Facility Add-on Facility State-Provider: Park Place Nursing Facility Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00002164A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3883 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 28.00% 1.0% Quarterly Medicaid CMI: 1.3607 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: Nurse Hours per On-Site Day/Quality Incentive: 3.0% 1.3847 1.5216 3.17

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS											
	0(0(1				1		1	1	1			
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
-	Emoleticy Wedgate Waximania (see line 20 for detada)	(See Foliey Mariaar)		ψ0.00	φυ.συ	φυ.ΣΣ	φ0.41		φο.ον			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,093,082	\$5,101,174		' ' '	\$1,043,936		\$1,464,970		\$218,486	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$241,235)	(\$14,653)	\$0	(\$17,229)	\$2,249	\$2,580	(\$134,091)		(\$80,091)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$388,128)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$533,415		0.110.000
_	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	(0.440.000	ΦE 000 E04		₾4 0.4 7 0.0 7	#4.046.40	¢о гоо	©040.754	Ф Г ОО 44 Г	¢420.205	\$112,929
8	Cost Center Costs After Audit Adjustments	FY19 Audited C/R Days	\$9,110,063	\$5,086,521	\$0	\$1,247,287	\$1,046,185	\$2,580	\$942,751	\$533,415	\$138,395	\$112,929
0	Total Nursing Facility Days As Filed Days = 57,550 Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	57,550							47,089		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$161.32	\$88.38	\$0.00	\$21.67	\$18.22	(with L&H)	\$16.38	\$11.33	\$2.94	\$2.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19	φ101.32	1.3883	φ0.00	φ21.07	φ10.22	(WILL LOTT)	\$10.30	φ11.33	φ2.94	\$2.40
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.66	\$0.00	\$21.67	\$18.22		\$16.38	\$11.33	\$2.94	\$2.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	Ψ2.54 N/A	Ψ2.40
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.77	\$63.66	\$0.00	\$21.67	\$18.22		\$16.38	\$11.33	14.11	\$2.40
	2400 / 0/104 0400 / 111/1/4/4000 / 111/1/4/4000 / 0/12/5/1/1		V	\$60.00	ψ0.00	Ψ2	Ų:0. <u></u>		V.0.00	466	(FRV)	ΨΞσ
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.99	\$3.18	\$0.00	\$1.08	\$0.91	\$0.00	\$0.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.76	\$66.84	\$0.00	\$22.75	\$19.13	\$0.00	\$17.20	\$11.33	\$14.11	\$2.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3847								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0.170.17	\$92.55		400.75			0.17.00	044.00	04444	00.40
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.47	\$92.55	\$0.00	\$22.75	\$19.13	\$0.00	\$17.20	\$11.33	\$14.11	\$2.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.34	\$4.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.81	\$96.79	\$0.00	\$22.97	\$19.54	\$0.00	\$34.67	\$11.33	\$14.11	\$2.40

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$138.53

	Provider: Newnan Hosp. Health & Rehab Ctr	Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
	Prvdr ID: 00040719A	Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.4665	1.4759
	Case Mix Per Diem Rate Effective Date: 1/	O22 Qtrly BIMS score	35.19%	2.5%	Quarterly Medicaid CMI:	1.3344	1.5485
	MDS & Nurse Hrs Data per Quarter Ending: 09	Nurse Hours per On-Site Day/Quality Incentive:	3.62	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.3567	1.5216
L				1			

	MIDO & Nuise Fils Data per Quarter Ending.	09/30/21 Nuise Hours per C	on-one Day/Que	inty incentive.	3.02	3.076	Qitily Mcala	CIVII W IXOG V	vgrit Options.		1.5507	1.5210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>	TOT MIX BROLD TATLE OF COCK TIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,675,841	\$3,324,089	\$0	\$529,849	\$579,320	\$0	\$968,059		\$274,524	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$53,857)	\$0	\$0	\$0	\$0	\$574	(\$39,290)		(\$15,141)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$55,055)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$108,160		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,861
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,691,950	\$3,324,089	\$0	\$529,849	\$579,320	\$574	\$873,714	\$108,160	\$259,383	\$16,861
8	Total Nursing Facility Days As Filed Days = 30,351	FY19 Audited C/R Days	30,351									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,962		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$190.91	\$109.52	\$0.00	\$17.46	\$19.11	(with L&H)	\$28.79	\$4.51	\$10.82	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4665</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.68	\$0.00	\$17.46	\$19.11		\$28.79	\$4.51	\$10.82	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.87	\$74.68	\$0.00	\$17.46	\$19.11		\$27.76	\$4.51	13.65	\$0.70
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.95	\$3.73	\$0.00	\$0.87	\$0.96	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.82	\$78.41	\$0.00	\$18.33	\$20.07	\$0.00	\$29.15	\$4.51	\$13.65	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3567					·			
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.79	\$106.38	\$0.00	\$18.33	\$20.07	\$0.00	\$29.15	\$4.51	\$13.65	\$0.70
00	Quarterly Per Diem Add-on Amounts	(and Deliev Manual)	#4.40	#0.50	#0.00	#0.00	CO 44	# 0.00	#0.00		# 0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$2.66 \$3.40	\$2.66								
22		_	\$3.19 \$17.10	\$3.19					\$17.10			
	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$24.11	የድ ጋ ር	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
24				\$6.38	-					\$0.00		\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.90	\$112.76	\$0.00	\$18.55	\$20.48	\$0.00	\$46.25	\$4.51	\$13.65	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.85									

\$221.25

\$153.11

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

P	rovider:	William Breman Jewish Home		Ad	d-on Data and P	ercentages	Facility Score	Add-on Percent	Cas	se Mix Index (C	CMI) Data		Facility Specific	State- wide
Р	rvdr ID:	00040752A			Grow	th Allowance:	N/A	5.00%		Base Period	d Overall CMI:		1.3532	1.4759
			Diem Rate Effective Date:	1/1/2022		ly BIMS score		5.5%		•	Medicaid CMI:		1.1290	1.5485
		MDS & Nurse Hrs	Data per Quarter Ending:	09/30/21 Nurse Hours per	On-Site Day/Qua	ality Incentive:	5.93	3.0%	Qrtrly Mcaid	I CMI w RUG V	Wght Options:		1.1416	1.5216
Line #		Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
					а	b	С	d	е	f	g	g	h	i
C	ASE M	IIX BASED RATE CALCULATIONS												

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE 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			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,761,514	\$5,571,419	\$0	\$1,898,285	\$1,311,597	\$0	\$1,048,084		\$932,129	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$24,292)	\$0	\$0	\$0	\$1,254	\$1,131	\$0		(\$26,677)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$42,978)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$137,727		
_	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R	# 40,000,050	ΦE 574 440	*	#4 000 005	#4 040 054	M4 404	#4 005 400	#407.707	\$205.450	\$36,888
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T FY19 Audited C/R Days	\$10,868,859	\$5,571,419	\$0	\$1,898,285	\$1,312,851	\$1,131	\$1,005,106	\$137,727	\$905,452	\$36,888
8	Total Nursing Facility Days As Filed Days = 34,021 Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	34,021							25,930		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$329.37	\$163.76	\$0.00	\$55.80	\$38.62	(with L&H)	\$29.54	\$5.31	\$34.92	\$1.42
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY19	ψ329.31	1.3532	ψ0.00	ψ33.00	ψ30.02	(Will Lair)	Ψ29.04	ψ3.31	ψ34.92	Ψ1.42
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$121.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$121.01	\$0.00	\$55.80	\$38.62		\$29.54	\$5.31	\$34.92	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	*****
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.46	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$5.31	28.55	\$1.42
	,										(FRV)	
١	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.52	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$5.31	\$28.55	\$1.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.1416 \$101.79								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.15	\$101.79	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$5.31	\$28.55	\$1.42
19	Quarterly Medicald CIMA Allowed Per Dieffi	NO = LITTO, AllOUIT = LITTO	φ217.13	\$101.79	φυ.υυ	φ 2 3.79	φ21.14	\$0.00	φ29.13	φυ.υι	φ20.55	Φ1.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.60	\$5.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$25.75	\$8.65	\$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	\$242.90	\$110.44	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$5.31	\$28.55	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.35									

\$289.15

\$204.04

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Signature HC of Buckhead Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00040763A Base Period Overall CMI: 1.6138 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 30.19% 2.5% Quarterly Medicaid CMI: 1.8666 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.9034 1.0% 1.5216 2.16

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
_	Cost Center Peer Groups	(aca Daliau Manual)			1	2	4	1	_			
'	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency ineasure maximums (see line 20 for actual)	(See Policy Maridal)		φυ.53	φυ.υυ	φυ.22	φ0.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,820,421	\$5,020,013	\$0	\$778,804	\$838,525	\$0	\$2,308,501		\$874,578	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$228,189)	(\$65,383)	\$0	\$0	\$0	(\$1,259)	(\$4,973)		(\$156,574)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$316,023)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$144,202		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$97,78
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,518,197	\$4,954,630	\$0	\$778,804	\$838,525	(\$1,259)	\$1,987,505	\$144,202	\$718,004	\$97,78
8	Total Nursing Facility Days As Filed Days = 41,985	FY19 Audited C/R Days	41,985									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								44,926		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.21	\$118.01	\$0.00	\$18.55	\$19.94	(with L&H)	\$47.34	\$3.21	\$15.98	\$2.1
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6138</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.13	\$0.00	\$18.55	\$19.94		\$47.34	\$3.21	\$15.98	\$2.1
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.74	\$73.13	\$0.00	\$18.55	\$19.94		\$27.76	\$3.21	10.97	\$2.1
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.98	\$3.66	\$0.00	\$0.93	\$1.00	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.72	\$76.79	\$0.00	\$19.48	\$20.94	\$0.00	\$29.15	\$3.21	\$10.97	\$2.1
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ψ. υ Σ	1.9034	ψ0.00	ψ.ισ.πσ	Ψ <u></u> 20.04	ψ0.00	Ψ20.10	ΨΟ.ΣΙ	Ψ10.07	Ψ2.1
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.09	\$146.16	\$0.00	\$19.48	\$20.94	\$0.00	\$29.15	\$3.21	\$10.97	\$2.1
	Salariery modelaid office full formation of briefly		Ψ202.00	ψ170.10	ψ0.00	ψ10.40	Ψ20.04	ψ0.00	Ψ20.10	ΨΟ.Σ Ι	ψ10.57	Ψ2.1
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.65	\$3.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.46	\$1.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.37	\$5.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$255.46	\$151.80	\$0.00	\$19.70	\$21.35	\$0.00	\$46.25	\$3.21	\$10.97	\$2.1

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$178.77

	rovider: Magnolia Manor Methodist Nursing Care rvdr ID: 00040785A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	A 1/1/2022 09/30/21	Q	owth Allowance: atrly BIMS score	Facility Score N/A 43.69% 3.79	Add-on Percent 5.00% 2.5% 4.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.6055 1.6645 1.6977	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Dage Deviced Day Diegra Allaward Amazumta	, ,										
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,508,149	\$6,316,744	\$0	\$1,281,216	\$1,516,480	\$0	\$1,898,025		\$495,684	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$10,054	\$42,489	\$0	\$1,201,210	\$1,310,480	\$3,099	\$1,698,023		(\$35,534)	φυ
"	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	Ψ10,004	Ψ12,403	ΨΟ	ΨΟ	ΨΟ	ψο,σοσ	(\$171,040)		(\$00,004)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$282,971		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$68,675
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,698,809	\$6,359,233	\$0	\$1,281,216	\$1,516,480	\$3,099	\$1,726,985	\$282,971	\$460,150	\$68,675
8	Total Nursing Facility Days As Filed Days = 62,840	FY19 Audited C/R Days	62,840									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								49,356		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$189.69	\$101.20	\$0.00	\$20.39	\$24.18	(with L&H)	\$27.48	\$5.73	\$9.32	\$1.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6055</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.03	\$0.00	\$20.39	\$24.18		\$27.48	\$5.73	\$9.32	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.29	\$63.03	\$0.00	\$20.39	\$24.18		\$27.48	\$5.73	20.09	\$1.39
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.75	\$3.15	\$0.00	\$1.02	\$1.21	\$0.00	\$1.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.04	\$66.18	\$0.00	\$21.41	\$25.39	\$0.00	\$28.85	\$5.73	\$20.09	\$1.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6977</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.21	\$112.35	\$0.00	\$21.41	\$25.39	\$0.00	\$28.85	\$5.73	\$20.09	\$1.39
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.37	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.21		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.49	\$4.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$8.67	\$7.83	\$0.00	\$0.22	\$0.41	\$0.00	\$0.21	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.88	\$120.18	\$0.00	\$21.63	\$25.80	\$0.00	\$29.06	\$5.73	\$20.09	\$1.39
					I			L	L			1

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$167.91

Facility Add-on Facility State-Provider: Syl-View Health Care Center, Inc. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00040796A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3819 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.4333 1.5485 34.62% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: Nurse Hours per On-Site Day/Quality Incentive: 1.4552 1.5216 3.12 4.0% Plant Admin A&G -Property

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,150,614	\$2,096,167	\$0	\$480,046	\$546,658	\$0	\$624,468		\$403,275	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,675)	\$0	\$0	\$0	\$0	\$0	(\$9,473)		(\$29,202)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$127,897)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$273,620		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,531
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,294,193	\$2,096,167	\$0	\$480,046	\$546,658	\$0	\$487,098	\$273,620	\$374,073	\$36,531
8	Total Nursing Facility Days As Filed Days = 27,087	FY19 Audited C/R Days	27,087									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,797		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.84	\$77.39	\$0.00	\$17.72	\$20.18	(with L&H)	\$17.98	\$13.82	\$18.90	\$1.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3819								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.00	\$0.00	\$17.72	\$20.18		\$17.98	\$13.82	\$18.90	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.62	\$56.00	\$0.00	\$17.72	\$20.18		\$17.98	\$13.82	9.07	\$1.85
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.60	\$2.80	\$0.00	\$0.89	\$1.01	\$0.00	\$0.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.22	\$58.80	\$0.00		\$21.19	\$0.00	\$18.88	\$13.82	\$9.07	\$1.85
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4552								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.99	\$85.57	\$0.00	\$18.61	\$21.19	\$0.00	\$18.88	\$13.82	\$9.07	\$1.85
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14	Ψ0.00	Ψ0.22	ψυ.+1	ψ0.00	ψ0.57		Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.42	\$3.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	, ,,,,,					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.19	\$6.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	·	Ln 19 + Ln 24	\$193.18	\$91.66			\$21.60	\$0.00	\$36.35	\$13.82	\$9.07	\$1.85
25	Quarterry Gase with Daseu Fer Dietii Rate	LII 13 + LII 24	\$193.18	\$91.00	\$0.00	\$10.03	⊅∠1.6 0	\$0.00	\$30.35	φ13.0Z	\$9.07	\$1.65

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$132.06

Facility Add-on Facility State-Provider: Twin View Health Care Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00040807A Base Period Overall CMI: Growth Allowance: 5.00% 1.4067 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 39.71% 2.5% Quarterly Medicaid CMI: 1.6031 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.6309 1.5216 3.26 Plant Admin A&G -

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
							_					
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	"	All Bed Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,988,256	\$2,531,203	\$0	\$382,932	\$481,622	\$0	\$999,627		\$592,872	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$36,112)	(\$5,087)	\$0	\$0	\$0	\$0	\$0		(\$31,025)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$56,141)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$42,319		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$44,137
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,982,459	\$2,526,116	\$0	\$382,932	\$481,622	\$0	\$943,486	\$42,319	\$561,847	\$44,137
8	Total Nursing Facility Days As Filed Days = 37,572	FY19 Audited C/R Days	37,572									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,639		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$135.85	\$67.23	\$0.00	\$10.19	\$12.82	(with L&H)	\$25.11	\$1.34	\$17.76	\$1.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4067</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.79	\$0.00	\$10.19	\$12.82		\$25.11	\$1.34	\$17.76	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.04	\$47.79	\$0.00	\$10.19	\$12.82		\$25.11	\$1.34	9.39	\$1.40
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.80	\$2.39	\$0.00	\$0.51	\$0.64	\$0.00	\$1.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$112.84	\$50.18	\$0.00		\$13.46	\$0.00	\$26.37	\$1.34	\$9.39	\$1.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	****	1.6309	70.00	******	******	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		*****	*****
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.50	\$81.84	\$0.00	\$10.70	\$13.46	\$0.00	\$26.37	\$1.34	\$9.39	\$1.40
							-					
	Quarterly Per Diem Add-on Amounts		A			40.05	^	***	40.5=		^	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10				4		\$17.10		. .	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.14	\$5.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.64	\$86.88	\$0.00	\$10.92	\$13.87	\$0.00	\$43.84	\$1.34	\$9.39	\$1.40

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$112.91

Facility Add-on Facility State-Provider: A.G. Rhodes Home at Wesley Woods, Inc. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00040818A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.6051 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 39.24% 2.5% Quarterly Medicaid CMI: 1.7195 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.7527 1.5216 4.14

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C/	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group	(See 1 Siley Maridal)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,913,716	\$6,132,289	\$0	\$1,337,372	\$1,402,330	\$0	\$2,526,781		\$514,944	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$51,574)	(\$25,175)	\$0	\$0	\$0	\$0	\$0		(\$26,399)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$150,963)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$191,886		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$49,859
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,952,924	\$6,107,114	\$0	\$1,337,372	\$1,402,330	\$0	\$2,375,818	\$191,886	\$488,545	\$49,859
8	Total Nursing Facility Days As Filed Days = 47,015	FY19 Audited C/R Days	47,015									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								42,172		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$256.02	\$129.90	\$0.00	\$28.45	\$29.83	(with L&H)	\$50.53	\$4.55	\$11.58	\$1.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6051</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.93	\$0.00	\$28.45	\$29.83		\$50.53	\$4.55	\$11.58	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.96	\$80.93	\$0.00	\$22.66	\$25.85		\$27.76	\$4.55	17.03 (FRV)	\$1.18
	Quarterly Per Diem Rate Prior to Add-ons										(FKV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.86	\$4.05	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.82	\$84.98	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.55	\$17.03	\$1.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7527								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.78	\$148.94	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.55	\$17.03	\$1.18
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.72	\$3.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$25.82	\$8.72	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$277.60	\$157.66	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$4.55	\$17.03	\$1.18

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$195.38

Facility Add-on Facility State-Provider: **PruittHealth - Austell** Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00059276A Base Period Overall CMI: 1.5013 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 27.59% Quarterly Medicaid CMI: 1.6605 1.5485 1.0% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6919 MDS & Nurse Hrs Data per Quarter Ending: 5.0% 1.5216 3.45

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(con Delieu Manuel)			1	2	4	1	_			
ı	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Emoleticy ineasure maximums (see line 20 for actual)	(See Fulley Ivialitial)		φυ.υυ	φ0.00	φυ.ΖΖ	φυ.+1		φυ.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,221,004	\$4,559,128	\$0	\$709,848	\$900,130	\$0	\$1,441,555		\$610,343	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$119,588)	(\$70,831)	\$0	\$0	(\$5,469)	(\$5,085)	\$29,948		(\$68,151)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$235,172)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$539,088		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$52,2
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,457,536	\$4,488,297	\$0	\$709,848	\$894,661	(\$5,085)	\$1,236,331	\$539,088	\$542,192	\$52,2
8	Total Nursing Facility Days As Filed Days = 42,011	FY19 Audited C/R Days	42,011									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,749		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$202.85	\$106.84	\$0.00	\$16.90	\$21.17	(with L&H)	\$29.43	\$13.56	\$13.64	\$1.3
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.5013</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.16			•					
12	•	RS = Ln 11, AllOthr = Ln 9		\$71.16	\$0.00	\$16.90	\$21.17		\$29.43	\$13.56	\$13.64	\$1.3
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.98	\$71.16	\$0.00	\$16.90	\$21.17		\$27.76	\$13.56	14.12 (FRV)	\$1.3
	Quarterly Per Diem Rate Prior to Add-ons										(1177)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.86	\$3.56	\$0.00	\$0.85	\$1.06	\$0.00	\$1.39	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.84	\$74.72	\$0.00	\$17.75	\$22.23	\$0.00	\$29.15	\$13.56	\$14.12	\$1.3
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6919</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.54	\$126.42	\$0.00	\$17.75	\$22.23	\$0.00	\$29.15	\$13.56	\$14.12	\$1.
	Overterly Per Diem Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.26	ψυ.υυ	Ψυ.ΖΖ	Ψ0.41	ψυ.υυ	ψυ.υυ		Ψ0.00	
22		Ln 19 Col b x Stfng Add-on	\$6.32	\$6.32								
23		(Fixed Amount)	\$17.10	ψ0.02					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.84	\$8.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.
											•	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$250.38	\$134.53	\$0.00	\$17.97	\$22.64	\$0.00	\$46.25	\$13.56	\$14.12	\$1.3

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$174.96

Facility Add-on Facility State-Provider: Northridge HIth & Rehab Ctr Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00059331A Base Period Overall CMI: 1.4159 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 29.09% Quarterly Medicaid CMI: 1.3296 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.3491 1.5216 3.08

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(aca Paliay Manual)		1	1	2	1	1	1			
'	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
٦	Efficiency weather waximums (see line 20 for actual)	(See Folicy Manual)		ψ0.00	ψ0.00	ψ0.22	ψ0.41		ψ0.57			
	Base Period Per Diem Allowed Amounts						_					
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,863,206	\$5,070,321	\$0	' ' '	\$545,054	\$590,283	\$3,328,510		\$712,675	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,576)	\$0	\$0	\$0	(\$55)	(\$7,166)	(\$30,074)		(\$1,281)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$125,259)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$86,840		040.40
7	As Adjusted Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	As Adjusted FY21 C/R FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,798,646	\$5,070,321	6 0	\$1,616,363	\$544,999	¢502 117	\$3,173,177	\$86,840	\$711,394	\$12,43 \$12,43
8	Total Nursing Facility Days As Filed Days = 56,538	FY19 Audited C/R Days	56,538	φ3,070,321	φυ	\$1,010,303	 Ф344,999	φυου, 117	φ3,173,177	\$00,040	\$711,394	φ12,43
0	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	30,330							28,402		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$222.89	\$89.68	\$0.00	\$28.59	\$19.95	(with L&H)	\$56.12	\$3.06	\$25.05	\$0.4
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY19	Ψ222.05	1.4159	ψ0.00	Ψ20.33	ψ10.55	(Will Edil)	ψ50.12	ψ5.00	Ψ23.03	Ψ0.¬
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.34	\$0.00	\$28.59	\$19.95		\$56.12	\$3.06	\$25.05	\$0.4
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.71	\$63.34	\$0.00	\$22.66	\$19.95		\$27.76	\$3.06	17.50	\$0.4
			·								(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons						•					
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.69	\$3.17	\$0.00	\$1.13	\$1.00	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.40	\$66.51	\$0.00	\$23.79	\$20.95	\$0.00	\$29.15	\$3.06	\$17.50	\$0.4
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3491								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$404.60	\$89.73	© 0.00	¢22.70	¢20.05	* 0.00	¢20.45	\$2.0C	\$17.50	* 0.4
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.62	\$89.73	\$0.00	\$23.79	\$20.95	\$0.00	\$29.15	\$3.06	\$17.50	\$0.4
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$21.63	\$4.12	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.25	\$93.85	\$0.00	\$23.79	\$21.36	\$0.00	\$46.25	\$3.06	\$17.50	\$0.4

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$141.86

Facility Add-on Facility State-Provider: **Bell-Minor Home, Inc.** Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00059397A Base Period Overall CMI: 1.5590 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 42.19% 2.5% Quarterly Medicaid CMI: 1.5738 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6050 MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.5216 3.01

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
_	Cont Contan Dans Crouns	(5 ° M			1			1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	All Facilities	2 Free Standing	1 All Facilities	1 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			
1	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 Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,543,604	\$2,656,335	\$0	\$570,481	\$533,528	\$0	\$1,082,097		\$1,701,163	:
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$63,865)	\$0	\$0	\$0	(\$1,180)	\$0	(\$3,017)		(\$59,668)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$153,726)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$209,748		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$65,10
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,600,867	\$2,656,335	\$0	\$570,481	\$532,348	\$0	\$925,354	\$209,748	\$1,641,495	\$65,10
8	Total Nursing Facility Days As Filed Days = 33,206	FY19 Audited C/R Days	33,206									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,745		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$207.75	\$80.00	\$0.00	\$17.18	\$16.03	(with L&H)	\$27.87	\$7.30	\$57.11	\$2.2
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5590</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.32	\$0.00	\$17.18	\$16.03		\$27.87	\$7.30	\$57.11	\$2.2
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.62	\$51.32	\$0.00	\$17.18	\$16.03		\$27.76	\$7.30	13.77	\$2.2
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.62	\$2.57	\$0.00	\$0.86	\$0.80	\$0.00	\$1.39	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.24	\$53.89	\$0.00	\$18.04	\$16.83	\$0.00	\$29.15	\$7.30	\$13.77	\$2.2
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	÷···	1.6050	\$3.30	,,,,,,,	4.3.30	\$3.30	,		ψ.σ.,	
18		Ln 16 x Ln 17		\$86.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.84	\$86.49	\$0.00	\$18.04	\$16.83	\$0.00	\$29.15	\$7.30	\$13.77	\$2.2
	Quality, mountains control of 2.5.1.	7, 27	Ų o.o .	400.10	V 0.00	V.0.0 .	ψ.σ.σσ	ψο.σσ	Ψ20.10	ψ	ψ.σ	V
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.85	\$91.77	\$0.00	\$18.26	\$17.24	\$0.00	\$46.25	\$7.30	\$13.77	\$2.2

