00	\$19.01	\$21.68	(with L&H)	\$41.34	\$1.60	\$22.20	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.7348								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.00	\$0.00	\$19.01	\$21.68		\$41.34	\$1.60	\$22.20	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.18	\$68.00	\$0.00	\$19.01	\$21.68		\$30.83	\$1.60	29.06 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.18	\$68.00	\$0.00	\$19.01	\$21.68	\$0.00	\$30.83	\$1.60	\$29.06	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6676								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.58	\$113.40	\$0.00	\$19.01	\$21.68	\$0.00	\$30.83	\$1.60	\$29.06	\$1.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.80	\$6.80								
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	\$26.19	\$8.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.77	\$121.86	\$0.00	\$19.23	\$22.09	\$0.00	\$47.93	\$1.60	\$29.06	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance				
			a	b	c	d	e	f	g	g	h	i		
Provider: ROCKMART HEALTH Pvdr ID: 003182988A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
			Growth Allowance: N/A Qtrly BIMS score: 21.43% Nurse Hours per On-Site Day/Quality Incentive: 3.48				Add-on Percent: 0.00% 1.0% 3.0%				Base Period Overall CMI: 1.5946 Quarterly Medicaid CMI: 1.5091 Qtrly Mcaid CMI w RUG Wght Options: 1.5353		Facility Specific: 1.5946 1.5091 1.5353	State-wide: 1.5126 1.5215 1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$3,311,521	\$1,630,971	\$0	\$377,960	\$447,493	\$0	\$519,455		\$335,642	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$77,431)	(\$999)	\$0	\$0	\$1,076	\$852	(\$55,426)		(\$22,934)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$53,269				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$23,034		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,310,393	\$1,629,972	\$0	\$377,960	\$448,569	\$852	\$464,029	\$53,269	\$312,708	\$23,034		
8	Total Nursing Facility Days	As Filed Days = 16,587 FY20 Audited C/R Days		16,587										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,587 FY20 GL-PL Ins Rpt Days								16,587				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.58	\$98.27	\$0.00	\$22.79	\$27.09	(with L&H)	\$27.98	\$3.21	\$18.85	\$1.39		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5946										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.63										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.63	\$0.00	\$22.79	\$27.09		\$27.98	\$3.21	\$18.85	\$1.39		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.12	\$61.63	\$0.00	\$22.79	\$27.09		\$27.98	\$3.21	9.03 (FRV)	\$1.39		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.12	\$61.63	\$0.00	\$22.79	\$27.09	\$0.00	\$27.98	\$3.21	\$9.03	\$1.39		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5353										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.62										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.11	\$94.62	\$0.00	\$22.79	\$27.09	\$0.00	\$27.98	\$3.21	\$9.03	\$1.39		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.52	\$0.53	\$0.00	\$0.22	\$0.40	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.41	\$4.32	\$0.00	\$0.22	\$0.40	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.52	\$98.94	\$0.00	\$23.01	\$27.49	\$0.00	\$45.45	\$3.21	\$9.03	\$1.39		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.57											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance			
				a	b	c	d	e	f	g	g	h	i		
Provider: ADVANCED HEALTH AND REHAB OF TWIGGS COUNTY Prvdr ID: 003185378A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22															
				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 40.22% Nurse Hours per On-Site Day/Quality Incentive: 3.38			Facility Score Add-on Percent: 0.00% 2.5% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.5787 Quarterly Medicaid CMI: 1.6730 Qtrly Mcaid CMI w RUG Wght Options: 1.7053			Facility Specific 1.5787 1.6730 1.7053		State-wide 1.5126 1.5215 1.5482
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>						
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,589,995	\$4,137,643	\$0	\$599,471	\$641,443	\$0	\$1,413,487		\$797,951	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$145,561)	\$0	\$0	\$0	\$0	(\$6,237)	(\$105,284)		(\$34,040)				
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$99,936					
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$34,040			
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,578,410	\$4,137,643	\$0	\$599,471	\$641,443	(\$6,237)	\$1,308,203	\$99,936	\$763,911	\$34,040			
8	Total Nursing Facility Days	As Filed Days = 36,075 FY20 Audited C/R Days	36,075												
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,075 FY20 GL-PL Ins Rpt Days								36,075					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.08	\$114.70	\$0.00	\$16.62	\$17.61	(with L&H)	\$36.26	\$2.77	\$21.18	\$0.94			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5787											
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.66											
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.66	\$0.00	\$16.62	\$17.61		\$36.26	\$2.77	\$21.18	\$0.94			
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.90	\$72.66	\$0.00	\$16.62	\$17.61		\$30.83	\$2.77	15.47 (FRV)	\$0.94			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.90	\$72.66	\$0.00	\$16.62	\$17.61	\$0.00	\$30.83	\$2.77	\$15.47	\$0.94			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7053											