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$134.81

Facility Add-on Facility State-Provider: Azalea Health & Rehab Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00059441A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.6174 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 30.23% 2.5% Quarterly Medicaid CMI: 1.7336 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.7663 1.5216 3.33

	MDO & Naise Fils Data per Quarter Enaing.	14disc Flodis per	On One Day/Q	dailty incontive.	3.55	3.070	Qitily Modio	OWN W IXOO	right Options.		1.7003	1.0210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	į
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
ĺ	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 111 200 01200	7111 200 01200	7111 200 01200	7 117 200 01200	7111 200 01200	7 III 200 01200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,368,327	\$2,834,416	\$0	\$587,405	\$575,672	\$0	\$1,113,979		\$1,256,855	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$50,067)	\$0	\$0	\$0	\$0	(\$1,828)	(\$5,284)		(\$42,955)	
_	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(400,000)		, ,	, ,	**	(**,*==*,	(\$3,555)		(+ :=,==,)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$7,131		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$48,398
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,370,234	\$2,834,416	\$0	\$587,405	\$575,672	(\$1,828)	\$1,105,140	\$7,131	\$1,213,900	\$48,398
8	Total Nursing Facility Days As Filed Days = 30,755	FY19 Audited C/R Days	30,755					,				
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,933		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$214.80	\$92.16	\$0.00	\$19.10	\$18.66	(with L&H)	\$35.93	\$0.27	\$46.81	\$1.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6174</u>								
11		Ln 9 / Ln 10		\$56.98								
12		RS = Ln 11, AllOthr = Ln 9		\$56.98	\$0.00	\$19.10	\$18.66		\$35.93	\$0.27	\$46.81	\$1.87
13		per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.59	\$56.98	\$0.00	\$19.10	\$18.66		\$27.76	\$0.27	13.95	\$1.87
ĺ											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$6.13	\$2.85	\$0.00	\$0.96	\$0.93	\$0.00	\$1.39	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$144.72	\$59.83	\$0.00	\$20.06	\$19.59	\$0.00	\$29.15	\$0.27	\$13.95	\$1.87
17	, <u> </u>	per Current Qtr End		1.7663								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	A	\$105.68			.					.
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.57	\$105.68	\$0.00	\$20.06	\$19.59	\$0.00	\$29.15	\$0.27	\$13.95	\$1.87
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.07	\$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	\$214.64	\$112.02	\$0.00	\$20.28	\$20.00	\$0.00	\$46.25	\$0.27	\$13.95	\$1.87
									<u> </u>			

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$148.16

	vider: Decatur Health and Rehab Ctr dr ID: 00059452A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q	owth Allowance: etrly BIMS score	Facility Score N/A 23.26% 3.68	Add-on <u>Percent</u> 5.00% 1.0% 3.0%			l Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5606 1.5964 1.6249	State-wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,769,866	\$2,463,350	\$0	\$406,676	\$393,492	\$0	\$820,531		\$685,817	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$59,176)	(\$9,752)	\$0	\$0	\$0	\$0	\$0 (\$3,258)		(\$49,424)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$234,159		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$63,883
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,005,474	\$2,453,598	\$0	\$406,676	\$393,492	\$0	\$817,273	\$234,159	\$636,393	\$63,883
8	Total Nursing Facility Days As Filed Days = 24,438	FY19 Audited C/R Days	24,438							04.000		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days Ln 7 / Ln 8 Col a	\$244.00	\$100.40	\$0.00	\$16.64	\$16.10	(with L&H)	\$33.44	21,028	\$30.26	\$3.04
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19	\$211.02	1.5606	\$0.00	\$10.04	\$10.10	(WIUI L&H)	ф33.44	\$11.14	\$30.26	\$3.04
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.33	\$0.00	\$16.64	\$16.10		\$33.44	\$11.14	\$30.26	\$3.04
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	ψ0.04
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.74	\$64.33	\$0.00		\$16.10		\$27.76	\$11.14	12.73 (FRV)	\$3.04
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.25	\$3.22	\$0.00	\$0.83	\$0.81	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.99	\$67.55	\$0.00	\$17.47	\$16.91	\$0.00	\$29.15	\$11.14	\$12.73	\$3.04
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6249</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.20	\$109.76	\$0.00	\$17.47	\$16.91	\$0.00	\$29.15	\$11.14	\$12.73	\$3.04
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.65	\$4.92	\$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	\$222.85	\$114.68	\$0.00	\$17.69	\$17.32	\$0.00	\$46.25	\$11.14	\$12.73	\$3.04

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$154.31

Facility Add-on Facility State-Provider: PruittHealth - Augusta Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00059463A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4463 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 29.69% Quarterly Medicaid CMI: 1.4092 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 4.0% 1.4327 1.5216 3.14

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
_	Cont Contain Book Crowns	(5 " 14			1			1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,527,888	\$3,106,264	\$0	\$505,059	\$708,917	\$0	\$957,821		\$249,827	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$59,279)	(\$50,018)	\$0	\$0	\$15,731	(\$35,366)	\$55,725		(\$45,351)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,679)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$434,391		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$37,37
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,750,692	\$3,056,246	\$0	\$505,059	\$724,648	(\$35,366)	\$823,867	\$434,391	\$204,476	\$37,37
8	Total Nursing Facility Days As Filed Days = 30,042	FY19 Audited C/R Days	30,042									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,419		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$193.56	\$101.73	\$0.00	\$16.81	\$22.94	(with L&H)	\$27.42	\$15.84	\$7.46	\$1.3
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4463</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.34	\$0.00	\$16.81	\$22.94		\$27.42	\$15.84	\$7.46	\$1.3
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.00	\$70.34	\$0.00	\$16.81	\$22.94		\$27.42	\$15.84	11.29	\$1.3
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.88	\$3.52	\$0.00	\$0.84	\$1.15	\$0.00	\$1.37	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.88	\$73.86	\$0.00	\$17.65	\$24.09	\$0.00	\$28.79	\$15.84	\$11.29	\$1.3
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ψ112.00	1.4327	ψυ.υυ	ψ17.03	Ψ24.09	ψυ.υυ	Ψ20.19	ψ13.04	ψ11.29	Ψ1.0
18	Quarterly Facility Case Mix Index for Medicald Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.84	\$105.82	\$0.00	\$17.65	\$24.09	\$0.00	\$28.79	\$15.84	\$11.29	\$1.3
10	quarterly modified Only Chilomod For Diffi	2 = 2	Ψ207.04	Ψ100.02	ψ0.00	ψ17.03	Ψ27.09	ψ0.00	Ψ20.13	Ψ10.04	Ψ11.23	Ψι.
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.42	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.26		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$23.81	\$5.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.36	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.65	\$111.64	\$0.00	\$17.87	\$24.50	\$0.00	\$46.15	\$15.84	\$11.29	\$1.3

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$158.66

Line Sources / Totals Services Services Dietary Laundry & Operatins and GL/PL	Provid Prvdr	•	Add 1/1/2022 09/30/21 Nurse Hours per C	Qtr	th Allowance: ly BIMS score		Add-on Percent 5.00% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5496 1.5026 1.5280	State- wide 1.4759 1.5485 1.5216
CASE MIX BASED RATE CALCULATIONS 1		Description		Totals		•	Dietary		Operatns	and	GL/PL	Property and Related	Taxes and Insurance
Cost Center Peer Groups Fine Peloty Marvall All Pacilities All Pac	CAC	E MIV DACED DATE CALCUL ATIONS		а	b	С	d	е	f	g	g	h	i
All Facilities All		_											
2 Peer Group Standards: Processing 50 peer Group Standards: Multiplier 50 peer Group Standards: Multiplier Standards: Multiplier 50 peer Group Standards: Multiplier Standards: Mu	1 C	Type of Facility within Peer Group	(see Policy Manual)			All Facilities	Free Standing		All Facilities				
As Filed Cost Center Costs (Routine & Special Sinces Combined) As Filed PY18 CIR - PY19 GLPL Rst As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted PY21 GLPL Rst	2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
A Adjusted Cost Center Costs (GLPL) As Adjusted	Ва	ase Period Per Diem Allowed Amounts											
As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs ((IPL) As Adjusted CRD Days Total Nursing Facility Days As Flied Days = 39,046 Total Nursing Facility Days GL-PL Ins. Rpt P71 Audited CR Days F71 Audited CR Days F71 Audited CR Days F71 Audited CR Days F72 Audited CR	5 A	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,668,311	\$3,891,778	\$0	\$649,840	\$764,305	\$0	\$1,205,629		\$156,759	\$0
As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (Tasses and Insurance) As Adjusted Cost Center Costs (Tasses Insurance Costs (Tasses Insura	6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$89,623)	\$0	\$0	\$0	(\$783)	(\$4,420)	(\$71,984)		(\$12,436)	
As Adjusted Cost Center Costs (Tawas and Insurance) As Adjusted FY21 CIR Cost Genter Costs After Audit Adjustments Total Nursing Facility Days As Flied Days = 39,046 Total Nursing Facility Days Total Nursing Facility Days As Flied Days = 39,046 PY19 Audited Cir Days FY19 Audited Cir Days FY21 Audited Cir Days FY19 Audited Cir Days FY10 Audit Cir Days FY10 Audit Cir Days FY10 Audit Cir Days FY10	P	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$63,960)			
7 Cost Center Costs After Audit Adjustments	P	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$127,413		
8	P	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$12,357
Total Nursing Facility Days GL-PL Ins. Rpt FY21 Audited Cir Days Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Ln 7/Ln 8 Cola Ln 7/Ln 8 Cola S174.39 S99.67 S0.00 S16.64 S19.44 (with L&H) S27.40 S5.04 S5.0	7 (Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$6,654,498	\$3,891,778	\$0	\$649,840	\$763,522	(\$4,420)	\$1,069,685	\$127,413	\$144,323	\$12,357
Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8		•	39,046									
Base Period Facility Case Mix Index for All Residents From 4 qtrs of FY19 Ln 9 / Ln 10 \$64.32 \$0.00 \$16.64 \$19.44 \$27.40 \$5.04			•										
11 Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem		,		\$174.39		\$0.00	\$16.64	\$19.44	(with L&H)	\$27.40	\$5.04	\$5.71	\$0.49
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$64.32 \$0.00 \$16.64 \$19.44 \$27.40 \$5.04 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$143.83 \$64.32 \$0.00 \$16.64 \$19.44 \$27.40 \$5.04 15 Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allownc		,	·										
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) Per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$143.83 \$64.32 \$0.00 \$16.64 \$19.44 \$27.40 \$5.04 Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwanc % \$6.39 \$3.22 \$0.00 \$0.83 \$0.97 \$0.00 \$1.37 N/A 15 Growth Allowance Percentage = \$5.00% Ln 14 x Grwth Allwanc % \$6.39 \$3.22 \$0.00 \$0.83 \$0.97 \$0.00 \$1.37 N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$150.22 \$67.54 \$0.00 \$17.47 \$20.41 \$0.00 \$28.77 \$5.04 17 Quarterly Facility Case Mix Indigs (CMA) Net Per Diem Ln 16 x Ln 17 \$103.20 18 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$185.88 \$103.20 \$0.00 \$17.47 \$20.41 \$0.00 \$28.77 \$5.04 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.43 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.27 21 BIMS Add-on Per Diem = \$2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.58 \$2.5		, ,											
Lesser of Ln 12 or Ln 13 \$143.83 \$64.32 \$0.00 \$16.64 \$19.44 \$27.40 \$5.04		-	,			, i	· ·					\$5.71	\$0.49
Quarterly Per Diem Rate Prior to Add-ons CMA Allowace Percentage = 5.00% Ln 14 x Grwth Allwnc % \$6.39 \$3.22 \$0.00 \$0.83 \$0.97 \$0.00 \$1.37 N/A			·							·		N/A	
15 Growth Allowance Percentage = 5.00% Ln 14 x Grwth Allowance \$6.39 \$3.22 \$0.00 \$0.83 \$0.97 \$0.00 \$1.37 N/A	14 E	3ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.83	\$64.32	\$0.00	\$16.64	\$19.44		\$27.40	\$5.04	10.50 (FRV)	\$0.49
CMA Allowed Per Diem (After Growth Allowance Add-on)	Qı	uarterly Per Diem Rate Prior to Add-ons										(/ / / /	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$103.20 \$1	15 (Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.39	\$3.22	\$0.00	\$0.83	\$0.97	\$0.00	\$1.37	N/A	N/A	N/A
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.22	\$67.54	\$0.00	\$17.47	\$20.41	\$0.00	\$28.77	\$5.04	\$10.50	\$0.49
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$185.88 \$103.20 \$0.00 \$17.47 \$20.41 \$0.00 \$28.77 \$5.04 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.43 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.27 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.58 \$2.58 \$2.58 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.10 \$3.10 \$3.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.21 \$6.21 \$0.00 \$0.22 \$0.41 \$0.00 \$17.37 \$0.00	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5280</u>								
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.43 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.27 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.58 \$2.58 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) 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 \$24.21 \$6.21 \$0.00 \$0.22 \$0.41 \$0.00 \$17.37 \$0.00	18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.20								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.43 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.27 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.58 \$2.58 Ln 19 Col b x Stfng Add-on \$3.10 \$3.10 \$3.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.37 \$0.00 \$17.37 \$0.00	19 (Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.88	\$103.20	\$0.00	\$17.47	\$20.41	\$0.00	\$28.77	\$5.04	\$10.50	\$0.49
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.43 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.27 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.58 \$2.58 Ln 19 Col b x Stfng Add-on \$3.10 \$3.10 \$3.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$17.37 \$0.00	Qı	uarterly Per Diem Add-on Amounts											
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.58 \$2.58 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.10 \$3.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.21 \$6.21 \$0.00 \$0.22 \$0.41 \$0.00 \$17.37 \$0.00		-	(see Policy Manual)	\$1.43	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.27		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.10 \$3.10 \$3.10 \$3.10 \$3.10 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.21 \$6.21 \$0.00 \$0.22 \$0.41 \$0.00 \$17.37 \$0.00													
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.21 \$6.21 \$0.00 \$0.22 \$0.41 \$0.00 \$17.37 \$0.00			Ln 19 Col b x Stfng Add-on										
	23 N	Nursing Home Provider Fee	(Fixed Amount)							\$17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$210.09 \$109.41 \$0.00 \$17.69 \$20.82 \$0.00 \$46.14 \$5.04	24 7	Fotal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.21	\$6.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.37	\$0.00	\$0.00	\$0.00
	25 Q ı	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.09	\$109.41	\$0.00	\$17.69	\$20.82	\$0.00	\$46.14	\$5.04	\$10.50	\$0.49
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$144.74	26 Q ı	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.74		1	I	l	ı		L		

\$210.77

\$145.25

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Facility Add-on State-<u>Specific</u> wide **Brown Health and Rehab** Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Provider: Prvdr ID: 00059562A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4694 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 41.54% 2.5% Quarterly Medicaid CMI: 1.6158 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.6469 1.5216 3.13 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$3,370,686 \$694,427 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$6,728,136 \$0 \$663,486 \$935,570 \$0 \$1,063,967 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$67,593) (\$2,689) \$0 \$3,413 (\$49,174) \$0 \$5,964 (\$25,107)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$52,094)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$104,000 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$25,469 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$6,737,918 \$3,367,997 \$663,486 \$938,983 \$5,964 \$962,699 \$104,000 \$669,320 \$25,469 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 34,311 34,311 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 27.991 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$201.64 \$98.16 \$0.00 \$19.34 \$27.54 (with L&H) \$28.06 \$3.72 \$23.91 \$0.91 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4694 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$66.80 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$66.80 \$0.00 \$19.34 \$27.54 \$28.06 \$3.72 \$23.91 \$0.91 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$163.41 \$66.80 \$0.00 \$19.34 \$25.85 \$27.76 \$3.72 19.03 \$0.91 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.99 \$3.34 \$0.00 \$0.97 \$1.29 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$170.40 \$70.14 \$0.00 \$20.31 \$27.14 \$29.15 \$3.72 \$19.03 \$0.91 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.6469 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$115.51 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$215.77 \$115.51 \$0.00 \$20.31 \$27.14 \$0.00 \$29.15 \$3.72 \$19.03 \$0.91 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.89 \$2.89 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$3.47 \$3.47 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.21 \$0.22 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00 \$6.89 \$0.00 \$0.00

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$239.98

\$167.16

\$122.40

\$0.00

\$20.53

\$27.14

\$0.00

\$46.25

\$3.72

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$19.03

\$0.91

Provid Prvdr	•		Qtr	th Allowance: ly BIMS score	Facility Score N/A 29.33% 3.92	Add-on <u>Percent</u> 5.00% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5993 1.6030 1.6325	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CASI	E MIX BASED RATE CALCULATIONS											
1 C c	ost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 F	per Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
l l	ase Period Per Diem Allowed Amounts	,		·		·						
	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,169,057	\$4,124,018	\$0	\$867,783	\$747,252	\$0	\$1,312,180		\$1,117,824	\$0
	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$64,270)	' ' '	\$0	\$007,783	\$0	\$0 \$0	(\$14,467)		(\$49,803)	ΨΟ
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(40.,2.0)				40	ų v	(\$14,319)		(\$.0,000)	
A	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$16,242		
A	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,559
7 C	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$8,164,269	\$4,124,018	\$0	\$867,783	\$747,252	\$0	\$1,283,394	\$16,242	\$1,068,021	\$57,559
8	Total Nursing Facility Days As Filed Days = 43,019	FY19 Audited C/R Days	43,019									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,428		
9 N	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.40	\$95.87	\$0.00	\$20.17	\$17.37	(with L&H)	\$29.83	\$0.47	\$31.02	\$1.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.5993</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.94								
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.94	\$0.00	\$20.17	\$17.37		\$29.83	\$0.47	\$31.02	\$1.67
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14 B	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.02	\$59.94	\$0.00	\$20.17	\$17.37		\$27.76	\$0.47	8.64 (FRV)	\$1.67
Qı	uarterly Per Diem Rate Prior to Add-ons										, ,	
15 G	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.27	\$3.00	\$0.00	\$1.01	\$0.87	\$0.00	\$1.39	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.29	\$62.94	\$0.00	\$21.18	\$18.24	\$0.00	\$29.15	\$0.47	\$8.64	\$1.67
	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6325</u>								
	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	.	\$102.75		*		.	*	<u></u>		4
19 G	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.10	\$102.75	\$0.00	\$21.18	\$18.24	\$0.00	\$29.15	\$0.47	\$8.64	\$1.67
Qı	uarterly Per Diem Add-on Amounts											
	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	
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.08	\$3.08								
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10				_	_	\$17.10		_	_
24 T	otal 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 Q ı	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.47	\$107.39	\$0.00	\$21.40	\$18.65	\$0.00	\$46.25	\$0.47	\$8.64	\$1.67

\$140.53

\$216.51

\$149.56

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Chaplinwood Health & Rehab Specific wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00059694A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.2675 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 25.00% Quarterly Medicaid CMI: 1.0% 1.3894 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.25 2.0% 1.4139 1.5216 Plant A&G -Admin Property Routine Special Laundry & Taxes and Line Totals Dietary Operatns and GL/PL and Sources / Description Services Services Houskpng Insurance Related Calculations & Maint General Insurance

			a	D	С	a	е	ī	9	9	n	1
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,648,302	\$2,784,703	\$0	\$504,100	\$648,779	\$0	\$916,296		\$794,424	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$122,438)	\$0	\$0	\$0	\$0	(\$6,503)	(\$87,277) (\$53,170)		(\$28,658)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$105,351		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$29,390
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,607,435	\$2,784,703	\$0	\$504,100	\$648,779	(\$6,503)	\$775,849	\$105,351	\$765,766	\$29,390
8	Total Nursing Facility Days As Filed Days = 32,516	FY19 Audited C/R Days	32,516									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,765		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$179.70	\$85.64	\$0.00	\$15.50	\$19.75	(with L&H)	\$23.86	\$4.09	\$29.72	\$1.14
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.2675								.
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.57								.
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.57	\$0.00	\$15.50	\$19.75		\$23.86	\$4.09	\$29.72	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.64	\$67.57	\$0.00	\$15.50	\$19.75		\$23.86	\$4.09	11.73 (FRV)	\$1.14
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.34	\$3.38	\$0.00	\$0.78	\$0.99	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.98	\$70.95	\$0.00	\$16.28	\$20.74	\$0.00	\$25.05	\$4.09	\$11.73	\$1.14
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4139								ı
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.35	\$100.32	\$0.00	\$16.28	\$20.74	\$0.00	\$25.05	\$4.09	\$11.73	\$1.14
	Quarterly Per Diem Add-on Amounts											ı
20		(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22		Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.64	\$3.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.99	\$103.86	\$0.00	\$16.50	\$21.15	\$0.00	\$42.52	\$4.09	\$11.73	\$1.14

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$137.92

Facility Facility Add-on State-Provider: Hazlehurst Court Care and Rehab <u>Specific</u> wide Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00059705A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4129 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 22.41% 1.0% Quarterly Medicaid CMI: 1.5568 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 2.0% 1.5848 1.5216 2.83 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Description Services Services Houskpng Insurance Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$3,434,410 \$1,759,041 \$0 \$309,926 \$336.881 \$0 \$567,449 \$461,113 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$26,236) \$0 (\$959) \$0 (\$10,819) (\$14,458) \$0 \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$19,062) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$48,030 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$16,066 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$3,453,208 \$1,759,041 \$309,926 \$335,922 \$0 \$537,568 \$48,030 \$446,655 \$16,066 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 23,369 23,369 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 20.795 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$150.46 \$75.27 \$0.00 \$13.26 \$14.37 (with L&H) \$23.00 \$2.31 \$21.48 \$0.77 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4129 11 Ln 9 / Ln 10 \$53.27 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$53.27 \$0.00 \$13.26 \$14.37 \$23.00 \$2.31 \$21.48 \$0.77 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$114.42 \$14.37 Base Period Case Mix Adjusted Allowed Per Diem \$53.27 \$0.00 \$13.26 \$23.00 \$2.31 7.44 \$0.77 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$5.19 \$2.66 \$0.00 \$0.66 \$0.72 \$0.00 \$1.15 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$119.61 \$55.93 \$0.00 \$13.92 \$15.09 \$24.15 \$2.31 \$7.44 \$0.77 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.5848 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$88.64 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$152.32 \$88.64 \$0.00 \$13.92 \$15.09 \$0.00 \$24.15 \$2.31 \$7.44 \$0.77 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$0.89 \$0.89 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) \$1.77 \$1.77 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.29 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$3.19 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$173.61 \$91.83 \$0.00 \$14.14 \$15.50 \$0.00 \$41.62 \$2.31 \$7.44 \$0.77

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$117.38

FINAL

	Provider: Southwell Health and Rehab Prvdr ID: 00059826A H/B ?: Yes		Grow	ercentages rth Allowance: BIMS: ality Incentive:	54.7%	Add-on Percent 5.00% 5.5% 3.0%	В	ix Index (CM ase Period (Quarterly Me II w RUG W	Overall CMI edicaid CMI	:	Facility Specific 1.3168 1.2622 1.2791	State- wide 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL- PL Insurance	Property and Related	Taxes and Insuranc e
	MIX BASED RATE CALCULATIONS		а	b	С	d	е	f	g		h	i
	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 5.0% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	FY2021 GL-PL Ins. Rpt FY2021 GL-PL Ins. Rpt FY 2019 Peer Group Limit	\$188.36 \$8.12 \$196.96 \$220.59		All Bed Sizes 90.0% 100.0% \$0.00	2 Hosp Based All Bed Sizes 90.0% 100.0% \$0.22 \$32.43 \$30.81 \$1.54 \$32.35	85.0% 100.0% \$0.41 \$25.85 \$24.56 \$1.23	All Bed Size.		\$ 15,867 33,254	\$25.60 \$25.60 \$25.60 (FRV Rate) \$25.60	
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.25	\$3.25					47.0			
	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$26.31						17.10			
	Quarterly Case Mix Based Per Diem Rate		\$246.90	\$117.54		\$32.35	\$25.79		\$44.79	\$0.48	\$25.60	\$0.36
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$172.35	<u> </u>		,	1		, ,	1	, . , .	,,,,,,
	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$250.58			1	1	ı				
	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$175.11	1								

Facility Facility Add-on State-Provider: Cordele Health and Rehab Center wide Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00059892A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5417 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 18.60% 0.0% Quarterly Medicaid CMI: 1.5623 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 2.0% 1.5891 1.5216 4.95 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Description Services Services Houskpng Insurance Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Hosp Based Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$3,198,687 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$5,698,592 \$0 \$524,543 \$228,755 \$314,730 \$883,983 \$547,894 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$4,021) \$0 \$0 \$0 \$0 \$0 \$0 (\$4,021)As Adjusted FY19 GL/PL Rpt (\$36,555)As Adjusted Cost Center Costs (GL/PL) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$48,092 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$7,979 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$5,714,087 \$3,198,687 \$524,543 \$228,755 \$314,730 \$847,428 \$48,092 \$543,873 \$7,979 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 22,813 22,813 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 18,679 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$256.29 \$140.21 \$0.00 \$22.99 \$23.82 (with L&H) \$37.15 \$2.57 \$29.12 \$0.43 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.5417 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$90.95 \$37.15 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$90.95 \$0.00 \$22.99 \$23.82 \$2.57 \$29.12 \$0.43 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$32.43 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$172.15 Base Period Case Mix Adjusted Allowed Per Diem \$84.91 \$0.00 \$22.99 \$23.82 \$27.76 \$2.57 9.67 \$0.43 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$7.98 \$4.25 \$0.00 \$1.15 \$1.19 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$180.13 \$89.16 \$0.00 \$24.14 \$25.01 \$29.15 \$2.57 \$9.67 \$0.43 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.5891 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$141.68 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$232.65 \$141.68 \$0.00 \$24.14 \$25.01 \$0.00 \$29.15 \$2.57 \$9.67 \$0.43 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$0.00 \$0.00 0.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) \$2.83 \$2.83 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10

24

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$20.56

\$253.21

\$177.08

\$2.83

\$144.51

\$0.00

\$0.00

\$0.22

\$24.36

\$0.41

\$25.42

\$0.00

\$0.00

\$17.10

\$46.25

\$0.00

\$2.57

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$9.67

\$0.00

\$0.43

	Provider: Dublinair Health & Rehab Center Prvdr ID: 00059947A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	37.31%	Add-on <u>Percent</u> 5.00% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Nght Options:		Facility <u>Specific</u> 1.5512 1.5790 1.6066	State- wide 1.4759 1.5485 1.5216
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,793,959	\$2,947,296	\$0	\$674,869	\$659,637	\$0	\$809,651		\$702,506	\$
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$72,181)	\$0	\$0	\$0	(\$1,731)	(\$2,206)	(\$11,488) (\$58,972)		(\$56,756)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,46
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	+-, -,	\$2,947,296	\$0	\$674,869	\$657,906	(\$2,206)	\$739,191	\$0	\$645,750	\$57,46
8	Total Nursing Facility Days As Filed Days = 42,344	FY19 Audited C/R Days	42,344									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,222		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.01	\$69.60	\$0.00	\$15.94	\$15.49	(with L&H)	\$17.46	\$0.00	\$20.68	\$1.8
10	,	from 4 qtrs of FY19		<u>1.5512</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.87	\$0.00		\$15.49		\$17.46	\$0.00	\$20.68	\$1.8
13	,	per Peer Group Limits		\$84.91	\$0.00		\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$105.00	\$44.87	\$0.00	\$15.94	\$15.49		\$17.46	\$0.00	9.40	\$1.8
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.68	\$2.24	\$0.00	\$0.80	\$0.77	\$0.00	\$0.87	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.68	\$47.11	\$0.00		\$16.26	\$0.00	\$18.33	\$0.00	\$9.40	\$1.8
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6066								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$138.26	\$75.69	\$0.00	\$16.74	\$16.26	\$0.00	\$18.33	\$0.00	\$9.40	\$1.8
	Quarterly Per Diem Add-on Amounts											
20		(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.89	\$1.89				, , , ,	,		,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.27	\$2.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	<u> </u>	Sum of Lns 20 thru 23	\$22.79	\$4.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0

\$161.05

\$107.96

\$182.40

\$123.98

\$80.38

\$0.00

\$16.96

\$16.67

\$0.00

\$35.80

\$0.00

\$9.40

\$1.84

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: River Towne Center Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00082684A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.7114 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 40.34% 2.5% Quarterly Medicaid CMI: 1.7876 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.8212 1.5216 2.99

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C</u> /	ASE MIX BASED RATE CALCULATIONS											
_	Cont Contax Book Crowns	(2 : 14		_	1			1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,424,892	\$3,471,182	\$0	\$626,849	\$596,017	\$0	\$1,636,723		\$1,094,121	:
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$165,644)	(\$90,765)	\$0	\$0	(\$10,865)	(\$15,679)	\$24,040		(\$72,375)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$121,092)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$200,258		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$71,2
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,409,670	\$3,380,417	\$0	\$626,849	\$585,152	(\$15,679)	\$1,539,671	\$200,258	\$1,021,746	\$71,2
8	Total Nursing Facility Days As Filed Days = 42,336	FY19 Audited C/R Days	42,336									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,612		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$177.13	\$79.85	\$0.00	\$14.81	\$13.45	(with L&H)	\$36.37	\$5.06	\$25.79	\$1.8
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.7114</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.66	\$0.00	\$14.81	\$13.45		\$36.37	\$5.06	\$25.79	\$1.8
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.83	\$46.66	\$0.00	\$14.81	\$13.45		\$27.76	\$5.06	8.29	\$1.8
	Outstak Bar Bira Bata Birata Add ana										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.13	\$2.33	\$0.00	\$0.74	\$0.67	\$0.00	\$1.39	N/A	N/A	N/
16	Growth Allowance Percentage = 5.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$5.13 \$122.96	\$2.33 \$48.99	\$0.00	\$15.55	\$0.67 \$14.12	\$0.00	\$29.15	\$5.06	\$8.29	\$1.8
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ψ122.30		φυ.υυ	φ10.00	φ14.12	φυ.υυ	Ψ29.13	φυ.υυ	φο.29	φ1.0
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.8212 \$89.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.19	\$89.22	\$0.00	\$15.55	\$14.12	\$0.00	\$29.15	\$5.06	\$8.29	\$1.8
13	Additions interleated China Allowed Fet Dietit	NO - Eli 10, Allouii - Eli 10	φ103.19	φυ9.22	φυ.υυ	φ15.55	φ14.12	φυ.υυ	φ29.13	φυ.00	φο.29	φ1.0
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$23.17	\$5.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.36	\$94.66	\$0.00	\$15.77	\$14.53	\$0.00	\$46.25	\$5.06	\$8.29	\$1.8

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$126.95

Facility Add-on Facility State-Provider: **Heardmont Nursing Home** Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00082981A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4476 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 30.00% 2.5% Quarterly Medicaid CMI: 1.5779 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.6079 1.5216 2.83 Admin A&G -

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,213,767	\$1,055,006	\$0	\$241,262	\$333,292	\$0	\$371,170		\$213,037	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$16,551)	\$0	\$0	\$0	\$0	\$0	\$0 (\$18,827)		(\$16,551)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,822
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,196,211	\$1,055,006	\$0	\$241,262	\$333,292	\$0	\$352,343	\$0	\$196,486	\$17,822
8	Total Nursing Facility Days As Filed Days = 12,894	FY19 Audited C/R Days	12,894									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,257		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.76	\$81.82	\$0.00	\$18.71	\$25.85	(with L&H)	\$27.33	\$0.00	\$12.88	\$1.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4476</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.52	\$0.00	\$18.71	\$25.85		\$27.33	\$0.00	\$12.88	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.59	\$56.52	\$0.00	\$18.71	\$25.85		\$27.33	\$0.00	9.01	\$1.17
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.43	\$2.83	\$0.00	\$0.94	\$1.29	\$0.00	\$1.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.02	\$59.35	\$0.00	\$19.65	\$27.14	\$0.00	\$28.70	\$0.00	\$9.01	\$1.17
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6079			*				*- *-	·
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.10	\$95.43	\$0.00	\$19.65	\$27.14	\$0.00	\$28.70	\$0.00	\$9.01	\$1.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.07	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.32		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39	ψ0.00	Ψ0.22	Ψ0.00	ψ0.00	ψ0.52		Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.50					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.42	\$5.78	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.52	\$101.21	\$0.00		\$27.14		\$46.12		\$9.01	\$1.17
23	Quartony Gase mix based i el blem nate	LII 10 / LII 27	Ψ 2 07.32	Ψ101.21	\$0.00	\$13.07	Ψ21.14	\$0.00	φ 4 0.12	φυ.υυ	φ3.01	Ψ1.17

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$140.57

FINAL

Pr	ovider: Autumn Lane vdr ID: 00082992A H/B ?: No Case Mix Per Diem Rate Effective Date:	01/01/22 09/30/21 Nurs		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 33.3% 3.40	Add-on Percent 5.00% 2.5% 3.0%		Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific 1.4664 1.3376 1.3612	State- wide 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
CAS	E MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2021 GL-PL Ins. Rpt								\$ 88,400		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								25,994		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2019 Peer Group Limit		\$84.91		\$22.66	\$25.85		\$27.76		\$36.39	\$9.19
	Allowed @ 95% of Std		\$198.70	\$80.66		\$21.53	\$24.56		\$26.37		\$36.39	\$9.19
	Growth Allowance 5.0%		\$7.66	\$4.03		\$1.08	\$1.23		\$1.32			
	CMA Allowed Per Diem (After Growth Alowance)		\$209.76	\$84.69		\$22.61	\$25.79		\$27.69	\$ 3.40	\$36.39	\$9.19
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.3612</u>							(FRV Rate)	
	Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$115.28								
	Quarterly Medicaid CMA Allowed Per Diem		\$240.35	\$115.28		\$22.61	\$25.79		\$27.69	3.40	\$36.39	\$9.19
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Srvs)		\$2.88	\$2.88								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.46	\$3.46								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$23.44									
	Quarterly Case Mix Based Per Diem Rate		\$263.79	\$121.62		\$22.61	\$25.79		\$44.79	\$3.40	\$36.39	\$9.19
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$185.02										

^{* 1002.3}B - 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.

	rovider: Tower Road Healthcare rvdr ID: 00083003A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: y BIMS score	Facility Score N/A 18.84% 2.79	Add-on Percent 5.00% 0.0% 3.0%			I Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.7321 1.6777 1.7092	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u> </u>	ASE 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			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,917,361	\$4,986,774	\$0	\$713,047	\$634,437	\$0	\$2,030,229		\$2,552,874	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$92,579)	\$0	\$0	\$0	(\$5,306)	(\$5,474)	(\$3,287)		(\$78,512)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$130,382)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$142,704		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$87,082
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$10,924,186	\$4,986,774	\$0	\$713,047	\$629,131	(\$5,474)	\$1,896,560	\$142,704	\$2,474,362	\$87,082
8	Total Nursing Facility Days As Filed Days = 41,391	FY19 Audited C/R Days	41,391									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days							.	40,590		.
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$265.23	\$120.48	\$0.00	\$17.23	\$15.07	(with L&H)	\$45.82	\$3.52	\$60.96	\$2.15
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.7321</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = Ln 11. AllOthr = Ln 9		\$69.56	\$0.00	\$17.23	\$15.07		¢45.00	የ ን 5ን	\$60.06	CO 4 F
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$69.56 \$84.91	\$0.00	\$17.23	\$15.07		\$45.82 \$27.76	\$3.52 \$0.00	\$60.96 N/A	\$2.15
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.62	\$69.56	\$0.00	\$17.23	\$15.07		\$27.76	\$3.52	11.33	\$2.15
' '	Base Feliou case mix riajusteu riineved Feli Biolii		Ψ110.02	φου.σσ	φ0.00	ψ11.20	φ10.07		Ψ21.110	ψο.σ2	(FRV)	Ψ2.10
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.48	\$3.48	\$0.00	\$0.86	\$0.75	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.10	\$73.04	\$0.00	\$18.09	\$15.82	\$0.00	\$29.15	\$3.52	\$11.33	\$2.15
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7092</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	¢204.00	\$124.84	\$0.00	¢19.00	¢15.00	20.00	¢20.45	¢2 E2	¢11 22	¢2.15
19	Quarterly Medicaid CMA Allowed Per Diem	10 - Lii 10, AllOuil = Lii 10	\$204.90	\$124.84	\$0.00	\$18.09	\$15.82	\$0.00	\$29.15	\$3.52	\$11.33	\$2.15
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.75	\$3.75					*			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	04.00	#0.00	#0.00	фо. 4 <i>4</i>	#0.00	\$17.10 \$17.10	#0.00	#0.00	# 0.00
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	\$226.91	\$129.12	\$0.00	\$18.31	\$16.23	\$0.00	\$46.25	\$3.52	\$11.33	\$2.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.36									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$227.80									

\$158.03

(Ln 27 - Ln 23) * 0.75

	rovider: Green Acres Health & Rehab rvdr ID: 00083014A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q	owth Allowance: etrly BIMS score	Facility Score N/A 34.92% 3.24	Add-on Percent 5.00% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4069 1.4490 1.4742	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,647,857	\$2,752,536	\$0	\$560,153	\$656,153	\$0	\$934,841		\$744,174	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$103,217)	\$0	\$0	\$0	\$0	(\$5,581)	(\$66,642)		(\$30,994)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$52,130)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$101,920		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,150
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,625,580	\$2,752,536	\$0	\$560,153	\$656,153	(\$5,581)	\$816,069	\$101,920	\$713,180	\$31,150
8	Total Nursing Facility Days As Filed Days = 31,596	FY19 Audited C/R Days	31,596									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,003		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185.12	\$87.12	\$0.00	\$17.73	\$20.59	(with L&H)	\$25.83	\$4.08	\$28.52	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4069</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.92	\$0.00	\$17.73	\$20.59		\$25.83	\$4.08	\$28.52	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$142.75	\$61.92	\$0.00	\$17.73	\$20.59		\$25.83	\$4.08	11.35 (FRV)	\$1.25
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.31	\$3.10	\$0.00	\$0.89	\$1.03	\$0.00	\$1.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.06	\$65.02	\$0.00	\$18.62	\$21.62	\$0.00	\$27.12	\$4.08	\$11.35	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4742								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.89	\$95.85	\$0.00	\$18.62	\$21.62	\$0.00	\$27.12	\$4.08	\$11.35	\$1.25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.80	\$101.66	\$0.00	\$18.84	\$22.03	\$0.00	\$44.59	\$4.08	\$11.35	\$1.25

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$140.03

	Provider: Prvdr ID:		1/1/2022		owth Allowance: Otrly BIMS score	30.77%	Add-on Percent 5.00% 2.5% 3.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5557 1.5314 1.5584	State- wide 1.4759 1.5485 1.5216
1	_ine #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
ľ	CASE M	IIX BASED RATE CALCULATIONS								3			

Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	, , ,	(see Policy Manual)		\$0.53	\$0.00	φ0.22	φ0.41		φυ.37			
	Base Period Per Diem Allowed Amounts										_	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,037,755	\$2,508,615	\$0	\$525,702	\$533,704		\$1,181,519		\$1,288,215	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$151,471)	(\$13,997)	\$0	(\$1,598)	\$0	\$1,598	, , ,		(\$76,849)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$156,233)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$213,308		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$72,167
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,015,526	\$2,494,618	\$0	\$524,104	\$533,704	\$1,598	\$964,661	\$213,308	\$1,211,366	\$72,167
8	Total Nursing Facility Days As Filed Days = 29,894	FY19 Audited C/R Days	29,894									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,214		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$210.52	\$83.45	\$0.00	\$17.53	\$17.91	(with L&H)	\$32.27	\$8.46	\$48.04	\$2.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5557</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.64	\$0.00	\$17.53	\$17.91		\$32.27	\$8.46	\$48.04	\$2.86
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.62	\$53.64	\$0.00	\$17.53	\$17.91		\$27.76	\$8.46	11.46	\$2.86
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.85	\$2.68	\$0.00	\$0.88	\$0.90	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.47	\$56.32	\$0.00	\$18.41	\$18.81	\$0.00	\$29.15	\$8.46	\$11.46	\$2.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5584</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.92	\$87.77	\$0.00	\$18.41	\$18.81	\$0.00	\$29.15	\$8.46	\$11.46	\$2.86
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.08	\$5.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.00	\$93.12			\$19.22	1		\$8.46	\$11.46	1
	,		,200.00	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.5.55	¥ · • · = =	+5.30	,20	, ,,,,,	Ţ v	1=:50

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$137.18

	vider: Lynn Haven Health & Rehab dr ID: 00083036A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022 09/30/21 Nurse Hours per	C	owth Allowance: Otrly BIMS score	Facility Score N/A 57.14% 3.33	Add-on <u>Percent</u> 5.00% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5828 1.6338 1.6646	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CAS	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,625,686	\$2,793,832	\$0	\$514,729	\$699,509	\$0	\$868,950		\$748,666	\$0
	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$53,647)	\$2,176	\$0	\$0	\$0	(\$8,110)	(\$15,542) (\$40,885)		(\$32,171)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$80,080		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$32,619
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,643,853	\$2,796,008	\$0	\$514,729	\$699,509	(\$8,110)	\$812,523	\$80,080	\$716,495	\$32,619
8	Total Nursing Facility Days As Filed Days = 26,727	FY19 Audited C/R Days	26,727									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,533		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$220.52	\$104.61	\$0.00	\$19.26	\$25.87	(with L&H)	\$30.40	\$3.90	\$34.89	\$1.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5828</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$19.26	\$25.87		\$30.40	\$3.90	\$34.89	\$1.59
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.01	\$66.09	\$0.00	\$19.26	\$25.85		\$27.76	\$3.90	13.56 (FRV)	\$1.59
	Quarterly Per Diem Rate Prior to Add-ons										(1 // //	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.94	\$3.30	\$0.00	\$0.96	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.95	\$69.39	\$0.00	\$20.22	\$27.14	\$0.00	\$29.15	\$3.90	\$13.56	\$1.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6646</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.07	\$115.51	\$0.00	\$20.22	\$27.14	\$0.00	\$29.15	\$3.90	\$13.56	\$1.59
	Quarterly Per Diem Add-on Amounts											
	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	
	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.35	1			*					
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.47									
		=	· · ·	1		1		1	1		1	

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

24

\$17.10

\$27.67

\$238.74

\$166.23

\$10.35

\$125.86

\$0.00

\$0.00

\$0.22

\$20.44

\$0.00

\$27.14

\$0.00

\$0.00

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$13.56

\$0.00

\$1.59

\$17.10

\$17.10

\$46.25

\$0.00

\$3.90

Facility Add-on Facility State-Provider: Magnolia Manor Columbus East Specific Score Percent Case Mix Index (CMI) Data wide Add-on Data and Percentages Prvdr ID: 00083047A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.7524 1.4759 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: Case Mix Per Diem Rate Effective Date: 28.17% 1.0% 1.5287 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 1.5583 1.5216 4.39 4.0% Plant A&G -Admin Property Routine Laundry & Taxes and Special Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance Related Calculations & Maint General Insurance С **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities Free Standing All Facilities All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes

2 3 4	,	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5		As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,414,868	\$4,978,782	\$0	\$1,089,203	\$880,023	\$0	\$1,566,779		\$900,081	\$0
6	·	FY19 C/R Audit Adjstmts	(\$20,641)	\$0	\$0	\$3,874	\$0	\$0	\$52,633		(\$77,148)	ΨΟ
"	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(ψ20,041)	Ψ0	ΨΟ	ψ5,07 +	ΨΟ	ΨΟ	(\$171,815)		(ψ//,140)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt							(, ,, ,, ,,	\$290,503		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$30,780
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,543,695	\$4,978,782	\$0	\$1,093,077	\$880,023	\$0	\$1,447,597	\$290,503	\$822,933	\$30,780
8	Total Nursing Facility Days As Filed Days = 48,460	FY19 Audited C/R Days	48,460									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,280		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$204.87	\$102.74	\$0.00	\$22.56	\$18.16	(with L&H)	\$29.87	\$8.01	\$22.68	\$0.85
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.7524</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.63	\$0.00	\$22.56	\$18.16		\$29.87	\$8.01	\$22.68	\$0.85
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.80	\$58.63	\$0.00	\$22.56	\$18.16		\$27.76	\$8.01	10.83	\$0.85
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$6.36	\$2.93	\$0.00	\$1.13	\$0.91	\$0.00	\$1.39	N/A	N/A	N/A
16	<u> </u>	Ln 14 + Ln 15	\$153.16	\$61.56	\$0.00	\$23.69	\$19.07	\$0.00	\$29.15	\$8.01	\$10.83	\$0.85
17	· · · · · · · · · · · · · · · · · · ·	per Current Qtr End	ψ100.10	1.5583	ψ0.00	Ψ20.00	ψ10.07	φ0.00	Ψ23.10	ψ0.01	Ψ10.00	ψ0.00
18		Ln 16 x Ln 17		\$95.93								
19		RS = Ln 18. AllOthr = Ln 16	\$187.53	\$95.93	\$0.00	\$23.69	\$19.07	\$0.00	\$29.15	\$8.01	\$10.83	\$0.85
	,		,	,	****	,	,	, , , , ,	,	,	,	,
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.02	\$0.53	\$0.00	\$0.08	\$0.41	\$0.00	\$0.00		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22		Ln 19 Col b x Stfng Add-on	\$3.84	\$3.84								
23		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.92	\$5.33	\$0.00	\$0.08	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.45	\$101.26	\$0.00	\$23.77	\$19.48	\$0.00	\$46.25	\$8.01	\$10.83	\$0.85
	1							1	1			

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$145.01

	rovider: The Center for Advanced Rehab @ Parkside rvdr ID: 00083102A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022		th Allowance: ly BIMS score	Facility Score N/A 19.18% 3.30	Add-on Percent 5.00% 0.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.7481 1.8153 1.8516	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5 6	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	As Filed FY19 C/R - FY19 GL/PL FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$146,115)	\$4,602,279 (\$4,295)	\$0 \$0	\$864,224 \$0	\$792,419 (\$5,419)		\$1,722,137 (\$30,534) (\$119,631)		\$1,330,278 (\$104,297)	\$0
	As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 GL/PL Rpt As Adjusted FY21 C/R							(φ : 10,00 : 1)	\$77,384		\$166,974
7 8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 43,724	19 Audited C/R (As Adj. FY21 GLF FY19 Audited C/R Days	9,289,949 43,724	\$4,597,984	\$0	\$864,224	\$787,000	(\$1,570)	\$1,571,972	\$77,384	\$1,225,981	\$166,974
9	Total Nursing Facility Days GL-PL Ins. Rpt Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents	FY21 Audited C/R Days Ln 7 / Ln 8 Col a from 4 qtrs of FY19	\$213.06	\$105.16 <u>1.7481</u>	\$0.00	\$19.77	\$17.96	(with L&H)	\$35.95	42,973 \$1.80	\$28.53	\$3.89
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.16	\$0.00	\$19.77	\$17.96		\$35.95	\$1.80	\$28.53	\$3.89
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	¢45455	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	#2.0 6
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.55	\$60.16	\$0.00	\$19.77	\$17.96		\$27.76	\$1.80	23.21 (FRV)	\$3.89
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.29	\$3.01	\$0.00	\$0.99	\$0.90	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$160.84	\$63.17	\$0.00	\$20.76	\$18.86	\$0.00	\$29.15	\$1.80	\$23.21	\$3.89
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	Ln 16 x Ln 17		1.8516 \$116.97								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.64	\$116.97	\$0.00	\$20.76	\$18.86	\$0.00	\$29.15	\$1.80	\$23.21	\$3.89
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	, , , ,	, , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	75		41130	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.51	\$3.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.77	\$4.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00

\$236.41

\$164.48

\$262.32

\$183.92

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

\$121.01

\$0.00

\$20.98

\$19.27

\$0.00

\$46.25

\$1.80

\$23.21

\$3.89

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Magnolia Manor Columbus West Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00083124A Base Period Overall CMI: 1.5930 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 44.30% 2.5% Quarterly Medicaid CMI: 1.6251 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6572 3.52 3.0% 1.5216

_ine #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
_	Cont Contan Dani Crauma	(5 5 14 5			1	2	1	1	1			
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Linciency ineasure maximums (see line 20 for actual)	(see Folicy Maridar)		φυ.53	φυ.υυ	φυ.22	φ0.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,618,244	\$4,047,993	\$0	\$801,426	\$797,513	\$0	\$1,312,695		\$658,617	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$249,528)	\$0	\$0	\$0	\$0	(\$10,774)	, ,		(\$27,054)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$118,684)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$239,764		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$37,757
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,527,553	\$4,047,993	\$0	\$801,426	\$797,513	(\$10,774)	\$982,311	\$239,764	\$631,563	\$37,757
8	Total Nursing Facility Days As Filed Days = 42,454	FY19 Audited C/R Days	42,454									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,741		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$180.65	\$95.35	\$0.00	\$18.88	\$18.53	(with L&H)	\$23.14	\$6.53	\$17.19	\$1.03
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.5930</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.86	\$0.00		\$18.53		\$23.14	\$6.53	\$17.19	\$1.03
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.63	\$59.86	\$0.00	\$18.88	\$18.53		\$23.14	\$6.53	11.66	\$1.03
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.02	\$2.99	\$0.00	\$0.94	\$0.93	\$0.00	\$1.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.65	\$62.85	\$0.00	\$19.82	\$19.46	\$0.00	\$24.30	\$6.53	\$11.66	\$1.03
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6572								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.96	\$104.16	\$0.00	\$19.82	\$19.46	\$0.00	\$24.30	\$6.53	\$11.66	\$1.03
00	Quarterly Per Diem Add-on Amounts	(and Della M.	A. = 2	***	***	40.05	*	40.00	20.0=		* 0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.12	\$3.12					A			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10				4		\$17.10		. .	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.35	\$6.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.31	\$110.41	\$0.00	\$20.04	\$19.87	\$0.00	\$41.77	\$6.53	\$11.66	\$1.03