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.91											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.15	\$123.91	\$0.00	\$16.62	\$17.61	\$0.00	\$30.83	\$2.77	\$15.47	\$0.94			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$3.10	\$3.10											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.72	\$3.72											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.08	\$7.35	\$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	\$233.23	\$131.26	\$0.00	\$16.84	\$18.02	\$0.00	\$47.93	\$2.77	\$15.47	\$0.94			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.10												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: ARCHWAY TRANSITIONAL CARE CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 003185502A		Case Mix Per Diem Rate Effective Date: 10/1/2022		Growth Allowance: N/A		N/A	0.00%	Base Period Overall CMI: 1.2399		1.2399	1.5126		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Qtrly BIMS score: 71.25%		Nurse Hours per On-Site Day/Quality Incentive: 3.54		3.54	5.5%	Quarterly Medicaid CMI: 1.3569		1.3569	1.5215		
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3791		1.3791	1.5482		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$7,431,256	\$3,829,511	\$0	\$557,488	\$750,457	\$0	\$1,421,743		\$872,057	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$110,059)	(\$13,039)	\$0	\$0	\$0	\$1,960	(\$25,486)		(\$73,494)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$54,540			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$73,494	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$7,449,231	\$3,816,472	\$0	\$557,488	\$750,457	\$1,960	\$1,396,257	\$54,540	\$798,563	\$73,494	
8	Total Nursing Facility Days	As Filed Days = 32,353 FY20 Audited C/R Days	32,353										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,353 FY20 GL-PL Ins Rpt Days								32,353			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$230.25	\$117.96	\$0.00	\$17.23	\$23.26	(with L&H)	\$43.16	\$1.69	\$24.68	\$2.27	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2399									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.13									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.13	\$0.00	\$17.23	\$23.26		\$43.16	\$1.69	\$24.68	\$2.27	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.22	\$88.52	\$0.00	\$17.23	\$23.26		\$30.83	\$1.69	23.42 (FRV)	\$2.27	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.22	\$88.52	\$0.00	\$17.23	\$23.26	\$0.00	\$30.83	\$1.69	\$23.42	\$2.27	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3791									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.08									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.78	\$122.08	\$0.00	\$17.23	\$23.26	\$0.00	\$30.83	\$1.69	\$23.42	\$2.27	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.71	\$6.71									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.66	\$3.66									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.10	\$10.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.88	\$132.45	\$0.00	\$17.45	\$23.67	\$0.00	\$47.93	\$1.69	\$23.42	\$2.27	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.84										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: OCEANSIDE HEALTH AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 003188970A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5553	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	27.45%	1.0%	Quarterly Medicaid CMI:			1.7749	1.5215
							2.82	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8095	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,069,340	\$2,665,716	\$0	\$407,535	\$613,435	\$0	\$765,099		\$617,555	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$149,720)	(\$2,558)	\$0	\$0	\$0	\$0	(\$52,247)		(\$94,915)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$52,247			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$94,915	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,066,782	\$2,663,158	\$0	\$407,535	\$613,435	\$0	\$712,852	\$52,247	\$522,640	\$94,915	
8	Total Nursing Facility Days	As Filed Days = 26,828 FY20 Audited C/R Days	26,828										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,828 FY20 GL-PL Ins Rpt Days								26,828			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.87	\$99.27	\$0.00	\$15.19	\$22.87	(with L&H)	\$26.57	\$1.95	\$19.48	\$3.54	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5553									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.83									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.83	\$0.00	\$15.19	\$22.87		\$26.57	\$1.95	\$19.48	\$3.54	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.56	\$63.83	\$0.00	\$15.19	\$22.87		\$26.57	\$1.95	16.61 (FRV)	\$3.54	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.56	\$63.83	\$0.00	\$15.19	\$22.87	\$0.00	\$26.57	\$1.95	\$16.61	\$3.54	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8095									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.50									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.23	\$115.50	\$0.00	\$15.19	\$22.87	\$0.00	\$26.57	\$1.95	\$16.61	\$3.54	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.26	\$5.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.49	\$120.66	\$0.00	\$15.41	\$23.28	\$0.00	\$44.04	\$1.95	\$16.61	\$3.54	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.29										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													Growth Allowance:	Facility Score	Add-on Percent	Base Period Overall CMI:	Facility Specific	State-wide	Qtrly BIMS score	Facility Score	Add-on Percent	Quarterly Medicaid CMI:
Provider: BOSTICK NURSING CENTER Prvdr ID: 003192286A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22													Facility Score	State-wide								
													N/A	1.2273	1.5126							
													17.22%	1.2964	1.5215							
													2.64	1.3218	1.5482							
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>													
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%													
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%													
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37													
Base Period Per Diem Allowed Amounts																						
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$12,666,341	\$6,453,895	\$0	\$1,609,626	\$1,441,312	\$0	\$1,486,305		\$1,675,203	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$375,512)	(\$29,580)	\$0	\$0	\$0	\$0	(\$77,931)		(\$268,001)											
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$77,931												
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$268,001										
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$12,636,761	\$6,424,315	\$0	\$1,609,626	\$1,441,312	\$0	\$1,408,374	\$77,931	\$1,407,202	\$268,001										
8	Total Nursing Facility Days	As Filed Days = 68,911 FY20 Audited C/R Days	68,911																			
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 68,911 FY20 GL-PL Ins Rpt Days								68,911												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.39	\$93.23	\$0.00	\$23.36	\$20.92	(with L&H)	\$20.44	\$1.13	\$20.42	\$3.89										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.2273																		
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.96																		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.96	\$0.00	\$23.36	\$20.92		\$20.44	\$1.13	\$20.42	\$3.89										
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.65	\$75.96	\$0.00	\$23.36	\$20.92		\$20.44	\$1.13	19.95 (FRV)	\$3.89										
Quarterly Per Diem Rate Prior to Add-ons																						
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.65	\$75.96	\$0.00	\$23.36	\$20.92	\$0.00	\$20.44	\$1.13	\$19.95	\$3.89										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3218																		
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.40																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.09	\$100.40	\$0.00	\$23.36	\$20.92	\$0.00	\$20.44	\$1.13	\$19.95	\$3.89										
Quarterly Per Diem Add-on Amounts																						
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	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 Srvc)	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.73	\$103.94	\$0.00	\$23.58	\$21.33	\$0.00	\$37.91	\$1.13	\$19.95	\$3.89										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.97																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: GLEN EAGLE HEALTHCARE AND REHAB		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 003214231A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5752	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	28.33%	1.0%	Quarterly Medicaid CMI:			1.6153	1.5215
							3.05	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6447	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,995,375	\$1,639,734	\$0	\$317,052	\$341,363	\$0	\$369,489		\$327,737	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	\$169,599	\$0	\$0	\$0	(\$823)	(\$1,077)	\$188,437		(\$16,938)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$23,420			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$16,843	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$3,205,237	\$1,639,734	\$0	\$317,052	\$340,540	(\$1,077)	\$557,926	\$23,420	\$310,799	\$16,843	
8	Total Nursing Facility Days	As Filed Days = 20,739											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,739								20,739			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$154.56	\$79.07	\$0.00	\$15.29	\$16.37	(with L&H)	\$26.90	\$1.13	\$14.99	\$0.81	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5752									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.20									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.20	\$0.00	\$15.29	\$16.37		\$26.90	\$1.13	\$14.99	\$0.81	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.98	\$50.20	\$0.00	\$15.29	\$16.37		\$26.90	\$1.13	10.28 (FRV)	\$0.81	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.98	\$50.20	\$0.00	\$15.29	\$16.37	\$0.00	\$26.90	\$1.13	\$10.28	\$0.81	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6447									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.34	\$82.56	\$0.00	\$15.29	\$16.37	\$0.00	\$26.90	\$1.13	\$10.28	\$0.81	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	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 Srvc)	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.45	\$85.57	\$0.00	\$15.51	\$16.78	\$0.00	\$44.37	\$1.13	\$10.28	\$0.81	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.01										