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$145.66

	Provider:	Pinehill Nursing Center		Ado	d-on Data and P	ercentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
	Prvdr ID:	00083135A			Grow	th Allowance:	N/A	5.00%		Base Period	d Overall CMI:		1.4503	1.4759
		Case Mix Per Diem Rate Effective Date:	1/1/2022		Qtr	y BIMS score	35.09%	2.5%		Quarterly I	Medicaid CMI:		1.5849	1.5485
		MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per	On-Site Day/Qua	ality Incentive:	3.24	2.0%	Qrtrly Mcaid	CMI w RUG V	Wght Options:		1.6153	1.5216
L														
				,	+	Routine	Special	D: .	Laundry &	Plant	Admin	A&G -	Property	Taxes and

	MIDO & Nuise Fils Data per Quarter Ending.	V9/30/21 Nuise Hours per Or			3.24	2.076	Qrany Modic	Civii w ixoo v	rgin opnono.		1.0100	1.3210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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%			
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(coor one) manage,		75.55	75.55	7	75		70.0.			
5	Base Period Per Diem Allowed Amounts	As Filed FY19 C/R - FY19 GL/PL Rpt	¢4 200 504	#2 004 220	* 0	¢255 502	\$414,563	\$0	\$672,689		P764 400	\$0
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	FY19 C/R Audit Adjstmts	\$4,208,501	\$2,004,228	\$0 \$0	\$355,593	. ,	\$0			\$761,428	Φ0
0	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(\$28,318)	\$0	Φ0	\$0	\$0	Φ0	(\$10,210) (\$59,088)		(\$18,108)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt							(ψου,σου)	\$62,786		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R								ψ02,700		\$21,628
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,205,509	\$2,004,228	\$0	\$355,593	\$414,563	\$0	\$603,391	\$62,786	\$743,320	\$21,628
8	Total Nursing Facility Days As Filed Days = 28,114	FY19 Audited C/R Days	28,114	4 2,00 .,220	Ψ.	4000,000	Ψ,σσσ	40	\$	ψ0 <u>=</u> ,.σσ	ψ. 10,020	Ψ21,020
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	-,							26,733		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$151.12	\$71.29	\$0.00	\$12.65	\$14.75	(with L&H)	\$21.46	\$2.35	\$27.81	\$0.81
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4503			,	,				·
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.16	\$0.00	\$12.65	\$14.75		\$21.46	\$2.35	\$27.81	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.08	\$49.16	\$0.00	\$12.65	\$14.75		\$21.46	\$2.35	9.90	\$0.81
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.90	\$2.46	\$0.00	\$0.63	\$0.74	\$0.00	\$1.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.98	\$51.62	\$0.00	\$13.28	\$15.49	\$0.00	\$22.53	\$2.35	\$9.90	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6153</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.74	\$83.38	\$0.00	\$13.28	\$15.49	\$0.00	\$22.53	\$2.35	\$9.90	\$0.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.67	\$1.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$170.12	\$87.66	\$0.00	\$13.50	\$15.90	\$0.00	\$40.00	\$2.35	\$9.90	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.77									

\$198.91

\$136.36

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Facility Add-on Statewide **National Health Care of Rossville** Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Provider: Prvdr ID: 00083146A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.2108 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 29.21% 1.0% Quarterly Medicaid CMI: 1.2862 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.3064 1.5216 3.05 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$3,141,768 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$5,608,435 \$0 \$612,312 \$550,447 \$1,022,048 \$281,860 \$0 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$73,984) \$0 \$0 (\$1,617) (\$18,474) (\$51,674) \$0 (\$2,219)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$161,600 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$57,282 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$5,753,333 \$3,141,768 \$612,312 \$548,830 (\$2,219) \$1,003,574 \$161,600 \$230,186 \$57,282 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 34,803 34,803 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 31.938 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$166.47 \$90.27 \$0.00 \$17.59 \$15.71 (with L&H) \$28.84 \$5.06 \$7.21 \$1.79 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.2108 11 Ln 9 / Ln 10 \$74.55 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem RS = Ln 11, AllOthr = Ln 9 \$74.55 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$0.00 \$17.59 \$15.71 \$28.84 \$5.06 \$7.21 \$1.79 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$153.17 Base Period Case Mix Adjusted Allowed Per Diem \$74.55 \$0.00 \$17.59 \$15.71 \$27.76 \$5.06 10.71 \$1.79 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.79 \$3.73 \$0.00 \$0.88 \$0.79 \$0.00 \$1.39 5.00% N/A N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$159.96 \$78.28 \$0.00 \$18.47 \$16.50 \$29.15 \$5.06 \$10.71 \$1.79 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.3064 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$102.26 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$183.94 \$102.26 \$0.00 \$18.47 \$16.50 \$0.00 \$29.15 \$5.06 \$10.71 \$1.79 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$1.02 \$1.02 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$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 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$4.62 \$0.00

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$206.29

\$141.89

\$106.88

\$0.00

\$18.69

\$16.91

\$0.00

\$46.25

\$5.06

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$10.71

\$1.79

Facility Add-on Facility State-Provider: Signature Healthcare of Savannah Specific Score Percent Case Mix Index (CMI) Data wide Add-on Data and Percentages Prvdr ID: 00083157A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.6025 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 20.62% 1.0% 1.7176 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 1.5216 2.95 5.0% 1.7513 Plant A&G -Admin Property Routine Laundry & Taxes and Special Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance Related Calculations & Maint General Insurance С **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) 2 Type of Facility within Peer Group All Facilities Free Standing All Facilities All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes

2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,268,848	\$3,481,801	\$0	\$611,093	\$526,568	· ·	\$1,430,757		\$218,629	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$71,638)	\$0	\$0	\$0	\$0	\$0	(\$1,940)		(\$69,698)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$146,902)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$146,322		•
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R									•	\$68,927
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,265,557	\$3,481,801	\$0	\$611,093	\$526,568	\$0	\$1,281,915	\$146,322	\$148,931	\$68,927
8	Total Nursing Facility Days As Filed Days = 38,466	FY19 Audited C/R Days	38,466									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								37,322		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$163.19	\$90.52	\$0.00	\$15.89	\$13.69	(with L&H)	\$33.33	\$3.92	\$3.99	\$1.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6025</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.49								
12	•	RS = Ln 11, AllOthr = Ln 9		\$56.49	\$0.00	\$15.89	\$13.69		\$33.33	\$3.92	\$3.99	\$1.85
13	,	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.77	\$56.49	\$0.00	\$15.89	\$13.69		\$27.76	\$3.92	10.17	\$1.85
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$5.68	\$2.82	\$0.00	\$0.79	\$0.68	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.45	\$59.31	\$0.00	\$16.68	\$14.37	\$0.00	\$29.15	\$3.92	\$10.17	\$1.85
17		per Current Qtr End		1.7513	·						·	·
18	, ,	Ln 16 x Ln 17		\$103.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.01	\$103.87	\$0.00	\$16.68	\$14.37	\$0.00	\$29.15	\$3.92	\$10.17	\$1.85
					·						·	·
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22		Ln 19 Col b x Stfng Add-on	\$5.19	\$5.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.49	\$6.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.50	\$110.63	\$0.00	\$16.90	\$14.78	\$0.00	\$46.25	\$3.92	\$10.17	\$1.85

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$140.55

	ovider: Muscogee Manor & Rehab Center ovdr ID: 00083223A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022	Q	owth Allowance: etrly BIMS score	Facility Score N/A 37.37% 4.79	Add-on <u>Percent</u> 5.00% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3226 1.5194 1.5458	State- wide 1.4759 1.5485 1.5216
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,701,385	\$6,736,893	\$0	\$1,129,623	\$1,299,821	\$0	\$1,256,604		\$278,444	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$28,989)	(\$63,206)	\$0	\$0	(\$8,464)	(\$13,217)	\$77,901 (\$145,429)		(\$22,003)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$207,740		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,954
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,763,661	\$6,673,687	\$0	\$1,129,623	\$1,291,357	(\$13,217)	\$1,189,076	\$207,740	\$256,441	\$28,954
8	Total Nursing Facility Days As Filed Days = 45,983	FY19 Audited C/R Days	45,983									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days					•			39,808	.	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$235.75	\$145.13	\$0.00	\$24.57	\$27.80	(with L&H)	\$25.86	\$5.22	\$6.44	\$0.73
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19 Ln 9 / Ln 10		1.3226								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$109.73 \$109.73	\$0.00	\$24.57	\$27.80		\$25.86	\$5.22	\$6.44	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$23.86	\$0.00	\$0.44 N/A	φυ.73
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.14	\$84.91	\$0.00	\$22.66	\$25.85		\$25.86	\$5.22	19.91	\$0.73
	•			,,,,,,,		,	,			,,,,,,	(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Lo 14 v Cruth Alluno 9/	Ф 7 ОС	£4.05	#0.00	Ф4 40	£4.00	#0.00	£4.00	N1/A	N1/A	NI/A
15	Growth Allowance Percentage = <u>5.00%</u> CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$7.96 \$193.10	\$4.25 \$89.16	\$0.00 \$0.00	\$1.13 \$23.79	\$1.29 \$27.14	\$0.00 \$0.00	\$1.29 \$27.15	N/A \$5.22	N/A \$19.91	N/A \$0.73
16	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	φ193.10	1.5458	φυ.υυ	φ23.19	Φ∠1.14	φυ.υυ	φ21.13	φ3.22	क्राञ्जा	φυ./3
18	Quarterly Facility Case Wix Index for Medicald Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.76	\$137.82	\$0.00	\$23.79	\$27.14	\$0.00	\$27.15	\$5.22	\$19.91	\$0.73
	Overtado Per Diem Add en America											
20	Quarterly Per Diem Add-on Amounts 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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.45	\$3.45	Ψ0.00	ψυ.υυ	ψ0.00	Ψ0.00	ψ0.57		ψυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.13	\$4.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.05	\$7.58	\$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	\$266.81	\$145.40	\$0.00	\$23.79	\$27.14	\$0.00	\$44.62	\$5.22	\$19.91	\$0.73

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$187.28

FINAL

Provider: Grace Healthcare of Tucker Prvdr ID: 00083267A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/22 09/30/21 Nurse Hou		ta and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 23.9% 2.96	Add-on Percent 5.00% 1.0% 3.0%	Qrtrly		riod Overall CMI: ly Medicaid CMI:		Facility Specific 1.6146 1.6203 1.6505	State- wide 1.4759 1.5462 1.5738
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CACE MIX PACED DATE CALCULATIONS		a	b	С	d	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS				1	2		ı .				
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group			All Facilities	I 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			All Deu Sizes	All Deu Sizes	All bed Sizes	All Deu Sizes	All bed Sizes	All Deu Sizes			
Peer Group Standards & Enricency weasure 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			ψ0.55	ψ0.00	ψυ.ΖΖ	ψυ.+1		ψ0.57			
Net Historical Cost 2018	FY2018 C/R -FY 2021 GL-PL Rpt		3,474,631		651,300	316,299	376,415	1,133,043	138,001	518,891	153,556
Inflation (July 2019) @ 2.20%	1 12010 011 1 1 2021 02 1 2 1 101		76.442		14,329	15,240	0.0,0	24.927	100,001	0.0,00.	.00,000
Patient Days	FY 2018 Cost Rpt		40,467		40,467	40,467		40,467		40,467	
Total Nursing Facility Days GL-PL Ins. Rpt	FY 21 GL-PL Ins Rpt Days		10,101		10,107	.0,.07		10,101	33,937	.0, .07	33,937.00
Inflated NHC/ Patient Days			87.75		16.45	17.49		28.62	4.07	12.82	4.52
Base Period Facility CMI for all Residents			1.6146								
Routine Services Case Mix Adjusted Net Per Diem			\$54.35								
Net Per Diems After Case Mix Adjustments		\$138.32	\$54.35		\$16.45	\$17.49		\$28.62	\$4.07	\$12.82	4.52
Per Diem Standards		'	\$84.91		\$32.43	\$25.85		\$27.76			
Base Period Case Mix Adjusted Allowed Per Diem		\$135.92	\$54.35		\$16.45	\$17.49		\$27.76	\$4.07	11.28	4.52
Quarterly Per Diem Rate Prior to Add-Ons		'								(FRV Rate)	
Growth Allowance 5.00%		\$5.80	\$2.72		\$0.82	\$0.87		\$1.39			
CMA Allowed Per Diem After Growth Allowance		\$141.73	\$57.07		\$17.27	\$18.37		\$29.15	\$4.07	\$11.28	\$4.52
Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.6505</u>								
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$94.19								1
Quarterly Medicaid CMA Allowed Per Diem		\$178.86	\$94.19		\$17.27	\$18.37		\$29.15	\$4.07	\$11.28	\$4.52
Quarterly Per Diem Add-On Amounts											
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.16	\$0.53		\$0.22	\$0.41		\$0.00			
BIMS Add-on Per Diem = 1.0% (to Routine Srvs)		\$0.94	0.94								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.83	2.83								
Nursing Home Provider Fee		\$ 17.10						\$ 17.10			ı
Total Quarterly Per Diem Add-On Amounts		\$22.03									
Quarterly Case Mix Based Per Diem Rate		\$200.89	\$98.49		\$17.49	\$18.78		\$46.25	\$4.07	\$11.28	\$4.52
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$137.84										

	Provider: Madison Hith & Rehab	Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
	Prvdr ID: 00083278A	Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.4675	1.4759
	Case Mix Per Diem Rate Effective Date: 1/1/20	Qtrly BIMS score	54.00%	5.5%	Quarterly Medicaid CMI:	1.5786	1.5485
	MDS & Nurse Hrs Data per Quarter Ending: 09/30	Nurse Hours per On-Site Day/Quality Incentive:	3.31	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.6103	1.5216
L							

	MIDO & Nuise Fils Data per Quarter Ending.	09/30/21 Nuise Hours per C	on one bay que	anty moonavo.	3.31	2.076	Qrany modia	CIVII W IXOG V	rgin Optiono.		1.0103	1.5210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	"	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,579,689	\$1,828,844	\$0	\$446,150	\$597,940	\$0	\$659,208		\$47,547	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$45,035)	\$0	\$0	\$0	\$0	\$0	(\$10,122)		(\$34,913)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$92,418)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$103,824		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,763
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,582,823	\$1,828,844	\$0	\$446,150	\$597,940	\$0	\$556,668	\$103,824	\$12,634	\$36,763
8	Total Nursing Facility Days As Filed Days = 24,900	FY19 Audited C/R Days	24,900									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,836		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.09	\$73.45	\$0.00	\$17.92	\$24.01	(with L&H)	\$22.36	\$4.98	\$0.61	\$1.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4675</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.05	\$0.00	\$17.92	\$24.01		\$22.36	\$4.98	\$0.61	\$1.76
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.89	\$50.05	\$0.00	\$17.92	\$24.01		\$22.36	\$4.98	11.81	\$1.76
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.72	\$2.50	\$0.00	\$0.90	\$1.20	\$0.00	\$1.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.61	\$52.55	\$0.00	\$18.82	\$25.21	\$0.00	\$23.48	\$4.98	\$11.81	\$1.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6103					·			
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.68	\$84.62	\$0.00	\$18.82	\$25.21	\$0.00	\$23.48	\$4.98	\$11.81	\$1.76
00	Quarterly Per Diem Add-on Amounts	(ooo Boliey Manyal)	Φ4 F0	#0.50	#0.00	#0.00	ФО 44	#0.00	#0.0 7		# 0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.65	\$4.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.69	\$1.69					¢47.40			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	ው ር 07	фо. со	#0.00	ФО 44	<u></u> ቀላ ላላ	\$17.10 \$17.47	#0.00	#0.00	60.00
24	Total Quarterly Per Diem Add-on Amounts		\$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	\$195.65	\$91.49	\$0.00	\$19.04	\$25.62	\$0.00	\$40.95	\$4.98	\$11.81	\$1.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.91									

\$200.59

\$137.62

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Facility Add-on State-<u>Specific</u> wide Riverdale Place Care and Rehab Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Provider: Prvdr ID: 00083289A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4560 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 44.66% 2.5% Quarterly Medicaid CMI: 1.8196 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.8553 1.5216 3.24 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$7,220,461 \$4,395,036 \$0 \$715,969 \$738,550 \$0 \$1,137,704 \$233,202 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$103,353) (\$28,746) \$0 (\$5,347)\$6,380 (\$3,132)(\$78,709) \$6,201 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$0 As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$212,615 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$176,035 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$7,505,758 \$4,366,290 \$710,622 \$744,930 \$6,201 \$1,134,572 \$212,615 \$154,493 \$176,035 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 51,662 51,662 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 47.211 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$146.28 \$84.52 \$0.00 \$13.76 \$14.54 (with L&H) \$21.96 \$4.50 \$3.27 \$3.73 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4560 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$58.05 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$58.05 \$0.00 \$13.76 \$14.54 \$21.96 \$4.50 \$3.27 \$3.73 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$127.19 Base Period Case Mix Adjusted Allowed Per Diem \$58.05 \$0.00 \$13.76 \$14.54 \$21.96 \$4.50 10.65 \$3.73 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$5.42 \$2.90 \$0.00 \$0.69 \$0.73 \$0.00 \$1.10 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$132.61 \$60.95 \$0.00 \$14.45 \$15.27 \$23.06 \$4.50 \$10.65 \$3.73 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.8553 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$113.08 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$184.74 \$113.08 \$0.00 \$14.45 \$15.27 \$0.00 \$23.06 \$4.50 \$10.65 \$3.73 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.83 \$2.83 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$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 \$24.85 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$6.75 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$209.59 \$119.83 \$0.00 \$14.67 \$15.68 \$0.00 \$40.53 \$4.50 \$10.65 \$3.73

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$144.37

Facility Facility Add-on Statewide Provider: Rose City Health and Rehab Ctr Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00083311A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.7127 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 29.27% 1.0% Quarterly Medicaid CMI: 1.6180 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.47 2.0% 1.6463 1.5216 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$4,132,801 \$1,963,348 \$0 \$461,079 \$362,369 \$0 \$772,041 \$573,964 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$40,280) (\$4,507) \$0 (\$1,970)\$0 \$3,175 (\$3,790)(\$33,188)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$37,422)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$43,107 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$22,227 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$4,120,433 \$1,958,841 \$459,109 \$362,369 \$3,175 \$730,829 \$43,107 \$540,776 \$22,227 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 22,531 22,531 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 19.399 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$187.23 \$86.94 \$0.00 \$20.38 \$16.22 (with L&H) \$32.44 \$2.22 \$27.88 \$1.15 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.7127 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$50.76 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$50.76 \$0.00 \$20.38 \$16.22 \$32.44 \$2.22 \$27.88 \$1.15 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$130.48 \$50.76 \$0.00 \$20.38 \$16.22 \$27.76 \$2.22 11.99 \$1.15 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$5.76 \$2.54 \$0.00 \$1.02 \$0.81 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$136.24 \$53.30 \$0.00 \$21.40 \$17.03 \$0.00 \$29.15 \$2.22 \$11.99 \$1.15 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.6463 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$87.75 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$170.69 \$87.75 \$0.00 \$21.40 \$17.03 \$0.00 \$29.15 \$2.22 \$11.99 \$1.15 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$0.88 \$0.88 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) \$1.76 \$1.76 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10

24

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$20.90

\$191.59

\$130.87

\$0.00

\$0.00

\$3.17

\$90.92

\$0.22

\$21.62

\$0.41

\$17.44

\$0.00

\$0.00

\$17.10

\$46.25

\$0.00

\$2.22

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$11.99

\$0.00

\$1.15

Facility Add-on Facility State-Provider: A.G. Rhodes Home, Inc. Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140005A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.5373 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 42.50% 2.5% Quarterly Medicaid CMI: 1.6610 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 4.12 3.0% 1.6919 1.5216

			,				,					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
_	Cont Contan Book Contan	(5 F M)			_							
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency ineasure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	φ0.22	φυ.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,968,692	\$5,871,106	\$0	\$1,143,076	\$1,424,529	\$0	\$2,203,200		\$326,781	;
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$181,680)	(\$159,304)	\$0	\$0	\$0	\$0	\$0		(\$22,376)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$153,848)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$171,553		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,87
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,827,596	\$5,711,802	\$0	\$1,143,076	\$1,424,529	\$0	\$2,049,352	\$171,553	\$304,405	\$22,87
8	Total Nursing Facility Days As Filed Days = 47,371	FY19 Audited C/R Days	47,371									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,972		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$230.52	\$120.58	\$0.00	\$24.13	\$30.07	(with L&H)	\$43.26	\$4.29	\$7.62	\$0.
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5373</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.43								
12	•	RS = Ln 11, AllOthr = Ln 9		\$78.43	\$0.00	\$24.13	\$30.07		\$43.26	\$4.29	\$7.62	\$0.5
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.77	\$78.43	\$0.00	\$22.66	\$25.85		\$27.76	\$4.29	19.21	\$0.5
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.73	\$3.92	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.50	\$82.35	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.29	\$19.21	\$0.5
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6919</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.48	\$139.33	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.29	\$19.21	\$0.5
	Overteely Per Diem Add on Amounts											
20	Quarterly Per Diem Add-on Amounts 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	
20	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.48	\$3.48	φυ.υυ	φυ.υυ	\$0.00	φυ.υυ	φυ.υυ		φυ.υυ	
22		Ln 19 Col b x Stfng Add-on	\$4.18	\$4.18								
23		(Fixed Amount)	\$17.10	φ4.10					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.29	\$8.19	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.77	\$147.52	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$4.29	\$19.21	\$0.5

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$188.75

Facility Add-on Facility State-Provider: Altamaha Healthcare Ctr. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140027A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3866 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 23.40% Quarterly Medicaid CMI: 1.5274 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5546 3.0% 1.5216 3.00

	MDO & Naise File Data per Quarter Enaing.	14disc riodis per	On One Dayra	daily incontive.	3.00	3.070	Withy Wiodia	OWN W IXOO	right Options.		1.5540	1.3210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u>~</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 200 0.200	7 117 200 0.200	7 117 200 01200	7 200 0.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,840,870	\$1,466,906	\$0	\$300,252	\$322,251	\$0	\$557,640		\$193,821	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$35,036)	\$0	\$0	\$0	\$1,609	\$1,495	(\$10,764)		(\$27,376)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	,					. ,	(\$15,887)		(, , ,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$41,450		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,118
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,856,515	\$1,466,906	\$0	\$300,252	\$323,860	\$1,495	\$530,989	\$41,450	\$166,445	\$25,118
8	Total Nursing Facility Days As Filed Days = 21,015	FY19 Audited C/R Days	21,015									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,352		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$136.29	\$69.80	\$0.00	\$14.29	\$15.48	(with L&H)	\$25.27	\$2.04	\$8.18	\$1.23
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3866</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.34	\$0.00	\$14.29	\$15.48		\$25.27	\$2.04	\$8.18	\$1.23
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.39	\$50.34	\$0.00	\$14.29	\$15.48		\$25.27	\$2.04	8.74	\$1.23
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Carath Allium a CV	\$5.00	***		00.74	40.77					.
15		Ln 14 x Grwth Allwnc %	\$5.26	\$2.52	\$0.00	\$0.71	\$0.77	\$0.00	\$1.26	N/A	N/A	N/A
16	, ,	Ln 14 + Ln 15	\$122.65	\$52.86	\$0.00	\$15.00	\$16.25	\$0.00	\$26.53	\$2.04	\$8.74	\$1.23
17	, , , , <u>———</u>	per Current Qtr End		1.5546								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0.5.4.6=	\$82.18	***	0.505	* 10.5=	***	#	60.04	* 0 = :	A 4.65
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.97	\$82.18	\$0.00	\$15.00	\$16.25	\$0.00	\$26.53	\$2.04	\$8.74	\$1.23
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$173.89	\$86.00	\$0.00	\$15.22	\$16.66	\$0.00	\$44.00	\$2.04	\$8.74	\$1.23

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$117.59

Facility Add-on Facility State-Provider: PruittHealth-Greenville Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140038A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.1955 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 27.45% Quarterly Medicaid CMI: 1.2892 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.84 5.0% 1.3129 1.5216

	MDO & Naise File Data per Quarter Enaing.	VO/SO/21 Nuise Flours per	On One Dayra	daily incontivo.	2.04	3.070	Qitily Would	OWN W IXOO V	vgiit Options.		1.5125	1.5210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 111 200 01200	7111 200 01200	7 111 200 01200	7 III 200 01200	7111 200 01200	7 111 200 01200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Netcentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,581,413	\$2,431,781	\$0	\$405,308	\$644,026	\$0	\$822,588		\$277,710	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$65,529)	(\$53,599)	\$0	\$0	\$2,852	(\$37,710)	\$69,173		(\$46,245)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	,	,	·			, ,	(\$214,172)		(, , ,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$491,617		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,875
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,830,204	\$2,378,182	\$0	\$405,308	\$646,878	(\$37,710)	\$677,589	\$491,617	\$231,465	\$36,875
8	Total Nursing Facility Days As Filed Days = 33,934	FY19 Audited C/R Days	33,934					,				
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,205		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.08	\$70.08	\$0.00	\$11.94	\$17.95	(with L&H)	\$19.97	\$19.50	\$9.18	\$1.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.1955</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.62	\$0.00	\$11.94	\$17.95		\$19.97	\$19.50	\$9.18	\$1.46
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.49	\$58.62	\$0.00	\$11.94	\$17.95		\$19.97	\$19.50	11.05	\$1.46
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Carath Alliuma (V	05.40	20.00			A 0.00					.
15		Ln 14 x Grwth Allwnc %	\$5.43	\$2.93	\$0.00	\$0.60	\$0.90	\$0.00	\$1.00	N/A	N/A	N/A
16	, ,	Ln 14 + Ln 15	\$145.92	\$61.55	\$0.00	\$12.54	\$18.85	\$0.00	\$20.97	\$19.50	\$11.05	\$1.46
17	, , , , <u>———</u>	per Current Qtr End		1.3129								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0.105.15	\$80.81	***	0.05.	* 40.0=	***	# 22.2=	0.40.50	644.6 -	64.45
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.18	\$80.81	\$0.00	\$12.54	\$18.85	\$0.00	\$20.97	\$19.50	\$11.05	\$1.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$23.48	\$5.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.66	\$86.19	\$0.00	\$12.76	\$19.26	\$0.00	\$38.44	\$19.50	\$11.05	\$1.46

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$128.67

Facility Add-on Facility State-Provider: Amara Healthcare & Rehab. Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140049A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3601 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 24.24% Quarterly Medicaid CMI: 1.6301 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6587 3.0% 1.5216 3.80

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(aca Policy Manual)			1	2	1	1	1			
'	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
•	Emolotoy wooddie waximamo (see line 20 for dolada)	(See Folio) Maridal)		ψ0.00	ψ0.00	φυ.ΖΖ	ψ0.47		φο.στ			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,409,834	\$3,586,154	\$0	\$520,660	\$746,147		\$1,132,732		\$424,141	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$380,616)	(\$43,077)	\$0	\$0	\$2,056	(\$4,796)	(\$327,822)		(\$6,977)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$126,936)	0407.500		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$137,593		045.00
7	As Adjusted Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	As Adjusted FY21 C/R FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	¢6 055 140	\$3,543,077	\$0	\$520,660	\$748,203	(\$4,796)	\$677,974	\$137,593	\$417,164	\$15,26 \$15,26
8	Total Nursing Facility Days As Filed Days = 33,865	FY19 Audited C/R Days	\$6,055,140 33,865	φ3,543,07 <i>1</i>	ΦΟ	\$520,660	\$740,203	(\$4,790)	φ0//,9/4	φ137,393	Φ417,104	\$15,20
0	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	33,003							28,327		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.09	\$104.62	\$0.00	\$15.37	\$21.95	(with L&H)	\$20.02	\$4.86	\$14.73	\$0.5
10	Base Period Facility Case Mix Adjusting to Regidents	from 4 gtrs of FY19	ψ102.03	1.3601	ψ0.00	ψ13.37	Ψ21.33	(Will Edil)	Ψ20.02	Ψ4.00	Ψ14.73	ΨΟ.
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.92	\$0.00	\$15.37	\$21.95		\$20.02	\$4.86	\$14.73	\$0.5
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	,,,,,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.66	\$76.92	\$0.00	\$15.37	\$21.95		\$20.02	\$4.86	11.00	\$0.5
				·	•						(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons						•					
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.72	\$3.85	\$0.00	\$0.77	\$1.10	\$0.00	\$1.00	N/A	N/A	N//
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.38	\$80.77	\$0.00	\$16.14	\$23.05	\$0.00	\$21.02	\$4.86	\$11.00	\$0.5
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6587								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	¢240 E0	\$133.97 \$133.07	ድር ዕር	¢16.14	#22.0 E	* 0.00	#24.02	¢4.00	£44.00	\$0.5
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.58	\$133.97	\$0.00	\$16.14	\$23.05	\$0.00	\$21.02	\$4.86	\$11.00	\$0.5
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.02	\$4.02								
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	\$23.99	\$5.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.57	\$139.86	\$0.00	\$16.36	\$23.46	\$0.00	\$38.49	\$4.86	\$11.00	\$0.5

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$163.10

Facility Add-on Facility State-**Brentwood Health & Rehab** Specific Score Percent Case Mix Index (CMI) Data wide Provider: Add-on Data and Percentages Prvdr ID: 00140071A Growth Allowance: 5.00% Base Period Overall CMI: 1.3692 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 30.61% 2.5% 1.4059 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.4309 1.5216 3.07 Plant A&G -Admin Property Routine Special Laundry & Taxes and Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance & Maint Related Calculations General Insurance С **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities

	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	· · · · · · · · · · · · · · · · · · ·	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,507,792	\$3,058,748	\$0	\$507,999	\$507,455	\$0	\$892,211		\$541,379	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$41,345)	\$5,400	\$0	\$0	\$0	(\$8,171)	(\$12,592)		(\$25,982)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$54,535)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$108,355		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,594
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,546,861	\$3,064,148	\$0	\$507,999	\$507,455	(\$8,171)	\$825,084	\$108,355	\$515,397	\$26,594
8	Total Nursing Facility Days As Filed Days = 31,689	FY19 Audited C/R Days	31,689									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,496		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$184.78	\$96.69	\$0.00	\$16.03	\$15.76	(with L&H)	\$26.04	\$5.04	\$23.98	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3692								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.62	\$0.00	\$16.03	\$15.76		\$26.04	\$5.04	\$23.98	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.51	\$70.62	\$0.00	\$16.03	\$15.76		\$26.04	\$5.04	11.78	\$1.24
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$6.42	\$3.53	\$0.00	\$0.80	\$0.79	\$0.00	\$1.30	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$152.93	\$74.15	\$0.00	\$16.83	\$16.55	\$0.00	\$27.34	\$5.04	\$11.78	\$1.24
17		per Current Qtr End		1.4309			·					
18	,	Ln 16 x Ln 17		\$106.10								
19		RS = Ln 18, AllOthr = Ln 16	\$184.88	\$106.10	\$0.00	\$16.83	\$16.55	\$0.00	\$27.34	\$5.04	\$11.78	\$1.24
	Quarterly Per Diem Add-on Amounts						•		40.00		•	
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$2.65	\$2.65								
22		Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23		(Fixed Amount)	\$17.10				_		\$17.10		_	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.46	\$6.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.34	\$112.46	\$0.00	\$17.05	\$16.96	\$0.00	\$44.81	\$5.04	\$11.78	\$1.24

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$144.18

Facility Add-on Facility State-Provider: Westminister Commons Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140082A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3283 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.4626 1.5485 34.92% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: Nurse Hours per On-Site Day/Quality Incentive: 1.4887 1.5216 2.85 2.0% Plant Admin A&G -Property

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	"	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			1
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			1
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,058,247	\$2,397,509	\$0	\$385,535	\$546,299	\$0	\$997,002		\$731,902	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$101,519)	(\$11,004)	\$0	\$0	\$3,480	\$5,019	(\$18,402)		(\$80,612)	1
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$133,032)			1
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$178,652		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$75,757
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,078,105	\$2,386,505	\$0	\$385,535	\$549,779	\$5,019	\$845,568	\$178,652	\$651,290	\$75,757
8	Total Nursing Facility Days As Filed Days = 27,158	FY19 Audited C/R Days	27,158									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,120		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$189.70	\$87.87	\$0.00	\$14.20	\$20.43	(with L&H)	\$31.14	\$7.11	\$25.93	\$3.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3283								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.15								1
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.15	\$0.00	\$14.20	\$20.43		\$31.14	\$7.11	\$25.93	\$3.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.11	\$66.15	\$0.00	\$14.20	\$20.43		\$27.76	\$7.11	8.44	\$3.02
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.43	\$3.31	\$0.00	\$0.71	\$1.02	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.54	\$69.46	\$0.00		\$21.45	\$0.00	\$29.15	\$7.11	\$8.44	\$3.02
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	******	1.4887	75.55	******	*	, ,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****	*****	
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.49	\$103.41	\$0.00	\$14.91	\$21.45	\$0.00	\$29.15	\$7.11	\$8.44	\$3.02
20	Quarterly Per Diem Add-on Amounts	(coo Policy Manual)	¢4.46	₽0.53	#0.00	¢0.00	\$0.41	\$0.00	¢0.00		\$0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.16 \$2.59	\$0.53 \$2.59	\$0.00	\$0.22	φυ.41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.59								
23	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.07					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.92	\$5.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10		\$0.00	\$0.00
	·				-		-					
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.41	\$108.60	\$0.00	\$15.13	\$21.86	\$0.00	\$46.25	\$7.11	\$8.44	\$3.02

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$144.98

Facility Add-on Facility State-Provider: Appling Nursing and Rehab Pavillion Specific wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140093A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.0466 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.1776 1.5485 28.99% 1.0% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 2.0% 1.1941 1.5216 1.99 Plant A&G -Admin Property Routine Special Laundry & Taxes and Line Totals Dietary Operatns and GL/PL and Sources / Services Description Services Houskpng Insurance Calculations & Maint General Insurance Related

#		Calculations						& Iviali it	General	mourance	Related	
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
												l
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	Hosp Based	1 All Facilities	All Facilities	All Facilities			1
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			I
	Peer Group Standards & Efficiency Measure Limits											l
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			1
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			l
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			l
	Base Period Per Diem Allowed Amounts											l
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,262,249	\$2,930,759	\$0	\$1,091,664	\$331,285	\$553,703	\$1,618,542		\$736,296	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$31,544)	\$0	\$0	\$0	\$0	\$0	\$0		(\$31,544)	İ
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$301,820)			1
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$298,606		1
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,356
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,254,847	\$2,930,759	\$0	\$1,091,664	\$331,285	\$553,703	\$1,316,722	\$298,606	\$704,752	\$27,356
8	Total Nursing Facility Days As Filed Days = 36,707	FY19 Audited C/R Days	36,707									1
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,228		1
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$199.67	\$79.84	\$0.00	\$29.74	\$24.11	(with L&H)	\$35.87	\$8.72	\$20.59	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.0466</u>								I
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.28								I
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.28	\$0.00	\$29.74	\$24.11		\$35.87	\$8.72	\$20.59	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	1
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.66	\$76.28	\$0.00	\$29.74	\$24.11		\$27.76	\$8.72	29.25	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	l
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.90	\$3.81	\$0.00	\$1.49	\$1.21	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.56	\$80.09	\$0.00	\$31.23	\$25.32	\$0.00	\$29.15	\$8.72	\$29.25	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1941						,	·	·
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.64								1
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.11	\$95.64	\$0.00	\$31.23	\$25.32	\$0.00	\$29.15	\$8.72	\$29.25	\$0.80
												l
00	Quarterly Per Diem Add-on Amounts	(and Dallay Manyar)	64.40	#0.50	* 0.00	#0.00	60.44	# 0.00	# 0.00		#0.00	I
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	I
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$0.96	\$0.96 \$1.01								I
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	(Fixed Amount)	\$1.91 \$1.710	\$1.91					¢47.40			I
23	Nursing Home Provider Fee	Sum of Lns 20 thru 23	\$17.10 \$21.12	¢2.40	\$0.00	¢0.22	¢0.44	¢0.00	\$17.10 \$17.10	ድ ስ ስዕ	\$0.00	ድ ስ ስስ
24	Total Quarterly Per Diem Add-on Amounts		\$21.13	\$3.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.24	\$99.04	\$0.00	\$31.45	\$25.73	\$0.00	\$46.25	\$8.72	\$29.25	\$0.80

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$168.11

Facility Facility Add-on Statewide Provider: PruittHealth - Ashburn. LLC Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00140104A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5736 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 29.63% 1.0% Quarterly Medicaid CMI: 1.5437 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 5.0% 1.5733 1.5216 3.06 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$4,070,094 \$2,294,679 \$0 \$346,004 \$500.786 \$0 \$753,573 \$175,052 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$73,334) (\$44,079) \$0 (\$2,254) (\$2,978)\$3,398 \$0 (\$27,421)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$144,191) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$329,382 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$28,287 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$4,210,238 \$2,250,600 \$346,004 \$498,532 (\$2,978)\$612,780 \$329,382 \$147,631 \$28,287 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 22,456 22,456 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 20.854 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$189.22 \$100.22 \$0.00 \$15.41 \$22.07 (with L&H) \$27.29 \$15.79 \$7.08 \$1.36 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.5736 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$63.69 RS = Ln 11, AllOthr = Ln 9 \$63.69 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$0.00 \$15.41 \$22.07 \$27.29 \$15.79 \$7.08 \$1.36 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$156.21 \$63.69 \$0.00 \$15.41 \$22.07 \$27.29 \$15.79 10.60 \$1.36 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.41 \$3.18 \$0.00 \$0.77 \$1.10 \$0.00 \$1.36 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$162.62 \$66.87 \$0.00 \$16.18 \$23.17 \$0.00 \$28.65 \$15.79 \$10.60 \$1.36 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.5733 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$105.21 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$200.96 \$105.21 \$0.00 \$16.18 \$23.17 \$0.00 \$28.65 \$15.79 \$10.60 \$1.36 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.51 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.35 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$1.05 \$1.05 1.0% (to Routine Srvs)

Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)

22

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$5.26

\$17.10

\$24.92

\$225.88

\$156.59

\$5.26

\$6.84

\$112.05

\$0.00

\$0.00

\$0.22

\$16.40

\$0.41

\$23.58

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$10.60

\$0.00

\$1.36

\$17.10

\$17.45

\$46.10

\$0.00

\$15.79

\$0.00

\$0.00

	ovider: PruittHealth - Brookhaven vdr ID: 00140115A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add 1/1/2022 09/30/21 Nurse Hours per	Qtr	th Allowance: ly BIMS score	Facility Score N/A 25.00% 3.11	Add-on <u>Percent</u> 5.00% 1.0% 5.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.6831 1.6652 1.6947	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,003,557	\$6,110,832	\$0	\$951,928	\$1,114,912	\$0	\$1,920,596		\$905,289	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$173,314)	(\$147,928)	\$0	\$0	(\$2,336)	\$0	\$85,128 (\$296,911)		(\$108,178)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$682,989		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$113,278
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$11,329,599	\$5,962,904	\$0	\$951,928	\$1,112,576	\$0	\$1,708,813	\$682,989	\$797,111	\$113,278
8	Total Nursing Facility Days As Filed Days = 52,081	FY19 Audited C/R Days	52,081									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								45,636		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$221.86	\$114.49	\$0.00	\$18.28	\$21.36	(with L&H)	\$32.81	\$14.97	\$17.47	\$2.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.6831</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.02	\$0.00	\$18.28	\$21.36		\$32.81	\$14.97	\$17.47	\$2.48
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.11	\$68.02	\$0.00	\$18.28	\$21.36		\$27.76	\$14.97	11.24 (FRV)	\$2.48
	Quarterly Per Diem Rate Prior to Add-ons										(11(0)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.77	\$3.40	\$0.00	\$0.91	\$1.07	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.88	\$71.42	\$0.00	\$19.19	\$22.43	\$0.00	\$29.15	\$14.97	\$11.24	\$2.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6947</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.50	\$121.04	\$0.00	\$19.19	\$22.43	\$0.00	\$29.15	\$14.97	\$11.24	\$2.48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21							•	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.05	\$6.05								
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	\$25.52	\$7.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.02	\$128.83	\$0.00	\$19.41	\$22.84	\$0.00	\$46.25	\$14.97	\$11.24	\$2.48
					<u> </u>		<u> </u>					<u> </u>

\$254.98

\$178.41

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Facility Add-on Statewide Provider: The Oaks of Athens. LLC Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00140126A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.6145 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 25.40% 1.0% Quarterly Medicaid CMI: 1.5480 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 1.5758 1.5216 3.76 4.0% Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$12,417,645 \$5,753,537 \$0 \$942,358 \$1,467,636 \$0 \$1,855,329 \$2,398,785 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$347,126) (\$130,586) \$0 (\$8,389)(\$10,394) \$123,619 \$0 (\$321,376) As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$280,056)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$592,783 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$326,443 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$12,709,689 \$5,622,951 \$942,358 \$1,459,247 (\$10,394) \$1,698,892 \$592,783 \$2,077,409 \$326,443 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 46,439 46,439 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 36.062 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$292.25 \$121.08 \$0.00 \$20.29 \$31.20 (with L&H) \$36.58 \$16.44 \$57.61 \$9.05 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.6145 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$74.99 RS = Ln 11, AllOthr = Ln 9 \$74.99 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$0.00 \$20.29 \$31.20 \$36.58 \$16.44 \$57.61 \$9.05 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$203.62 Base Period Case Mix Adjusted Allowed Per Diem \$74.99 \$0.00 \$20.29 \$25.85 \$27.76 \$16.44 29.24 \$9.05 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$7.44 \$3.75 \$0.00 \$1.01 \$1.29 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$211.06 \$78.74 \$0.00 \$21.30 \$27.14 \$29.15 \$16.44 \$29.24 \$9.05 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.5758 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$124.08 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$256.40 \$124.08 \$0.00 \$21.30 \$27.14 \$0.00 \$29.15 \$16.44 \$29.24 \$9.05 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$1.24 \$1.24 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) \$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 \$24.05 \$0.00 \$0.22 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00 \$6.73 \$0.00

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$280.45

\$197.51

\$130.81

\$0.00

\$21.52

\$27.14

\$0.00

\$46.25

\$16.44

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$29.24

\$9.05

Provider: East Lake Ar	bor		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID: 00140137A			Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.4000	1.4759
	Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtrly BIMS score	32.00%	2.5%	Quarterly Medicaid CMI:	1.9300	1.5485
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per On-Site Day/Quality Incentive:	2.90	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.9682	1.5216

	MIDO & Nuise Fils Data per Quarter Ending.	Valable Flours per C	on one bay was	anty infocritive.	2.90	3.076	Griffy Modia	CIVII W IXOG V	vgiit Optiono.		1.9002	1.5210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
-												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	"	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,351,471	\$1,394,282	\$0	\$248,711	\$235,712	\$0	\$415,517		\$57,249	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$22,304)	\$0	\$0	\$0	\$0	\$713	\$0		(\$23,017)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$83,621)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$239,559		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$79,311
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$2,564,416	\$1,394,282	\$0	\$248,711	\$235,712	\$713	\$331,896	\$239,559	\$34,232	\$79,311
8	Total Nursing Facility Days As Filed Days = 16,095	FY19 Audited C/R Days	16,095									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,744		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.67	\$86.63	\$0.00	\$15.45	\$14.69	(with L&H)	\$20.62	\$8.33	\$1.19	\$2.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4000</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.88	\$0.00	\$15.45	\$14.69		\$20.62	\$8.33	\$1.19	\$2.76
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.13	\$61.88	\$0.00	\$15.45	\$14.69		\$20.62	\$8.33	10.40	\$2.76
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.62	\$3.09	\$0.00	\$0.77	\$0.73	\$0.00	\$1.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.75	\$64.97	\$0.00	\$16.22	\$15.42	\$0.00	\$21.65	\$8.33	\$10.40	\$2.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9682								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.65	\$127.87	\$0.00	\$16.22	\$15.42	\$0.00	\$21.65	\$8.33	\$10.40	\$2.76
	Overterly Box Biom Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on			φ0.00	φυ.22	φυ.41	φ0.00	φυ.37		\$0.00	
21	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.20 \$3.84	\$3.20 \$3.84								
22 23	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$3.84 \$17.10	 \$3.64					\$17.10			
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$25.67	¢7 57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	ድ ስ ሰብ	\$0.00	\$0.00
24	•			\$7.57	-			· ·		\$0.00		\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.32	\$135.44	\$0.00	\$16.44	\$15.83	\$0.00	\$39.12	\$8.33	\$10.40	\$2.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.42									

\$230.78

\$160.26

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

	rovider: Autumn Breeze Health Care Ctr rvdr ID: 00140159A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022	Qtr	vth Allowance: ly BIMS score	Facility Score N/A 34.72% 2.92	Add-on Percent 5.00% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3867 1.5596 1.5903	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,134,557	\$2,350,357	\$0	\$478,747	\$537,028	\$0	\$836,360		\$932,065	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$70,460)	(\$1,910)	\$0	\$0	(\$1,084)	\$0	(\$19,894) (\$75,483)		(\$47,572)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$156,834		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,268
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,196,716	\$2,348,447	\$0	\$478,747	\$535,944	\$0	\$740,983	\$156,834	\$884,493	\$51,268
8	Total Nursing Facility Days As Filed Days = 32,565	FY19 Audited C/R Days	32,565									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,376		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$163.23	\$72.12	\$0.00	\$14.70	\$16.46	(with L&H)	\$22.75	\$5.34	\$30.11	\$1.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3867</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.01						4		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.01	\$0.00	\$14.70	\$16.46		\$22.75	\$5.34	\$30.11	\$1.75
13 14	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$123.05	\$84.91 \$52.01	\$0.00 \$0.00	\$22.66 \$14.70	\$25.85 \$16.46		\$27.76 \$22.75	\$0.00 \$5.34	N/A 10.04	\$1.75
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.30	\$2.60	\$0.00	\$0.74	\$0.82	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.35	\$54.61	\$0.00	\$15.44	\$17.28	\$0.00	\$23.89	\$5.34	\$10.04	\$1.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5903</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.59	\$86.85	\$0.00	\$15.44	\$17.28	\$0.00	\$23.89	\$5.34	\$10.04	\$1.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.17	\$2.17								
				1	l	1	1	I		l l		1

\$2.61

\$17.10

\$23.41

\$184.00

\$125.18

\$198.04

\$135.71

\$2.61

\$5.31

\$92.16

\$0.00

\$0.00

\$0.22

\$15.66

\$0.41

\$17.69

\$17.10

\$17.47

\$41.36

\$0.00

\$5.34

\$0.00

\$10.04

\$0.00

\$1.75

\$0.00

\$0.00

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

22

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)

	Provider: Prvdr ID:	The Oaks of Carrollton 00140181A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Ad 1/1/2022 09/30/21 Nurse Hours per	Qtr	th Allowance: by BIMS score		Add-on Percent 5.00% 1.0% 5.0%			I Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5062 1.3694 1.3924	State- wide 1.4759 1.5485 1.5216
Lir	ne #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				а	b	С	d	е	f	g	g	h	i
<u>(</u>	CASE M	IX BASED RATE CALCULATIONS											

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE 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	All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,196,133	\$1,558,689	\$0	\$249,640	\$433,014	\$0	\$563,501		\$391,289	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$59,064)	(\$26,480)	\$0	\$0	\$0	\$0	\$18,449 (\$79,883)		(\$51,033)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$181,684		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$56,658
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,295,528	\$1,532,209	\$0	\$249,640	\$433,014	\$0	\$502,067	\$181,684	\$340,256	\$56,658
8	Total Nursing Facility Days As Filed Days = 14,565	FY19 Audited C/R Days	14,565									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,841		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$235.40	\$105.20	\$0.00	\$17.14	\$29.73	(with L&H)	\$34.47	\$15.34	\$28.74	\$4.78
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.5062</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.84	\$0.00	\$17.14	\$29.73		\$34.47	\$15.34	\$28.74	\$4.78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.11	\$69.84	\$0.00	\$17.14	\$25.85		\$27.76	\$15.34	23.40	\$4.78
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.03	\$3.49	\$0.00	\$0.86	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.14	\$73.33	\$0.00	\$18.00	\$27.14	\$0.00	\$29.15	\$15.34	\$23.40	\$4.78
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3924								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.91	\$102.10	\$0.00	\$18.00	\$27.14	\$0.00	\$29.15	\$15.34	\$23.40	\$4.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02	, , , , ,	,	, , ,	, , , ,	,		,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.11	\$5.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.98	\$6.66	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	,	Ln 19 + Ln 24	\$243.89	\$108.76	\$0.00	\$18.22	\$27.14	\$0.00	\$46.25	\$15.34	\$23.40	\$4.78
					1	1	1	I .	1	1	1	l

\$170.09

\$250.43

\$175.00

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: Baptist Village, Inc. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140203A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3959 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 30.53% 2.5% Quarterly Medicaid CMI: 1.4255 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.4514 1.5216 4.04

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours pe	r On-Site Day/Q	daily incontive.	4.04	3.0%	Qitily Mcald	CIVII W IXOG V	Vght Options:		1.4514	1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C.F	SE MIX BASED RATE CALCULATIONS											
							_					
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$17,062,120	\$8,939,911	\$0	\$2,300,500	\$2,003,654	\$0	\$3,187,301		\$630,754	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$56,754)	\$0	\$0	\$0	\$0	\$0	\$0		(\$56,754)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$115,446)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$171,668		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$71,279
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$17,132,867	\$8,939,911	\$0	\$2,300,500	\$2,003,654	\$0	\$3,071,855	\$171,668	\$574,000	\$71,279
8	Total Nursing Facility Days As Filed Days = 80,306	FY19 Audited C/R Days	80,306									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								62,767		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$216.19	\$111.32	\$0.00	\$28.65	\$24.95	(with L&H)	\$38.25	\$2.74	\$9.14	\$1.14
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3959</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.75	\$0.00	\$28.65	\$24.95		\$38.25	\$2.74	\$9.14	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.40	\$79.75	\$0.00	\$22.66	\$24.95		\$27.76	\$2.74	19.40	\$1.14
	Overtarily Pay Diam Data Brianta Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.76	\$3.99	\$0.00	\$1.13	\$1.25	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.16	\$83.74	\$0.00	\$23.79	\$26.20	\$0.00	\$29.15	\$2.74	\$19.40	\$1.14
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ100.10	1.4514	Ψ0.00	Ψ20.73	Ψ20.20	Ψ0.00	Ψ20.10	Ψ2.7 4	Ψ13.40	Ψ1.14
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.96	\$121.54	\$0.00	\$23.79	\$26.20	\$0.00	\$29.15	\$2.74	\$19.40	\$1.14
13	additions wild distribution of the first state of t	110 - En 10, 7 anoun - En 10	Ψ223.30	Ψ121.5 -	Ψ0.00	Ψ20.73	Ψ20.20	Ψ0.00	Ψ20.10	Ψ2.7 4	Ψ13.40	Ψι.ιτ
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.63	\$7.22	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.59	\$128.76	\$0.00	\$23.79	\$26.61	\$0.00	\$29.15	\$2.74	\$19.40	\$1.14