Quarterly Case Mix Per Diem Calculation

Interim

Provider: MeSun Health and Rehabilitation Center	<u>Add-on Data and Percentages</u>	Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>	Facility Specific	State-wide
Prvdr ID: 003245344A	Growth Allowance:	N/A	0.00%	Base Period Overall CMI:	Use Stwd	1.5126
H/B?: No	BIMS:	66.7%	5.5%	Quarterly Medicaid CMI:	1.0752	1.5215
Case Mix Per Diem Rate Effective Date: 10/01/22	Nurse Hours per On-Site Day/Quality Incentive:	4.53	0.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.0837	1.5482
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22						

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2020 GL-PL Ins. Rpt								\$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								0		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2020 Peer Group Limit									\$30.11	\$0.00
	<u>Allowed @ 90% of Std</u>		\$184.42	\$88.52	\$79.67	\$24.48	\$27.62	\$27.75	\$30.83		\$30.11	\$0.00
	Growth Allowance 0.00%		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$184.42	\$79.67	\$22.03	\$24.86	\$27.75	\$27.75	\$27.75	\$		\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.0837								
	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$86.34							30.11	
	Quarterly Medicaid CMA Allowed Per Diem		\$193.80	\$86.34	\$22.03	\$24.86	\$27.75	\$27.75	\$27.75	2.71	\$30.11	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% to Routine Srvcs)		\$4.75	\$4.75								
	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0%		\$0.00	\$0.00								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.85									
	Quarterly Case Mix Based Per Diem Rate		\$215.65	\$91.09	\$22.03	\$24.86	\$44.85	\$2.71	\$30.11	\$0.00		
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$148.91									

Quarterly Case Mix Per Diem Calculation

Interim

Provider: PruittHealth - Rome				Facility Score	Add-on Percent				Facility Specific	State-wide
Prvdr ID: 299031876A				Growth Allowance:	N/A	0.00%			1.5521	1.5126
H/B ? : No	Case Mix Per Diem Rate Effective Date: 10/01/22			BIMS:	38.5%	2.5%			1.5734	1.5215
	MDS & Nurse Hrs Data per Quarter Ending: 06/30/22	Nurse Hours per On-Site Day/Quality Incentive:	3.53	5.0%			Qtrly Mcaid CMI w RUG Wght Options:	1.6000	1.5482	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2020 GL-PL Ins. Rpt								\$ 203,634		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2020 GL-PL Ins. Rpt								32,699		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2020 Peer Group Limit		\$88.52		\$24.48	\$27.62		\$30.83		\$28.30	\$1.15
	Allowed @ 95% of Std		\$192.33	\$84.09		\$23.26	\$26.24		\$29.29		\$28.30	\$1.15
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$198.56	\$84.09		\$23.26	\$26.24		\$29.29	\$ 6.23	\$28.30	\$1.15
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6000							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$134.54								
	Quarterly Medicaid CMA Allowed Per Diem		\$245.49	\$134.54		\$23.26	\$26.24		\$29.29	\$ 2.71	\$28.30	\$1.15
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$3.36	\$3.36								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		\$6.73	\$6.73								
	Nursing Home Provider Fee		\$17.10					17.10				
	Total Quarterly Per Diem Add-On Amounts		\$27.19									
	Quarterly Case Mix Based Per Diem Rate		\$272.68	\$144.63		\$23.26	\$26.24		\$46.39	\$2.71	\$28.30	\$1.15
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$191.69									

* 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 FY2020 Cost Report Data

INTERIM

Provider: RELIABLE HEALTH & REHAB AT LAKEWOOD		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 321026473A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5585	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	41.54%	2.5%	Quarterly Medicaid CMI:			1.7508	1.5215
							2.53	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7840	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$6,863,976	\$3,502,223	\$0	\$529,403	\$849,418	\$0	\$1,140,066		\$842,866	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$311,574)	(\$4,282)	\$0	\$0	\$1,553	\$1,214	(\$161,111)		(\$148,948)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$145,554			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$149,433	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$6,847,389	\$3,497,941	\$0	\$529,403	\$850,971	\$1,214	\$978,955	\$145,554	\$693,918	\$149,433	
8	Total Nursing Facility Days As Filed Days = 33,371	FY20 Audited C/R Days	33,371										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,371	FY20 GL-PL Ins Rpt Days								33,371			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$205.19	\$104.82	\$0.00	\$15.86	\$25.54	(with L&H)	\$29.34	\$4.36	\$20.79	\$4.48	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5585									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.26									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.26	\$0.00	\$15.86	\$25.54		\$29.34	\$4.36	\$20.79	\$4.48	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.62	\$67.26	\$0.00	\$15.86	\$25.54		\$29.34	\$4.36	10.78 (FRV)	\$4.48	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.62	\$67.26	\$0.00	\$15.86	\$25.54	\$0.00	\$29.34	\$4.36	\$10.78	\$4.48	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7840									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.35	\$119.99	\$0.00	\$15.86	\$25.54	\$0.00	\$29.34	\$4.36	\$10.78	\$4.48	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvc)	Ln 19 Col b x CPS Add-on	\$3.00	\$3.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	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	\$24.03	\$5.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.38	\$125.92	\$0.00	\$16.08	\$25.95	\$0.00	\$46.81	\$4.36	\$10.78	\$4.48	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.96										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Taxes and Insurance			
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance				
			a	b	c	d	e	f	g	g	h	i		
Provider: GLENWOOD HEALTHCARE Prvdr ID: 701562744A Case Mix Per Diem Rate Effective Date: 10/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 06/30/22														
			Growth Allowance: N/A Qtrly BIMS score: 29.41% Nurse Hours per On-Site Day/Quality Incentive: 2.88				Add-on Percent: 0.00% 1.0% 2.0%				Base Period Overall CMI: 1.5617 Quarterly Medicaid CMI: 1.6595 Qtrly Mcaid CMI w RUG Wght Options: 1.6916		Facility Specific: 1.5617 1.6595 1.6916	State-wide: 1.5126 1.5215 1.5482
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$2,717,413	\$1,310,844	\$0	\$250,776	\$290,509	\$0	\$499,489		\$365,795	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$63,202)	\$0	\$0	\$0	\$0	\$0	(\$40,581)		(\$22,621)			
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$30,150				
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$23,439		
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$2,707,800	\$1,310,844	\$0	\$250,776	\$290,509	\$0	\$458,908	\$30,150	\$343,174	\$23,439		
8	Total Nursing Facility Days	As Filed Days = 16,563 FY20 Audited C/R Days	16,563											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,563 FY20 GL-PL Ins Rpt Days								16,563				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.49	\$79.14	\$0.00	\$15.14	\$17.54	(with L&H)	\$27.71	\$1.82	\$20.72	\$1.42		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.5617										
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.67										
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.67	\$0.00	\$15.14	\$17.54		\$27.71	\$1.82	\$20.72	\$1.42		
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.31	\$50.67	\$0.00	\$15.14	\$17.54		\$27.71	\$1.82	13.01 (FRV)	\$1.42		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.31	\$50.67	\$0.00	\$15.14	\$17.54	\$0.00	\$27.71	\$1.82	\$13.01	\$1.42		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6916										
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.71										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.35	\$85.71	\$0.00	\$15.14	\$17.54	\$0.00	\$27.71	\$1.82	\$13.01	\$1.42		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.71	\$1.71										
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	\$21.20	\$3.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.55	\$88.81	\$0.00	\$15.36	\$17.95	\$0.00	\$45.18	\$1.82	\$13.01	\$1.42		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.84											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2020 Cost Report Data

INTERIM

Provider: EVERGREEN HEALTH AND REHABILITATION CENTER		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 835154999A		Case Mix Per Diem Rate Effective Date: 10/1/2022				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6420	1.5126
MDS & Nurse Hrs Data per Quarter Ending: 06/30/22		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	75.00%	5.5%	Quarterly Medicaid CMI:			1.7933	1.5215
							3.26	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8270	1.5482
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	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 Srvc Combined)	As Filed FY20 C/R - FY20 GL/PL Rpt	\$5,280,425	\$2,824,078	\$0	\$563,414	\$636,930	\$0	\$989,023		\$266,980	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY20 C/R Audit Adjstmnts	(\$103,903)	\$0	\$0	\$0	\$0	\$0	(\$84,396)		(\$19,507)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY20 GL/PL Rpt								\$84,396			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY20 C/R										\$19,507	
7	Cost Center Costs After Audit Adjustments	FY20 Audited C/R	\$5,280,425	\$2,824,078	\$0	\$563,414	\$636,930	\$0	\$904,627	\$84,396	\$247,473	\$19,507	
8	Total Nursing Facility Days As Filed Days = 33,490	FY20 Audited C/R Days	33,490										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,490	FY20 GL-PL Ins Rpt Days								33,490			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$157.67	\$84.33	\$0.00	\$16.82	\$19.02	(with L&H)	\$27.01	\$2.52	\$7.39	\$0.58	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY20		1.6420									
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.36									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.36	\$0.00	\$16.82	\$19.02		\$27.01	\$2.52	\$7.39	\$0.58	
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$88.52		\$24.48	\$27.62		\$30.83	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.26	\$51.36	\$0.00	\$16.82	\$19.02		\$27.01	\$2.52	6.95 (FRV)	\$0.58	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.26	\$51.36	\$0.00	\$16.82	\$19.02	\$0.00	\$27.01	\$2.52	\$6.95	\$0.58	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8270									
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.83									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.73	\$93.83	\$0.00	\$16.82	\$19.02	\$0.00	\$27.01	\$2.52	\$6.95	\$0.58	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.16	\$5.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.75	\$3.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.54	\$9.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.27	\$103.27	\$0.00	\$17.04	\$19.43	\$0.00	\$44.48	\$2.52	\$6.95	\$0.58	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.88										