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$173.69

Facility Add-on Facility State-Provider: The Oaks - Bethany (Vidalia) Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140258A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4628 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.5650 1.5485 33.71% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5933 1.5216 3.42 5.0% A&G -GL/PL Plant Admin Property Routine Special Laundry & Taxes and

Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Facilities All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency weasure maximums (see line 20 for actuar)	(see Policy Manual)		φυ.53	\$0.00	φ0.22	φυ.41		φυ.37			
_	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,719,846	\$4,949,361	\$0	\$829,191	\$1,009,671	\$0	' ' '		\$540,954	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$168,525)	(\$59,900)	\$0	\$0	(\$5,131)	(\$4,645)			(\$122,552)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$318,446)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$722,838		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$53,502
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,009,215	\$4,889,461	\$0	\$829,191	\$1,004,540	(\$4,645)	\$1,095,926	\$722,838	\$418,402	\$53,502
8	Total Nursing Facility Days As Filed Days = 55,997	FY19 Audited C/R Days	55,997									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								38,250		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$170.80	\$87.32	\$0.00	\$14.81	\$17.86	(with L&H)	\$19.57	\$18.90	\$10.94	\$1.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4628</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.69	\$0.00	\$14.81	\$17.86		\$19.57	\$18.90	\$10.94	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.50	\$59.69	\$0.00	\$14.81	\$17.86		\$19.57	\$18.90	14.27 (FRV)	\$1.40
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.59	\$2.98	\$0.00	\$0.74	\$0.89	\$0.00	\$0.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.09	\$62.67	\$0.00	\$15.55	\$18.75	\$0.00	\$20.55	\$18.90	\$14.27	\$1.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5933								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.27	\$99.85	\$0.00	\$15.55	\$18.75	\$0.00	\$20.55	\$18.90	\$14.27	\$1.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.99	\$4.99								
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	\$26.12	\$8.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.39	\$107.87	\$0.00	\$15.77	\$19.16		\$38.02		\$14.27	\$1.40
-0	auditing Substitute of State Mate		Ψ <u></u> 2.0.00	\$107.07	ψυ.υυ	\$107	ψ.σ.ισ	ψυ.υυ	J00.02	\$10.00	Ψ17.21	Ψ1.70

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$148.72

Facility Add-on Facility State-Provider: PruittHealth - Millen Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140269A Base Period Overall CMI: 1.5948 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 45.95% 5.5% Quarterly Medicaid CMI: 1.5257 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5515 MDS & Nurse Hrs Data per Quarter Ending: 6.0% 1.5216 3.05

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Coat Captor Poor Groups	(con Delieu Manuel)			1	2	4	1				
'	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency ineasure maximums (see line 20 for actual)	(See Policy Maridar)		φυ.53	φυ.υυ	φυ.22	φ0.41		φυ.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,922,225	\$2,720,140	\$0	\$474,115	\$532,730	\$0	\$884,673		\$310,567	:
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$61,002)	(\$52,641)	\$0	\$0	\$0	\$0	\$29,615		(\$37,976)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$194,143)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$437,605		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$33,7
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,138,391	\$2,667,499	\$0	\$474,115	\$532,730	\$0	\$720,145	\$437,605	\$272,591	\$33,70
8	Total Nursing Facility Days As Filed Days = 30,451	FY19 Audited C/R Days	30,451									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,639		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$174.50	\$87.60	\$0.00	\$15.57	\$17.49	(with L&H)	\$23.65	\$17.76	\$11.06	\$1.3
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5948</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.93	\$0.00	\$15.57	\$17.49		\$23.65	\$17.76	\$11.06	\$1.3
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.19	\$54.93	\$0.00	\$15.57	\$17.49		\$23.65	\$17.76	14.42	\$1.3
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$5.58	\$2.75	\$0.00	\$0.78	\$0.87	\$0.00	\$1.18	N/A	N/A	N/
16		Ln 14 + Ln 15	\$150.77	\$57.68	\$0.00	\$16.35	\$18.36	\$0.00	\$24.83	\$17.76	\$14.42	\$1.3
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5515</u>								
18		Ln 16 x Ln 17		\$89.49								
19		RS = Ln 18, AllOthr = Ln 16	\$182.58	\$89.49	\$0.00	\$16.35	\$18.36	\$0.00	\$24.83	\$17.76	\$14.42	\$1.3
	Quarterly Per Diem Add-on Amounts	(con Dalin M. Dalin M.	A. = 2	***	***	****		***	**		*	
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$4.92	\$4.92								
22		Ln 19 Col b x Stfng Add-on	\$5.37	\$5.37					* * * * * *			
23		(Fixed Amount)	\$17.10	A	A.		^		\$17.10		*	A = -
24	,	Sum of Lns 20 thru 23	\$28.92	\$10.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.50	\$100.31	\$0.00	\$16.57	\$18.77	\$0.00	\$42.30	\$17.76	\$14.42	\$1.3

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$145.80

Facility Add-on Facility State-Provider: Cumming Nursing Center Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140302A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.6815 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 51.22% 5.5% Quarterly Medicaid CMI: 1.4006 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.4262 1.5216 3.96

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C/	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,230,055	\$3,895,141	\$0	\$608,586	\$828,563	\$0	\$696,524		\$201,241	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$49,795)	\$0	\$0	\$0	(\$8,653)	(\$3,954)	(\$4,201) (\$107,292)		(\$32,987)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$203,188		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$63,382
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,339,538	\$3,895,141	\$0	\$608,586	\$819,910	(\$3,954)	\$585,031	\$203,188	\$168,254	\$63,382
8	Total Nursing Facility Days As Filed Days = 28,755	FY19 Audited C/R Days	28,755									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,987		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$227.11	\$135.46	\$0.00	\$21.16	\$28.38	(with L&H)	\$20.35	\$10.17	\$8.42	\$3.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6815</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.56	\$0.00	\$21.16	\$28.38		\$20.35	\$10.17	\$8.42	\$3.17
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.89	\$80.56	\$0.00	\$21.16	\$25.85		\$20.35	\$10.17	11.63	\$3.17
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.40	\$4.03	\$0.00	\$1.06	\$1.29	\$0.00	\$1.02	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.29	\$84.59	\$0.00	\$22.22	\$27.14	\$0.00	\$21.37	\$10.17	\$11.63	\$3.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4262								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.34	\$120.64	\$0.00	\$22.22	\$27.14	\$0.00	\$21.37	\$10.17	\$11.63	\$3.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.64	\$6.64		'						
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$28.48	\$10.79	\$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	\$244.82	\$131.43	\$0.00	\$22.44	\$27.14	\$0.00	\$38.84	\$10.17	\$11.63	\$3.17
	•						-				-	

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$170.79

Facility Add-on Facility State-Provider: Riverside Healthcare Center Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140324A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3885 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.5012 1.5485 41.12% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5267 3.0% 1.5216 2.87 A&G -GL/PL Plant Admin Property Routine Special Laundry & Taxes and

Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4		(see Policy Maridal)		φυ.υσ	φυ.υυ	φ0.22	φυ.41		φυ.37			
_	Base Period Per Diem Allowed Amounts						****					
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,291,076	\$5,001,101	\$0	\$724,294	\$909,874	\$0	' ' '		\$2,183,095	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$75,837)	\$0	\$0	\$0	\$0	\$0	(\$7,183)		(\$68,654)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$235,024)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$314,221		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$148,261
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,442,697	\$5,001,101	\$0	\$724,294	\$909,874	\$0	\$1,230,505	\$314,221	\$2,114,441	\$148,261
8	Total Nursing Facility Days As Filed Days = 53,792	FY19 Audited C/R Days	53,792									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,567		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$211.35	\$92.97	\$0.00	\$13.46	\$16.91	(with L&H)	\$22.88	\$7.94	\$53.44	\$3.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3885</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.96	\$0.00	\$13.46	\$16.91		\$22.88	\$7.94	\$53.44	\$3.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.84	\$66.96	\$0.00	\$13.46	\$16.91		\$22.88	\$7.94	9.94 (FRV)	\$3.75
	Quarterly Per Diem Rate Prior to Add-ons										(1777)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.01	\$3.35	\$0.00	\$0.67	\$0.85	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.85	\$70.31	\$0.00	\$14.13	\$17.76	\$0.00	\$24.02	\$7.94	\$9.94	\$3.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5267</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.88	\$107.34	\$0.00	\$14.13	\$17.76	\$0.00	\$24.02	\$7.94	\$9.94	\$3.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$24.53	\$6.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.41	\$113.77	\$0.00		\$18.17	\$0.00	\$41.49	\$7.94	\$9.94	\$3.75
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Quarterly Per Diem Rate for Bed Hold and Leave Days

\$144.23

Facility Add-on Facility State-Provider: Riverside Health & Rheab of Thomaston Specific wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140346A Base Period Overall CMI: Growth Allowance: 5.00% 1.5347 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 26.09% Quarterly Medicaid CMI: 1.4860 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: Nurse Hours per On-Site Day/Quality Incentive: 1.5123 1.5216 3.21 4.0%

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
_		(and Deline Manual)			1		1	1	1			
'	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	2 Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	, , , , , , , , , , , , , , , , , , ,	(occ i olicy manual)		φυ.σσ	φο.σσ	φυ.ΣΣ	φο. 77		φο.στ			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,405,922	\$2,453,599	\$0	\$471,814	\$509,352	\$0	\$830,669		\$140,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$34,833)	\$0	\$0	\$0	\$0	(\$3,528)			(\$12,229)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$38,610)	475.000		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$75,920		* 40.400
7	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	Φ4 440 FCO	₾0 4E0 E00	.	C474 044	\$ 500.050	(#A FAA)	Ф 77 0 000	Ф 7 Е 000	¢400.050	\$10,163
'	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (AS Auj. F121 GLPL/1&I)	\$4,418,562	\$2,453,599	\$0	\$471,814	\$509,352	(\$3,528)	\$772,983	\$75,920	\$128,259	\$10,163
8	Total Nursing Facility Days As Filed Days = 24,495	FY21 Audited C/R Days	24,495							20,238		
9	Total Nursing Facility Days GL-PL Ins. Rpt	Ln 7 / Ln 8 Col a	\$182.23	\$100.17	\$0.00	\$19.26	\$20.65	(with L&H)	\$31.56	\$3.75	\$6.34	\$0.50
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 qtrs of FY19	\$102.23		\$0.00	\$19.20	\$20.65	(WIUI L&H)	φ31.30	φ3.73	φ0.34	φυ.50
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.5347 \$65.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.27	\$0.00	\$19.26	\$20.65		\$31.56	\$3.75	\$6.34	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	\$0.54 N/A	φ0.50
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.04	\$65.27	\$0.00	\$19.26	\$20.65		\$27.76	\$3.75	11.85	\$0.50
14	base reflou case Mix Aujusteu Alloweu refi bletti	Eddadi di Eli 12 di Eli 10	φ149.0 4	φ03.21	\$0.00	\$19.20	φ20.03		φ21.10	φ3.73	(FRV)	φυ.50
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.64	\$3.26	\$0.00	\$0.96	\$1.03	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.68	\$68.53	\$0.00	\$20.22	\$21.68	\$0.00	\$29.15	\$3.75	\$11.85	\$0.50
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5123</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.79	\$103.64	\$0.00	\$20.22	\$21.68	\$0.00	\$29.15	\$3.75	\$11.85	\$0.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.15	\$4.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.45	\$5.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.24	\$109.36	\$0.00	\$20.44	\$22.09	\$0.00	\$46.25	\$3.75	\$11.85	\$0.50
	•		,	,			Ţ==- 3 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , ,	73	Ţ::: 30	7

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$147.86

Facility Add-on Facility State-Provider: Bonterra Nursing Center Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140357A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4346 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 32.99% 2.5% Quarterly Medicaid CMI: 1.4531 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.4778 2.19 1.0% 1.5216

	MDO & Naise Fils Data per Quarter Enaing.	14disc Flodis per	On-One Day/Q	dailty incontive.	2.10	1.070	Qitily Modic	OWN W IXOO	right Options.		1.4770	1.0210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 111 200 01200	7 III DOG 01200	7 III BOO GIZOO	7 117 200 01200	7111 200 01200	7 111 200 01200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Netcentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,903,806	\$3,168,945	\$0	\$580,292	\$625,646	\$0	\$1,372,986		\$1,155,937	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$153,131)	(\$78,356)	\$0	\$0	\$0	\$0	(\$5,214)		(\$69,561)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(, , ,	(+ -,,	, ,		**	, ,	(\$174,420)		(+,,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$222,663		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$58,459
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,857,377	\$3,090,589	\$0	\$580,292	\$625,646	\$0	\$1,193,352	\$222,663	\$1,086,376	\$58,459
8	Total Nursing Facility Days As Filed Days = 38,879	FY19 Audited C/R Days	38,879									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$179.02	\$79.49	\$0.00	\$14.93	\$16.09	(with L&H)	\$30.69	\$6.16	\$30.04	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4346</u>								
11		Ln 9 / Ln 10		\$55.41								
12		RS = Ln 11, AllOthr = Ln 9		\$55.41	\$0.00	\$14.93	\$16.09		\$30.69	\$6.16	\$30.04	\$1.62
13		per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.55	\$55.41	\$0.00	\$14.93	\$16.09		\$27.76	\$6.16	10.58	\$1.62
	, in the second										(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons		.				•					
15		Ln 14 x Grwth Allwnc %	\$5.71	\$2.77	\$0.00	\$0.75	\$0.80	\$0.00	\$1.39	N/A	N/A	N/A
16	, ,	Ln 14 + Ln 15	\$138.26	\$58.18	\$0.00	\$15.68	\$16.89	\$0.00	\$29.15	\$6.16	\$10.58	\$1.62
17	, , , , <u> </u>	per Current Qtr End		<u>1.4778</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	A	\$85.98								. .
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.06	\$85.98	\$0.00	\$15.68	\$16.89	\$0.00	\$29.15	\$6.16	\$10.58	\$1.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.86	\$0.86								
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	\$21.27	\$3.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.33	\$89.52	\$0.00	\$15.90	\$17.30	\$0.00	\$46.25	\$6.16	\$10.58	\$1.62

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$127.67

Facility Add-on Facility State-Provider: Anderson Mill Health & Rehab Score Percent Case Mix Index (CMI) Data Specific wide Add-on Data and Percentages Prvdr ID: 00140379A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.7130 1.4759 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: Case Mix Per Diem Rate Effective Date: 20.48% 1.0% 1.5913 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 1.6190 3.15 3.0% 1.5216 Plant A&G -Admin Property Routine Laundry & Taxes and Special Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance Related Calculations & Maint General Insurance С **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) 2 Type of Facility within Peer Group All Facilities All Facilities All Facilities Free Standing All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes

2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts				•		^					
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,096,305	\$4,669,531	\$0	\$719,308	\$737,619		\$2,443,543		\$2,526,304	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$128,074)	(\$50,204)	\$0	\$0	(\$3,729)	(\$1,206)	, ,		(\$63,273)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$736,373)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$100,000		2-2-2-1
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R			•		^	(0				\$72,317
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,404,175	\$4,619,327	\$0	\$719,308	\$733,890	(\$1,206)	\$1,697,508	\$100,000	\$2,463,031	\$72,317
8	Total Nursing Facility Days As Filed Days = 45,592	FY19 Audited C/R Days	45,592									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days				.	•			40,163		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$236.02	\$101.32	\$0.00	\$15.78	\$16.07	(with L&H)	\$37.23	\$2.49	\$61.33	\$1.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.7130</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.15	\$0.00	\$15.78	\$16.07		\$37.23	\$2.49	\$61.33	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.63	\$59.15	\$0.00	\$15.78	\$16.07		\$27.76	\$2.49	9.58	\$1.80
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.94	\$2.96	\$0.00	\$0.79	\$0.80	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.57	\$62.11	\$0.00	\$16.57	\$16.87	\$0.00	\$29.15	\$2.49	\$9.58	\$1.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	4.00.0 1	1.6190	40.00	V.0.0.	ψ.σ.σ.	ψ0.00	Ψ20.10	Ψ2	ψο.σσ	ψσσ
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.02	\$100.56	\$0.00	\$16.57	\$16.87	\$0.00	\$29.15	\$2.49	\$9.58	\$1.80
13	Quarterly iniculcula divin Allowed Fer Bloth	10 - 21 10, 7 110 111 - 21 10	ψ177.02	Ψ100.50	Ψ0.00	Ψ10.57	Ψ10.07	ψ0.00	Ψ23.13	Ψ2.43	ψ3.50	Ψ1.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.29	\$4.56	\$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	\$199.31	\$105.12	\$0.00	\$16.79	\$17.28	\$0.00	\$46.25	\$2.49	\$9.58	\$1.80

Quarterly Per Diem Rate for Bed Hold and Leave Days

26

\$136.66

Facility Add-on Facility State-Provider: PruittHealth - Virginia Park Specific wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140401A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5324 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 30.00% 2.5% Quarterly Medicaid CMI: 1.5908 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.6201 1.5216 2.90

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	OII-Sile Day/Q	uality Incentive:	2.90	3.0%	Qitiiy Mcalu	CIVII W KOG V	Vght Options:		1.6201	1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C/	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards & Entitlericy Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,037,520	\$4,505,360	\$0	\$709,935	\$925,777	\$0	\$1,210,089		\$686,359	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$80,500)	(\$67,061)	\$0	\$0	\$10,260	\$17,524	\$21,448		(\$62,671)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$236,993)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$471,989		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$77,280
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,269,296	\$4,438,299	\$0	\$709,935	\$936,037	\$17,524	\$994,544	\$471,989	\$623,688	\$77,280
8	Total Nursing Facility Days As Filed Days = 40,703	FY19 Audited C/R Days	40,703									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,290		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$206.67	\$109.04	\$0.00	\$17.44	\$23.43	(with L&H)	\$24.43	\$13.01	\$17.19	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5324</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.16	\$0.00	\$17.44	\$23.43		\$24.43	\$13.01	\$17.19	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.19	\$71.16	\$0.00	\$17.44	\$23.43		\$24.43	\$13.01	11.59	\$2.13
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.82	\$3.56	\$0.00	\$0.87	\$1.17	\$0.00	\$1.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.01	\$74.72	\$0.00	\$18.31	\$24.60	\$0.00	\$25.65	\$13.01	\$11.59	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ170.01	1.6201	ψ0.00	Ψ10.01	Ψ24.00	φ0.00	Ψ20.00	Ψ10.01	ψ11.00	Ψ2.10
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.34	\$121.05	\$0.00	\$18.31	\$24.60	\$0.00	\$25.65	\$13.01	\$11.59	\$2.13
	adartony inicalcale Chili (inicalca i Ci Dicin	21.10	ψ210.01	ψ121.00	ψ0.00	Ψ10.01	Ψ2 1.00	φσ.σσ	Ψ20.00	Ψ10.01	Ų11.00	ΨΖ.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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.63	\$3.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$241.63	\$128.24	\$0.00	\$18.53	\$25.01	\$0.00	\$43.12	\$13.01	\$11.59	\$2.13

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$168.40

	Provider:	Brightmoor Health Care, Inc.	Ad	ld-on Data and P	ercentages	Facility Score	Add-on <u>Percent</u>	Cas	e Mix Index (C	CMI) Data		Facility <u>Specific</u>	State- wide	
	Prvdr ID:	00140412A		Grow	vth Allowance:	N/A	5.00%		Base Period	d Overall CMI:		1.5354	1.4759	ĺ
		Case Mix Per Diem Rate Effective Date	1/1/2022	Qtr	ly BIMS score	37.84%	2.5%		Quarterly N	Medicaid CMI:		1.5353	1.5485	
		MDS & Nurse Hrs Data per Quarter Ending	: 09/30/21 Nurse Hours per	On-Site Day/Qua	ality Incentive:	3.65	3.0%	Qrtrly Mcaid	CMI w RUG V	Vght Options:		1.5636	1.5216	ĺ
L	ine #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
				а	h	_	Н	e	f	a	a	l h	i	1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related h	Taxes and Insurance
	ASE MIX BASED RATE CALCULATIONS		a	Б	C	u	C		9	9	11	'
<u> </u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,655,765	\$4,835,421	\$0	\$1,156,218	\$1,505,520	\$0	\$1,195,391		\$963,215	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$88,929)	\$0	\$0	(\$26,848)	\$38,728	\$44,400	(\$13,803) (\$132,628)		(\$131,406)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$251,170		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$139,869
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$9,825,247	\$4,835,421	\$0	\$1,129,370	\$1,544,248	\$44,400	\$1,048,960	\$251,170	\$831,809	\$139,869
8	Total Nursing Facility Days As Filed Days = 45,336	FY19 Audited C/R Days	45,336									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,111		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.60	\$106.66	\$0.00	\$24.91	\$35.04	(with L&H)	\$23.14	\$7.36	\$24.39	\$4.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5354</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.47	\$0.00	\$24.91	\$35.04		\$23.14	\$7.36	\$24.39	\$4.10
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.88	\$69.47	\$0.00	\$22.66	\$25.85		\$23.14	\$7.36	20.30	\$4.10
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.05	\$3.47	\$0.00	\$1.13	\$1.29	\$0.00	\$1.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.93	\$72.94	\$0.00	\$23.79	\$27.14	\$0.00	\$24.30	\$7.36	\$20.30	\$4.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5636								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.04	\$114.05	\$0.00	\$23.79	\$27.14	\$0.00	\$24.30	\$7.36	\$20.30	\$4.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.42	\$3.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.27	\$6.80	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.31	\$120.85	\$0.00	\$23.79	\$27.14	\$0.00	\$41.77	\$7.36	\$20.30	\$4.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.16		I	ı	I		1			

\$246.43

\$172.00

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: Brown's Healthcare Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140434A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4339 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 26.92% Quarterly Medicaid CMI: 1.5720 1.5485 1.0% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 2.0% 1.6007 1.5216 2.81

	MDO & Naise File Data per Quarter Enting.	14disc riodis per	On One Dayra	daily incontivo.	2.01	2.070	Qitiiy Modid	OWN W IXOO V	vgiit Options.		1.0007	1.5210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u></u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 200 0.200	7 117 200 0.200	7 117 200 01200	7 III 200 0.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,894,640	\$1,364,375	\$0	\$309,244	\$332,109	\$0	\$545,947		\$342,965	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$40,579)	\$0	\$0	\$0	(\$889)	\$0	(\$9,793)		(\$29,897)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	,						(\$16,782)		,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$42,416		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$20,973
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,900,668	\$1,364,375	\$0	\$309,244	\$331,220	\$0	\$519,372	\$42,416	\$313,068	\$20,973
8	Total Nursing Facility Days As Filed Days = 21,241	FY19 Audited C/R Days	21,241									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,705		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137.93	\$64.23	\$0.00	\$14.56	\$15.59	(with L&H)	\$24.45	\$2.15	\$15.89	\$1.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4339								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.79	\$0.00	\$14.56	\$15.59		\$24.45	\$2.15	\$15.89	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.74	\$44.79	\$0.00	\$14.56	\$15.59		\$24.45	\$2.15	13.14	\$1.06
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	¢4.07	¢2.24	* 0.00	₽0.7 2	¢0.70	#0.00	¢4.00	NI/A	NI/A	NI/A
15	Growth Allowance Percentage = 5.00% CMA Allowed Por Diom (After Crowth Allowance Add on)	Ln 14 + Ln 15	\$4.97 \$120.71	\$2.24 \$47.03	\$0.00	\$0.73	\$0.78 \$16.27	\$0.00 \$0.00	\$1.22 \$25.67	N/A \$2.15	N/A \$13.14	N/A \$1.06
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$120.71	\$47.03	\$0.00	\$15.29	\$16.37	Φ0.00	\$25.67	\$2.15	ф13.14 	φ1.06
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	·		1.6007 \$75.29								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$148.96	\$75.28 \$75.28	\$0.00	\$15.29	\$16.37	\$0.00	\$25.67	\$2.15	\$13.14	\$1.06
19	Quarterry intedicate Civia Allowed Fet Dieffi	NO = LITTO, AIIOUIII = LITTO	φ14 0 .90	\$15.28	φυ.υυ	φ15.29	\$10.37	φυ.υ0	φ25.07	φ2.15	Ф13.14	φ1.0b
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.75	\$0.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.51	\$1.51								
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	\$20.89	\$2.79	\$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	\$169.85	\$78.07	\$0.00	\$15.51	\$16.78	\$0.00	\$43.14	\$2.15	\$13.14	\$1.06
					l				l			

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$114.56

Facility Add-on Facility State-Provider: **PruittHealth - Lanier** Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140456A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.5603 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 30.61% 2.5% Quarterly Medicaid CMI: 1.4775 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 5.0% 1.5027 1.5216 3.04

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(aca Daliau Manual)		4	1	2	4	1	_			
'	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency ineasure maximums (see line 20 for actual)	(See Fulley Ivialitial)		ψ0.00	φ0.00	ψ0.22	φυ.41		φυ.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,895,982	\$3,070,467	\$0	\$533,915	\$657,302	\$0	\$1,185,376		\$448,922	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$82,123)	(\$34,980)	\$0	\$0	(\$2,569)	(\$3,668)	\$2,006		(\$42,912)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$221,034)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$508,343		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,12
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,136,292	\$3,035,487	\$0	\$533,915	\$654,733	(\$3,668)	\$966,348	\$508,343	\$406,010	\$35,12
8	Total Nursing Facility Days As Filed Days = 32,400	FY19 Audited C/R Days	32,400									
_	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,629	•	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$203.98	\$93.69	\$0.00	\$16.48	\$20.09	(with L&H)	\$29.83	\$23.50	\$18.77	\$1.6
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5603</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.05							•	
12	·	RS = Ln 11, AllOthr = Ln 9		\$60.05	\$0.00	\$16.48	\$20.09		\$29.83	\$23.50	\$18.77	\$1.6
13	, , , , , , , , , , , , , , , , , , ,	per Peer Group Limits	•	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.81	\$60.05	\$0.00	\$16.48	\$20.09		\$27.76	\$23.50	8.31 <i>(FRV)</i>	\$1.6
	Quarterly Per Diem Rate Prior to Add-ons										(1150)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.21	\$3.00	\$0.00	\$0.82	\$1.00	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.02	\$63.05	\$0.00	\$17.30	\$21.09	\$0.00	\$29.15	\$23.50	\$8.31	\$1.6
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5027								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.72	\$94.75	\$0.00	\$17.30	\$21.09	\$0.00	\$29.15	\$23.50	\$8.31	\$1.6
	Overterly Pay Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
20 21		Ln 19 Col b x CPS Add-on	\$1.16	\$2.37	φυ.υυ	φυ.22	φυ.41	φυ.υυ	φυ.υυ		φυ.υυ	
22		Ln 19 Col b x Stfng Add-on	\$2.37 \$4.74	\$4.74								
23		(Fixed Amount)	\$4.74 \$17.10	φ4./4					\$17.10			
23		Sum of Lns 20 thru 23	\$25.37	\$7.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
							-					
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.09	\$102.39	\$0.00	\$17.52	\$21.50	\$0.00	\$46.25	\$23.50	\$8.31	\$1.6

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$152.99

	rovider: Prvdr ID:	Church Home Reh 00140467A	nab & Healthcare Case Mix Per Diem Rate Effective Date:			ercentages oth Allowance: ly BIMS score		Add-on Percent 5.00% 1.0%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5216 1.3947	State- wide 1.4759 1.5485
			MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	On-Site Day/Qua	ality Incentive:	3.98	4.0%	Qrtrly Mcaid	CMI w RUG V	Wght Options:		1.4209	1.5216
Line		Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
					а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE M	IX BASED RATE CAL	CULATIONS											

Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,497,305	\$2,304,723	\$0	\$627,727	\$474,967	\$0	\$705,022		\$384,866	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$21,319)	\$0	\$0	\$0	\$0	\$774	\$1,556		(\$23,649)	
As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$20,270)			
As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$30,816		
As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R	#4.500.040	#0.004.700	.	#007 707	0.474.007	ф 77 4	# 000 000	# 00.040	#004.047	\$14,408
7 Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T		\$2,304,723	\$0	\$627,727	\$474,967	\$774	\$686,308	\$30,816	\$361,217	\$14,408
8 Total Nursing Facility Days As Filed Days = 26,016	FY19 Audited C/R Days FY21 Audited C/R Days	26,016							04.474		
Total Nursing Facility Days GL-PL Ins. Rpt	Ln 7 / Ln 8 Col a	¢476.22	\$00.50	\$0.00	\$24.13	\$18.29	(with L&H)	¢26.20	21,474 \$1.44	#46.00	\$0.67
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19	\$176.32	\$88.59	\$0.00	\$24.13	\$10.29	(WILIT L&FI)	\$26.38	\$1.44	\$16.82	φυ.67
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.5216 \$58.22								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.22	\$0.00	\$24.13	\$18.29		\$26.38	\$1.44	\$16.82	\$0.67
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$36.22 \$84.91	\$0.00	\$24.13	\$25.85		\$20.36	\$0.00	910.62 N/A	φυ.67
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.54	\$58.22	\$0.00	\$22.66	\$18.29		\$26.38	\$1.44	26.88	\$0.67
14 Base Fellou Case Mix Aujusteu Allowed Fel Dielli	Lesser of Lif 12 of Lif 13	φ154.54	φ30.22	φ0.00	φ22.00	\$10.29		φ20.30	φ1.44	(FRV)	φυ.υ/
Quarterly Per Diem Rate Prior to Add-ons										, ,	
15 Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.27	\$2.91	\$0.00	\$1.13	\$0.91	\$0.00	\$1.32	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.81	\$61.13	\$0.00	\$23.79	\$19.20	\$0.00	\$27.70	\$1.44	\$26.88	\$0.67
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4209								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.86								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.54	\$86.86	\$0.00	\$23.79	\$19.20	\$0.00	\$27.70	\$1.44	\$26.88	\$0.67
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.75	\$4.87	\$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	\$209.29	\$91.73	\$0.00	\$23.79	\$19.61	\$0.00	\$45.17	\$1.44	\$26.88	\$0.67
·				-			-	I		•	·

\$144.14

\$212.44

\$146.51

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: Calhoun Nursing Home Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140478A Base Period Overall CMI: Growth Allowance: 5.00% 1.6173 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 43.75% 2.5% Quarterly Medicaid CMI: 1.8553 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.8912 4.0% 1.5216 4.24

	MDO & Naise Fils Data per Quarter Enaing.	14disc Flodis per	On-One Day/Q	dailty incontive.	7.27	4.070	Qitily Modic	OWN W IXOO	right Options.		1.0512	1.0210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
c	ASE MIX BASED RATE CALCULATIONS											
<u> </u>	AGE WITH BAGED RATE GAEGGEATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All Bed Gizes	All Ded Oizes	All Dea Gizes	All Ded Gizes	All Ded Oizes	All Bod Oizos			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Netcentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,894,065	\$2,403,670	\$0	\$398,458	\$408,854	\$0	\$511,553		\$171,530	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$16,098)	\$25,608	\$0	\$0	\$0	\$0	(\$25,608)		(\$16,098)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(+,,	V =2,222	, ,	"	**		(\$89,001)		(+,)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$120,321		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$20,784
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,930,071	\$2,429,278	\$0	\$398,458	\$408,854	\$0	\$396,944	\$120,321	\$155,432	\$20,784
8	Total Nursing Facility Days As Filed Days = 21,499	FY19 Audited C/R Days	21,499									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,676		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$184.08	\$112.99	\$0.00	\$18.53	\$19.02	(with L&H)	\$18.46	\$6.12	\$7.90	\$1.06
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6173								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.86	\$0.00	\$18.53	\$19.02		\$18.46	\$6.12	\$7.90	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.75	\$69.86	\$0.00	\$18.53	\$19.02		\$18.46	\$6.12	14.70	\$1.06
1											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	La AA o Carath Allora 20/	* 0.00	00.40			* 0.05					
15		Ln 14 x Grwth Allwnc %	\$6.29	\$3.49	\$0.00	\$0.93	\$0.95	\$0.00	\$0.92	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.04	\$73.35	\$0.00	\$19.46	\$19.97	\$0.00	\$19.38	\$6.12	\$14.70	\$1.06
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8912								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	(040.44	\$138.72	***	640.40	#40.0 7	***	040.00	fo 40	04470	64.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.41	\$138.72	\$0.00	\$19.46	\$19.97	\$0.00	\$19.38	\$6.12	\$14.70	\$1.06
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.47	\$3.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.55	\$5.55								
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	\$27.65	\$9.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.06	\$148.27	\$0.00	\$19.68	\$20.38	\$0.00	\$36.85	\$6.12	\$14.70	\$1.06

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$172.47

Facility Add-on Facility State-Provider: Canton Nursing Center, Inc. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140511A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4649 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.3312 1.5485 36.36% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.3540 3.0% 1.5216 3.01

	MDO & Naise File Data per Quarter Enaing.	14dise riodis per	On One Dayra	daily incontivo.	3.01	3.070	Qririy Wodia	OWN W IXOO	right Options.		1.5540	1.3210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 200 0.200	7 117 200 0.200	7 117 200 01200	7 II. 200 O.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			,
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,914,998	\$3,179,363	\$0	\$619,756	\$919,467	\$0	\$1,075,985		\$120,427	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$37,165	\$0	\$0	\$0	\$0	\$2,939	\$79,422		(\$45,196)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	. ,					. ,	(\$90,669)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$114,720		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,708
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,027,922	\$3,179,363	\$0	\$619,756	\$919,467	\$2,939	\$1,064,738	\$114,720	\$75,231	\$51,708
8	Total Nursing Facility Days As Filed Days = 30,871	FY19 Audited C/R Days	30,871									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,879		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.43	\$102.99	\$0.00	\$20.08	\$29.88	(with L&H)	\$34.49	\$4.27	\$2.80	\$1.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4649</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.31	\$0.00	\$20.08	\$29.88		\$34.49	\$4.27	\$2.80	\$1.92
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.66	\$70.31	\$0.00	\$20.08	\$25.85		\$27.76	\$4.27	12.47	\$1.92
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	¢7.20	¢2.52	* 0.00	£4.00	£4.20	¢0.00	¢4.20	NI/A	N1/A	NI/A
15		Ln 14 + Ln 15	\$7.20 \$160.86	\$3.52 \$73.93	\$0.00	\$1.00	\$1.29 \$27.14	\$0.00 \$0.00	\$1.39 \$20.15	N/A \$4.27	N/A \$12.47	N/A \$1.92
16 17	, ,	per Current Qtr End	\$169.86	\$73.83 4.2540	\$0.00	\$21.08	Φ 21.14	\$0.00	\$29.15	\$4.27	\$12.47	φ1.92
		·		1.3540								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$196.00	\$99.97 \$99.97	\$0.00	\$21.08	\$27.14	\$0.00	\$29.15	\$4.27	\$12.47	\$1.92
19	Quarterry Medicald CIMA Allowed Fel Dieffi	NO = LITTO, AIIOUIII = LITTO	φ190.00	\$99.97	φυ.υυ	φ∠1.08	\$∠1.14	\$0.00	φ 2 9.15	φ4.21	\$12.47	\$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)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$23.35	\$6.03	\$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	\$219.35	\$106.00	\$0.00	\$21.30	\$27.14	\$0.00	\$46.25	\$4.27	\$12.47	\$1.92
					I	1		I	I	1		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$151.69

Provider: Prvdr ID:	,		Qtr	rth Allowance: ly BIMS score		5.00% 0.0% 3.0%			d Overall CMI: Medicaid CMI:	:	Facility <u>Specific</u> 1.4735 1.4364 1.4601	wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE 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			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,654,940	\$3,397,770	\$0	\$668,124	\$682,150	\$0	\$1,142,740		\$764,156	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$60,537)	\$0	\$0	\$0	\$0	\$0	(\$11,676) (\$10,987)		(\$48,861)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$12,462		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$55,131
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$6,651,009	\$3,397,770	\$0	\$668,124	\$682,150	\$0	\$1,120,077	\$12,462	\$715,295	\$55,131
8	Total Nursing Facility Days As Filed Days = 34,717	FY19 Audited C/R Days	34,717									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,853		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$194.39	\$97.87	\$0.00	\$19.24	\$19.65	(with L&H)	\$32.26	\$0.40	\$23.18	\$1.79
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4735</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.42	\$0.00	\$19.24	\$19.65		\$32.26	\$0.40	\$23.18	\$1.79
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.27	\$66.42	\$0.00	\$19.24	\$19.65		\$27.76	\$0.40	8.01	\$1.79
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.65	\$3.32	\$0.00	\$0.96	\$0.98	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.92	\$69.74	\$0.00	\$20.20	\$20.63	\$0.00	\$29.15	\$0.40	\$8.01	\$1.79
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4601</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.01	\$101.83	\$0.00	\$20.20	\$20.63	\$0.00	\$29.15	\$0.40	\$8.01	\$1.79
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	φ0.00	Ψ0.22	φυ.+1	φ0.00	ψ0.00		ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ0.00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.31	\$3.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.32	\$105.41	\$0.00	,	\$21.04	\$0.00	\$46.25	\$0.40	\$8.01	\$1.79
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.67				<u> </u>					

\$214.53

\$148.07

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Facility Add-on State-<u>Specific</u> wide Provider: Cedar Springs Health and Rehab Center Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00140544A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4458 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 24.44% 1.0% Quarterly Medicaid CMI: 1.7823 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 0.0% 1.8175 1.5216 9.62 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$2,055,653 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$4,245,071 \$0 \$384,914 \$477,942 \$0 \$815,909 \$510,653 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$56,714) (\$23,901) \$0 \$1,633 (\$6,610) (\$27,431) \$1,146 (\$1,551) As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$139,859)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$180,735 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$66,710 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$4,295,943 \$2,031,752 \$386,060 \$479,575 (\$6,610)\$674,499 \$180,735 \$483,222 \$66,710 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 22,070 22,070 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 18,199 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$201.69 \$92.06 \$0.00 \$17.49 \$21.43 (with L&H) \$30.56 \$9.93 \$26.55 \$3.67 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4458 11 Ln 9 / Ln 10 \$63.68 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$26.55 RS = Ln 11, AllOthr = Ln 9 \$63.68 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$0.00 \$17.49 \$21.43 \$30.56 \$9.93 \$3.67 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$152.79 \$63.68 \$0.00 \$17.49 \$21.43 \$27.76 \$9.93 8.83 \$3.67 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.51 \$3.18 \$0.00 \$0.87 \$1.07 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$159.30 \$66.86 \$0.00 \$18.36 \$22.50 \$0.00 \$29.15 \$9.93 \$8.83 \$3.67 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.8175 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$121.52 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$213.96 \$121.52 \$0.00 \$18.36 \$22.50 \$0.00 \$29.15 \$9.93 \$8.83 \$3.67 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$1.22 \$1.22 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs) \$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 \$19.48 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 \$1.75

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$233.44

\$162.26

\$123.27

\$0.00

\$18.58

\$22.91

\$0.00

\$46.25

\$9.93

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$8.83

\$3.67

Facility Add-on Facility State-Provider: Calhoun Health Care Center Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140577A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3848 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 38.03% 2.5% Quarterly Medicaid CMI: 1.7181 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.98 3.0% 1.7508 1.5216

Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
	a	b	С	d	е	f	g	g	h	i
(aga Paliay Manual)		1		,	4	1	1			
(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
, , ,		1								
(see Folicy Maridar)		φυ.55	φ0.00	ψ0.22	φυ.41		φυ.37			
As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,157,847	\$1,076,971	\$0	\$233,843	\$263,141	\$0	\$520,081		\$63,811	\$
FY19 C/R Audit Adjstmts	(\$8,641)	\$0	\$0	\$0	\$818	\$0	\$0		(\$9,459)	
							(\$81,187)			
, , ,								\$158,470		
·									•	\$76,73
, ,		\$1,076,971	\$0	\$233,843	\$263,959	\$0	\$438,894	\$158,470	\$54,352	\$76,73
·	14,207									
_	•							· ·		
	\$152.76		\$0.00	\$16.46	\$18.58	(with L&H)	\$30.89	\$6.03	\$2.07	\$2.9
·										
, ,				·						\$2.9
	•			·			· .			
Lesser of Ln 12 or Ln 13	\$135.82	\$54.75	\$0.00	\$16.46	\$18.58		\$27.76	\$6.03		\$2.9
									(FRV)	
Ln 14 x Grwth Allwnc %	\$5.88	\$2.74	\$0.00	\$0.82	\$0.93	\$0.00	\$1.39	N/A	N/A	N/A
Ln 14 + Ln 15	\$141.70	\$57.49	\$0.00	\$17.28	\$19.51	\$0.00	\$29.15	\$6.03	\$9.32	\$2.9
per Current Qtr End		1.7508								
Ln 16 x Ln 17		\$100.65								
RS = Ln 18, AllOthr = Ln 16	\$184.86	\$100.65	\$0.00	\$17.28	\$19.51	\$0.00	\$29.15	\$6.03	\$9.32	\$2.9
(see Policy Manual)	\$1 16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
, , ,			ψ0.00	ψυ.ΖΖ	Ψ0.41	ψυ.υυ	ψυ.υυ		Ψ0.00	
	-	ψ0.02					\$17.10			
		\$6.07	\$0.00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.0
		-			-					\$2.9
Ln 19 + Ln 24	\$208.66	\$106.72	\$0.00	\$17.50	\$19.92	\$0.00	\$46.25	\$6.03	\$9.32	
	(see Policy Manual) (see Policy Manual) (see Policy Manual) (see Policy Manual) (see Policy Manual) As Filed FY19 C/R - FY19 GL/PL Rpt FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt As Adjusted FY21 GL/PL Rpt As Adjusted FY21 C/R FY19 Audited C/R (As Adj. FY21 GLPL/T&I) FY19 Audited C/R Days FY21 Audited C/R Days FY21 Audited C/R Days Ln 7 / Ln 8 Col a from 4 qtrs of FY19 Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits Lesser of Ln 12 or Ln 13 Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17	(see Policy Manual) (see Policy Manual) (see Policy Manual) (see Policy Manual) (see Policy Manual) As Filed FY19 C/R - FY19 GL/PL Rpt FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt As Adjusted FY21 GL/PL Rpt As Adjusted FY21 C/R FY19 Audited C/R (As Adj. FY21 GLPL/T&I) FY19 Audited C/R Days Ln 7 / Ln 8 Col a from 4 qtrs of FY19 Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits Lesser of Ln 12 or Ln 13 \$135.82 Ln 14 x Grwth Allwnc % Ln 14 x Grwth Allwnc % S5.88 Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16 \$184.86 (see Policy Manual) Ln 19 Col b x CPS Add-on (see Policy Manual) Ln 19 Col b x Stfng Add-on (Fixed Amount) Sum of Lns 20 thru 23 \$23.80	Sources Calculations a b	Calculations Calc	Calculations Calc	Calculations	Sources / Calculations	Sources Calculations Services Servic	Sources / Calculations	Calculations

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$143.67

Facility Add-on Facility State-Provider: Camellia HIth & Rehab Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140588A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4026 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 38.46% 2.5% Quarterly Medicaid CMI: 1.5210 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5470 1.5216 2.93 3.0% Admin A&G -

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,851,774	\$2,076,083	\$0	\$430,910	\$468,610	\$0	\$669,423		\$206,748	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$30,634)	\$1,500	\$0	\$0	\$1,371	(\$2,157)	(\$9,522) (\$63,381)		(\$21,826)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$110,454		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,268
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,890,481	\$2,077,583	\$0	\$430,910	\$469,981	(\$2,157)	\$596,520	\$110,454	\$184,922	\$22,268
8	Total Nursing Facility Days As Filed Days = 23,977	FY19 Audited C/R Days	23,977									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								16,340		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168.45	\$86.65	\$0.00	\$17.97	\$19.51	(with L&H)	\$24.88	\$6.76	\$11.32	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4026</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.78	\$0.00	\$17.97	\$19.51		\$24.88	\$6.76	\$11.32	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.19	\$61.78	\$0.00	\$17.97	\$19.51		\$24.88	\$6.76	9.93 (FRV)	\$1.36
	Quarterly Per Diem Rate Prior to Add-ons										(FKV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.21	\$3.09	\$0.00	\$0.90	\$0.98	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.40	\$64.87	\$0.00	\$18.87	\$20.49	\$0.00	\$26.12	\$6.76	\$9.93	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5470</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.88	\$100.35	\$0.00	\$18.87	\$20.49	\$0.00	\$26.12	\$6.76	\$9.93	\$1.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.15	\$6.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.03	\$106.40	\$0.00	\$19.09	\$20.90	\$0.00	\$43.59	\$6.76	\$9.93	\$1.36
					•	•		•	•			

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$143.20

Facility Facility Add-on Statewide Provider: Fort Gaines Healthcare, LLC Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00140599A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.7914 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 39.53% 2.5% Quarterly Medicaid CMI: 1.8897 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 1.9256 1.5216 3.28 4.0% Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** \$2,974,520 As Filed FY19 C/R - FY19 GL/PL Rpt \$1,300,981 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$0 \$359,258 \$373,118 \$0 \$630,572 \$310,591 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$36,558) \$0 \$0 (\$949)(\$34,316) (\$1,293)\$0 \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$15,449)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$22,250 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$53,731 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$2,998,494 \$1,299,688 \$359,258 \$373,118 (\$949) \$615,123 \$22,250 \$276,275 \$53,731 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 18,243 18,243 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 17.093 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$165.65 \$71.24 \$0.00 \$19.69 \$20.40 (with L&H) \$33.72 \$1.30 \$16.16 \$3.14 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.7914 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$39.77 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$39.77 \$0.00 \$19.69 \$20.40 \$33.72 \$1.30 \$16.16 \$3.14 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$135.92 Base Period Case Mix Adjusted Allowed Per Diem \$39.77 \$0.00 \$19.69 \$20.40 \$27.76 \$1.30 23.86 \$3.14 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$5.38 \$1.99 \$0.00 \$0.98 \$1.02 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$141.30 \$41.76 \$0.00 \$20.67 \$21.42 \$0.00 \$29.15 \$1.30 \$23.86 \$3.14 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.9256 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$80.41 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$179.95 \$80.41 \$0.00 \$20.67 \$21.42 \$0.00 \$29.15 \$1.30 \$23.86 \$3.14 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.01 \$2.01 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) \$3.22 \$3.22 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$23.49 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 \$5.76

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$203.44

\$139.76

\$86.17

\$0.00

\$20.89

\$21.83

\$0.00

\$46.25

\$1.30

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$23.86

\$3.14

	vider: Harborview Health Systems - Thomaston dr ID: 00140621A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add 1/1/2022 09/30/21 Nurse Hours per C	Qtr	rth Allowance: ly BIMS score	27.94%	Add-on Percent 5.00% 1.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Nght Options:		Facility <u>Specific</u> 1.4880 1.6799 1.7113	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
CAI	CE MIN DACED DATE CALCUL ATIONS		а	b	С	d	е	f	g	g	h	i
CA	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,830,256	\$2,908,386	\$0	\$525,579	\$527,169	\$0	\$976,549		\$892,573	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$58,719)	\$0	\$0	\$0	(\$4,076)	(\$9,745)	(\$10,750)		(\$34,148)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$63,252)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$134,984		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$106,604
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,949,873	\$2,908,386	\$0	\$525,579	\$523,093	(\$9,745)	\$902,547	\$134,984	\$858,425	\$106,604
8	Total Nursing Facility Days As Filed Days = 39,331	FY19 Audited C/R Days	39,331									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								37,338		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$152.78	\$73.95	\$0.00	\$13.36	\$13.05	(with L&H)	\$22.95	\$3.62	\$22.99	\$2.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4880								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.70			•				•	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.70	\$0.00	\$13.36	\$13.05		\$22.95	\$3.62	\$22.99	\$2.86
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	40.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.74	\$49.70	\$0.00	\$13.36	\$13.05		\$22.95	\$3.62	9.20 (FRV)	\$2.86
	Quarterly Per Diem Rate Prior to Add-ons										(17(0)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.96	\$2.49	\$0.00	\$0.67	\$0.65	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.70	\$52.19	\$0.00	\$14.03	\$13.70	\$0.00	\$24.10	\$3.62	\$9.20	\$2.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7113								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.82	\$89.31	\$0.00	\$14.03	\$13.70	\$0.00	\$24.10	\$3.62	\$9.20	\$2.86
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.31	\$3.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.13	\$92.52	\$0.00	\$14.25	\$14.11	\$0.00	\$41.57	\$3.62	\$9.20	\$2.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.77		ı	I	ı	ı				
20	quartory . S. Dioni nato for Dou from and Leave Days	(225 225) 55	Ψ120.11	_								

\$188.95

\$128.89

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: Brian Center of Canton Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140643A Base Period Overall CMI: 1.5782 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 22.73% Quarterly Medicaid CMI: 1.6346 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6636 2.0% 1.5216 4.08

							-				_	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
_	0(0(a)											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	1 All Facilities	2 Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency inteasure maximums (see line 20 for actual)	(see Policy Manual)		φυ.53	\$0.00	φυ.ΖΖ	φυ.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,199,130	\$3,448,702	\$0	\$486,021	\$545,264	\$0	\$1,225,045		\$1,494,098	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$44,814)	\$0	\$0	\$0	\$0	\$0	\$0		(\$44,814)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$40,872)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$106,243		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$60,33
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,280,023	\$3,448,702	\$0	\$486,021	\$545,264	\$0	\$1,184,173	\$106,243	\$1,449,284	\$60,33
8	Total Nursing Facility Days As Filed Days = 34,437	FY19 Audited C/R Days	34,437									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,720		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$218.84	\$100.15	\$0.00	\$14.11	\$15.83	(with L&H)	\$34.39	\$3.57	\$48.76	\$2.0
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5782</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.46	\$0.00	\$14.11	\$15.83		\$34.39	\$3.57	\$48.76	\$2.0
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.86	\$63.46	\$0.00	\$14.11	\$15.83		\$27.76	\$3.57	14.10	\$2.0
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.06	\$3.17	\$0.00	\$0.71	\$0.79	\$0.00	\$1.39	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.92	\$66.63	\$0.00	\$14.82	\$16.62	\$0.00	\$29.15	\$3.57	\$14.10	\$2.0
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	•	1.6636		'						
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.14	\$110.85	\$0.00	\$14.82	\$16.62	\$0.00	\$29.15	\$3.57	\$14.10	\$2.0
	Quarterly Per Diem Add-on Amounts	(coo Dalie M. D	.	***	***	****		***	***		40.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.22	\$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.59	\$3.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.73	\$114.71	\$0.00	\$15.04	\$17.03	\$0.00	\$46.25	\$3.57	\$14.10	\$2.0

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$146.72

	ovider: College Park Health Care Center ovdr ID: 00140654A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add 1/1/2022 09/30/21 Nurse Hours per C	Qtr	rth Allowance: ly BIMS score	Facility Score N/A 37.88% 2.31	Add-on Percent 5.00% 2.5% 2.0%		Quarterly N	CMI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3921 1.4015 1.4284	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5		s Filed FY19 C/R - FY19 GL/PL Rpt	\$4,624,262	\$2,163,879	\$0	\$521,733	\$506,556	\$0	\$719,606		\$712,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$63,727)	\$0	\$0	\$0	\$0	\$0	(\$11,437) (\$37,707)		(\$52,290)	·
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$81,875
7	,	Audited C/R (As Adj. FY21 GLPL/T	\$4,604,703	\$2,163,879	\$0	\$521,733	\$506,556	\$0	\$670,462	\$0	\$660,198	\$81,875
8	Total Nursing Facility Days As Filed Days = 30,253	FY19 Audited C/R Days	30,253									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days Ln 7 / Ln 8 Col a	C454 44	Ф 7 4 ГО	#0.00	¢47.05	040.74	(i4- 1 0 1 1)	COO 40	27,762		#0.0 /
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19	\$154.41	\$71.53 1.3921	\$0.00	\$17.25	\$16.74	(with L&H)	\$22.16	\$0.00	\$23.78	\$2.95
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.38	\$0.00	\$17.25	\$16.74		\$22.16	\$0.00	\$23.78	\$2.95
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	ψ2.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.11	\$51.38	\$0.00	\$17.25	\$16.74		\$22.16	\$0.00	8.63	\$2.95
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.38	\$2.57	\$0.00	\$0.86	\$0.84	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.49	\$53.95	\$0.00	\$18.11	\$17.58	\$0.00	\$23.27	\$0.00	\$8.63	\$2.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	,	1.4284	·		·	•	·			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.60	\$77.06	\$0.00	\$18.11	\$17.58	\$0.00	\$23.27	\$0.00	\$8.63	\$2.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.93	\$1.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.54	\$1.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.10	\$4.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.70	\$81.06	\$0.00	\$18.33	\$17.99	\$0.00	\$40.74	\$0.00	\$8.63	\$2.95

\$114.45

\$183.06

\$124.47

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: Life Care Center, Inc. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140665A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3984 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 32.26% 2.5% Quarterly Medicaid CMI: 1.4031 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.4279 1.5216 3.05

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	r On-Site Day/Q	uality Incentive:	3.05	3.0%	Qrtrly Mcaid	CMI w RUG \	Nght Options:		1.4279	1.5216
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
=												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	· ·	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,329,979	\$2,794,562	\$0	\$460,846	\$665,399	\$0	\$801,432		\$607,740	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$91,871)	\$0	\$0	\$0	\$0	\$0	(\$18,553)		(\$73,318)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$43,608)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$94,222		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$76,528
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,365,250	\$2,794,562	\$0	\$460,846	\$665,399	\$0	\$739,271	\$94,222	\$534,422	\$76,528
8	Total Nursing Facility Days As Filed Days = 40,208	FY19 Audited C/R Days	40,208									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,590		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$135.72	\$69.50	\$0.00	\$11.46	\$16.55	(with L&H)	\$18.39	\$2.65	\$15.02	\$2.15
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3984</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.70	\$0.00	\$11.46	\$16.55		\$18.39	\$2.65	\$15.02	\$2.15
13	,	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.83	\$49.70	\$0.00	\$11.46	\$16.55		\$18.39	\$2.65	14.93	\$2.15
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$4.81	\$2.49	\$0.00	\$0.57	\$0.83	\$0.00	\$0.92	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.64	\$52.19	\$0.00	\$12.03	\$17.38	\$0.00	\$19.31	\$2.65	\$14.93	\$2.15
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4279								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.97	\$74.52	\$0.00	\$12.03	\$17.38	\$0.00	\$19.31	\$2.65	\$14.93	\$2.15
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	¢1.52	¢0.52	\$0.00	¢0.22	¢0.41	\$0.00	¢0.27		00.02	
20		Ln 19 Col b x CPS Add-on	\$1.53 \$1.86	\$0.53 \$1.86	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22		Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
23		(Fixed Amount)	\$17.10	φ2.24					\$17.10			
23		Sum of Lns 20 thru 23	\$22.73	\$4.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
							-				·	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.70	\$79.15	\$0.00	\$12.25	\$17.79	\$0.00	\$36.78	\$2.65	\$14.93	\$2.15

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$111.45

Facility Add-on Facility State-Provider: PruittHealth - Eastside Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140687A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3851 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 29.33% Quarterly Medicaid CMI: 1.4735 1.5485 1.0% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 2.94 4.0% 1.4997 1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
_	Cont Contain Book Crowns	(5 ° M		4	1		4	1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0% \$0.00	100.0%	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	<i>Ф</i> 0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,653,857	\$2,624,838	\$0	\$411,085	\$584,639	\$0	\$792,451		\$240,844	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$83,422)	(\$39,400)	\$0	\$0	\$0	\$0	\$3,692		(\$47,714)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$170,600)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$390,257		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$50,97
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,841,063	\$2,585,438	\$0	\$411,085	\$584,639	\$0	\$625,543	\$390,257	\$193,130	\$50,97
8	Total Nursing Facility Days As Filed Days = 26,237	FY19 Audited C/R Days	26,237									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,228		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.81	\$98.54	\$0.00	\$15.67	\$22.28	(with L&H)	\$23.84	\$13.83	\$6.84	\$1.8
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3851</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.14	\$0.00	\$15.67	\$22.28		\$23.84	\$13.83	\$6.84	\$1.8
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.14	\$71.14	\$0.00	\$15.67	\$22.28		\$23.84	\$13.83	12.57	\$1.8
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.64	\$3.56	\$0.00	\$0.78	\$1.11	\$0.00	\$1.19	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.78	\$74.70	\$0.00	\$16.45	\$23.39	\$0.00	\$25.03	\$13.83	\$12.57	\$1.8
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ψ101.10	1.4997	ψυ.υυ	ψ10.43	Ψ20.09	ψ0.00	Ψ20.03	ψ10.00	ψ12.37	Ψ1.0
18	Quarterly Facility <u>Case with Index</u> for Medicald Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.11	\$112.03	\$0.00	\$16.45	\$23.39	\$0.00	\$25.03	\$13.83	\$12.57	\$1.8
19	Quartony Modicald ONIA Milowed For Dietii	NO = 211 10,7 stout = 211 10	ΨΔΟΟ. 1 Ι	ψ112.03	ψυ.υυ	ψ10.43	Ψ20.09	ψ0.00	Ψ20.03	ψ10.00	ψ12.37	Ψ1.0
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.48	\$4.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.23	\$6.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.34	\$118.16	\$0.00	\$16.67	\$23.80	\$0.00	\$42.50	\$13.83	\$12.57	\$1.8

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$159.18

MONTH: 7/1/2021

UPL GAP PER DIEM

803.76

FINAL

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

Provider Name GRACEWOOD UNIT #9	Provider Number 00140709A		RS-SNF 1	RS-ICF 1	SP-SERV 1	Dietary 1	Lnd-Hse 2	Opr-Mnt 2	Adm-Genrl 2	Prop Rel 3	
CERTIFIED BEDS MEDICAID DAYS Descriptions	56 10054 Total	Total	SNF 10054 Routine	ICF 0 Routine	Special	Dietary	COST Laundry/	CENTERS Operations/	Admin/	2021 (Audited) Prop.	2021 (Audited) Tax/
•	SNF	ICF	Srvc SNF	Srvc ICF	Services	,	Housekpng	Maintence	General	Related	Ins
REP HST COST	7,575,238	-	5,168,532		579,980	138,455	328,060	550,600	610,401	194,104	5,106
HIST COST ADJ											
1399	(579,980)	_			(579,980)						
1199	579,980	_	579,980		(,,						
1699	(550,600)	_	,					(550,600)			
1599	550,600						550,600	(,,			
1899	-	_					000,000			_	
1999	-	_									
1100	-		_								
1400	-	_				_					
1500	-	_					-				
1700	-	_							_		
1800	-	_								_	
1898	-									_	_
TOTAL HIST ADJ	-	_	579,980	_	(579,980)	_	550,600	(550,600)	_	_	_
NET HST COST	7,575,238	_	5,748,512	_	-	138,455	878,660	-	610,401	194,104	5,106
PROJ COST ADJ	.,0.0,200		0,7 .0,0 .2			.00, .00	0.0,000		0.0,.0.	-	0,.00
2800	-										
2000	-		_			_	-		_	_	
TOTAL PROJ ADJS	_		_	_	_	_	_		_	_	
TOTAL HST/PROJ	7,575,238	_	5,748,512	_	_	138,455	878,660		610,401	194,104	5,106
REP PAT DAYS	9,958		9,958			9,958	9,958		9,958	,	0,.00
REP PAT DAYS (2021)	0,000		0,000			0,000	0,000		0,000	7,662	7,662
PAT DAY ADJS	-									1,002	7,002
ADJ PAT DAYS	9,958		9,958	_	_	9,958	9,958		9,958	7,662	7,662
NET PER DIEM	766.72	_	577.28	_	_	13.90	88.24		61.30	25.33	0.67
STAND PER DIEM	766.72	_	577.28	_	_	13.90	88.24		61.30	25.33	0.67
COMP ADD	-		377.20			10.50	00.24		01.00	20.00	0.07
ALLOW PER DIEM	766.72	_	577.28	_	_	13.90	88.24		61.30	25.33	0.67
GTH 5.00%	37.04	-	28.86	_	_	0.70	4.41		3.07	20.00	-
INCEN PER DIEM	-	_	20.00	_	_	0.70			3.07	-	-
TOTAL PER DIEM	803.76	-	-	-	-	-	-		-		
101/LI LIT DILIVI	000.70	_									

Facility Add-on Facility State-Provider: Rome Health and Rehab Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140753A Base Period Overall CMI: 1.6948 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 31.03% 2.5% Quarterly Medicaid CMI: 1.6479 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6768 3.0% 1.5216 3.31

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
_	Cont Conton Book Conton	(5 F M)			1		4	1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	1 All Facilities	2 Free Standing	1 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			
ĺ	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 Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,070,560	\$2,989,431	\$0	\$520,497	\$513,355	\$0	\$1,064,693		\$1,982,584	:
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$44,776)	(\$4,087)	\$0	\$0	\$0	\$0	\$0		(\$40,689)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$3,567)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$4,219		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,4
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,047,860	\$2,985,344	\$0	\$520,497	\$513,355	\$0	\$1,061,126	\$4,219	\$1,941,895	\$21,4
8	Total Nursing Facility Days As Filed Days = 31,365	FY19 Audited C/R Days	31,365									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,266		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$236.88	\$95.18	\$0.00	\$16.59	\$16.37	(with L&H)	\$33.83	\$0.16	\$73.93	\$0.
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6948</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.16	\$0.00	\$16.59	\$16.37		\$33.83	\$0.16	\$73.93	\$0.
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.50	\$56.16	\$0.00	\$16.59	\$16.37		\$27.76	\$0.16	14.64	\$0.8
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.85	\$2.81	\$0.00	\$0.83	\$0.82	\$0.00	\$1.39	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.35	\$58.97	\$0.00	\$17.42	\$17.19	\$0.00	\$29.15	\$0.16	\$14.64	\$0.8
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ψ100.00	1.6768	Ψ0.00	ψ11.42	ψ	ψ0.00	Ψ20.10	Ψο.10	ψ17.04	ψ0.0
18		Ln 16 x Ln 17		\$98.88								
19		RS = Ln 18, AllOthr = Ln 16	\$178.26	\$98.88	\$0.00	\$17.42	\$17.19	\$0.00	\$29.15	\$0.16	\$14.64	\$0.8
. •			÷	\$33.30	\$5.50	,	410	\$3.30	,250	\$33	Ų 3 i	
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22		Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.70	\$5.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.96	\$104.85	\$0.00	\$17.64	\$17.60	\$0.00	\$46.25	\$0.16	\$14.64	\$0.8

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$138.65

Facility Add-on Facility State-Provider: PruittHealth - Crestwood Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140764A Base Period Overall CMI: 1.5217 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 54.55% 5.5% Quarterly Medicaid CMI: 1.5027 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5308 2.99 5.0% 1.5216

	MDO & Naise File Data per Quarter Enaing.	14disc riodis per	On One Dayra	daily incontivo.	2.55	3.070	Qririy Wodia	OWI W IXOO Y	right Options.		1.5500	1.5210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u>~</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			,
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			,
				7 200 0.200	7 200 0.200	7 200 0.200	7 II. 200 O.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,156,951	\$2,283,442	\$0	\$406,223	\$518,911	\$0	\$725,934		\$222,441	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$42,581)	(\$17,476)	\$0	\$0	\$0	\$0	\$5,750		(\$30,855)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	,	,	·				(\$150,337)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$343,220		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$30,000
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,337,253	\$2,265,966	\$0	\$406,223	\$518,911	\$0	\$581,347	\$343,220	\$191,586	\$30,000
8	Total Nursing Facility Days As Filed Days = 26,057	FY19 Audited C/R Days	26,057									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,669		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$170.83	\$86.96	\$0.00	\$15.59	\$19.91	(with L&H)	\$22.31	\$15.84	\$8.84	\$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5217								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.14	\$0.00	\$15.59	\$19.91		\$22.31	\$15.84	\$8.84	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.33	\$57.14	\$0.00	\$15.59	\$19.91		\$22.31	\$15.84	10.16	\$1.38
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Carath Allium a CV	A5 70	20.00		40.70	0. 4.00	00.00	04.40			N 1/A
15		Ln 14 x Grwth Allwnc %	\$5.76	\$2.86	\$0.00	\$0.78	\$1.00	\$0.00	\$1.12	N/A	N/A	N/A
16	, ,	Ln 14 + Ln 15	\$148.09	\$60.00	\$0.00	\$16.37	\$20.91	\$0.00	\$23.43	\$15.84	\$10.16	\$1.38
17	, , , , <u> </u>	per Current Qtr End		1.5308								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0.70 6 :	\$91.85	***	0.00	***	40.05	000.45	04504	040.45	A 4.65
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.94	\$91.85	\$0.00	\$16.37	\$20.91	\$0.00	\$23.43	\$15.84	\$10.16	\$1.38
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.05	\$5.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.59	\$4.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.27	\$10.17	\$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	\$208.21	\$102.02	\$0.00	\$16.59	\$21.32	\$0.00	\$40.90	\$15.84	\$10.16	\$1.38
												•

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$143.33

Facility Facility Add-on Statewide Provider: Gateway Health and Rehab Center Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00140786A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3388 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 22.86% 1.0% Quarterly Medicaid CMI: 1.5779 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.6077 1.5216 3.33 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$3,426,678 \$1,818,396 \$0 \$328,099 \$409.346 \$0 \$609,960 \$260.877 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$9,694) (\$2,200)\$0 (\$2,632) (\$2,749)\$10,965 (\$13,078) \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$74,329)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$93,373 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$11,442 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$3,447,470 \$1,816,196 \$328,099 \$406,714 (\$2,749)\$546,596 \$93,373 \$247,799 \$11,442 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 20,320 20,320 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 15,216 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$175.49 \$89.38 \$0.00 \$16.15 \$19.88 (with L&H) \$26.90 \$6.14 \$16.29 \$0.75 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.3388 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$66.76 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$66.76 \$0.00 \$16.15 \$19.88 \$26.90 \$6.14 \$16.29 \$0.75 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$144.33 7.75 Base Period Case Mix Adjusted Allowed Per Diem \$66.76 \$0.00 \$16.15 \$19.88 \$26.90 \$6.14 \$0.75 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.49 \$3.34 \$0.00 \$0.81 \$0.99 \$0.00 \$1.35 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$150.82 \$70.10 \$0.00 \$16.96 \$20.87 \$0.00 \$28.25 \$6.14 \$7.75 \$0.75 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.6077 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$112.70 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$193.42 \$112.70 \$0.00 \$16.96 \$20.87 \$0.00 \$28.25 \$6.14 \$7.75 \$0.75 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$1.13 \$1.13 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$3.38 \$3.38 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$23.14 \$5.04 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$216.56 \$117.74 \$0.00 \$17.18 \$21.28 \$0.00 \$45.72 \$6.14 \$7.75 \$0.75

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$149.60

Facility Add-on Facility State-Provider: Dawson Health & Rehab Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140808A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4187 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 44.44% 2.5% Quarterly Medicaid CMI: 1.4430 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.4676 MDS & Nurse Hrs Data per Quarter Ending: 3.54 3.0% 1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
	On a Company Company			_			_					
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,963,276	\$2,025,061	\$0	\$457,735	\$442,716	\$0	\$673,870		\$363,894	;
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$33,330)	\$0	\$0	\$0	\$0	(\$3,368)	(\$9,362)		(\$20,600)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$39,260)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$77,797		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,5
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,993,033	\$2,025,061	\$0	\$457,735	\$442,716	(\$3,368)	\$625,248	\$77,797	\$343,294	\$24,5
8	Total Nursing Facility Days As Filed Days = 23,506	FY19 Audited C/R Days	23,506									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,636		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.18	\$86.15	\$0.00	\$19.47	\$18.69	(with L&H)	\$26.60	\$4.41	\$19.47	\$1.3
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4187</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.73	\$0.00	\$19.47	\$18.69		\$26.60	\$4.41	\$19.47	\$1.3
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.63	\$60.73	\$0.00	\$19.47	\$18.69		\$26.60	\$4.41	10.34	\$1.3
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.27	\$3.04	\$0.00	\$0.97	\$0.93	\$0.00	\$1.33	N/A	N/A	N/
16	Growth Allowance Percentage = 5.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.90	\$63.77	\$0.00	\$20.44	\$19.62	\$0.00	\$27.93	\$4.41	\$10.34	\$1.3
17	, , , , , , , , , , , , , , , , , , ,	per Current Qtr End	\$147.90		φ0.00	φ20.44	φ19.02	\$0.00	φ21.93	φ4.41	\$10.54	φ1.
	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4676 \$93.59								
18		RS = Ln 18, AllOthr = Ln 16	\$177.72	\$93.59	\$0.00	\$20.44	\$19.62	\$0.00	\$27.93	\$4.41	\$10.34	\$1.3
19	Quarterly Medicaid CMA Allowed Fet Dieffi	NO = LIT 10, AllOUII = LIT 10	Φ1/1./2	φ93.39	\$0.00	φ20.44	\$19.02	\$0.00	φ21.93	φ4.41	Ф10.34	φ1
	Quarterly 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.50	\$99.27	\$0.00	\$20.66	\$20.03	\$0.00	\$45.40	\$4.41	\$10.34	\$1.3

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$138.30

Facility Add-on Facility State-Provider: Carrollton Manor, Inc. Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140852A Base Period Overall CMI: 1.4751 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 34.25% 2.5% Quarterly Medicaid CMI: 1.4392 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.27 3.0% 1.4626 1.5216

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
_	Cont Contar Book Crowns	(5 ; 14)			1		4	1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities		2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,171,887	\$2,940,665	\$0	\$675,995	\$593,631	\$0	\$712,101		\$249,495	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$54,752)	(\$12,648)	\$0	\$0	\$0	\$0	\$9,767		(\$51,871)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$107,328)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$180,187		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$61,12
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,251,114	\$2,928,017	\$0	\$675,995	\$593,631	\$0	\$614,540	\$180,187	\$197,624	\$61,12
8	Total Nursing Facility Days As Filed Days = 34,114	FY19 Audited C/R Days	34,114									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,737		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.83	\$85.83	\$0.00	\$19.82	\$17.40	(with L&H)	\$18.01	\$6.06	\$6.65	\$2.0
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4751</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.19	\$0.00	\$19.82	\$17.40		\$18.01	\$6.06	\$6.65	\$2.0
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.70	\$58.19	\$0.00	\$19.82	\$17.40		\$18.01	\$6.06	12.16	\$2.0
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$5.67	\$2.91	\$0.00	\$0.99	\$0.87	\$0.00	\$0.90	N/A	N/A	N/
16		Ln 14 + Ln 15	\$139.37	\$61.10	\$0.00	\$20.81	\$18.27	\$0.00	\$18.91	\$6.06	\$12.16	\$2.0
17		per Current Qtr End		1.4626	, , , ,		*			*	*	
18		Ln 16 x Ln 17		\$89.36								
19		RS = Ln 18, AllOthr = Ln 16	\$167.63	\$89.36	\$0.00	\$20.81	\$18.27	\$0.00	\$18.91	\$6.06	\$12.16	\$2.0
						'						
	Quarterly Per Diem Add-on Amounts				_		_				_	
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22		Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68								
23		(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	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.17	\$94.80	\$0.00	\$21.03	\$18.68	\$0.00	\$36.38	\$6.06	\$12.16	\$2.0

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$130.55

	ovider: Early Memorial Nursing Home vdr ID: 00140874A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: by BIMS score	Facility Score N/A 20.51% 3.29	Add-on <u>Percent</u> 5.00% 1.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.0753 1.2339 1.2512	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rp	\$4,449,537	\$2,161,546	\$0	\$903,091	\$136,306	\$145,639	\$738,942		\$364,013	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$2,858)	(\$112,270)	\$0	(\$89,814)	(\$1,820)	\$0	\$89,467		\$111,579	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$46,907		Φ0
7	As Adjusted Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	As Adjusted FY21 C/R 19 Audited C/R (As Adj. FY21 GLPL/	T \$4,493,586	\$2,049,276	\$0	\$813,277	\$134,486	\$145,639	\$828,409	\$46,907	\$475,592	\$0 \$0
8	Total Nursing Facility Days As Filed Days = 33,013	FY19 Audited C/R Days	33,013	\$2,049,270	φυ	φ013,211	\$134,460	\$145,059	\$020,409	φ40,90 <i>1</i>	\$475,592	φυ
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	00,010							31,597		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$136.82	\$62.07	\$0.00	\$24.64	\$8.49	(with L&H)	\$25.09	\$1.48	\$15.05	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.0753								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.72	\$0.00	\$24.64	\$8.49		\$25.09	\$1.48	\$15.05	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.02	\$57.72	\$0.00	\$24.64	\$8.49		\$25.09	\$1.48	10.60	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.79	\$2.89	\$0.00	\$1.23	\$0.42	\$0.00	\$1.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.81	\$60.61	\$0.00		\$8.91	\$0.00	\$26.34	\$1.48	\$10.60	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2512								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.04	\$75.84	\$0.00	\$25.87	\$8.91	\$0.00	\$26.34	\$1.48	\$10.60	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.76									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
1			1	1	i e	1	I	İ	1		İ	ı

\$21.67

\$170.71

\$115.21

\$206.82

\$142.29

\$3.57

\$79.41

\$0.00

\$0.00

\$0.22

\$26.09

\$0.41

\$9.32

\$0.00

\$0.00

\$17.47

\$43.81

\$0.00

\$1.48

\$0.00

\$10.60

\$0.00

\$0.00

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Eastview Nursing Home Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140885A Base Period Overall CMI: 1.5544 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 54.29% 5.5% Quarterly Medicaid CMI: 1.7587 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.7921 1.5216 3.45

	MDO & Noise Fire Data per Quarter Ending.	VS/SO/21 Nuise Flours per	On One Day/Q	daily incentive.	0.40	3.070	willy would	OWI W IXOO	rrgin Options.		1.7321	1.5210
Line	e Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
_	NOT MINE BY USE OF THE											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
ĺ				7 200 0.200	7 200 0.200	7 111 200 01200	7 11. 200 0.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,686,743	\$2,036,215	\$0	\$443,134	\$508,000	\$0	\$610,957		\$88,437	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$71,411)	\$0	\$0	\$0	\$0	\$0	(\$19,110)		(\$52,301)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(, ,				·	·	(\$91,210)		(, , ,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$95,629		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$50,507
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,670,258	\$2,036,215	\$0	\$443,134	\$508,000	\$0	\$500,637	\$95,629	\$36,136	\$50,507
8	Total Nursing Facility Days As Filed Days = 26,493	FY19 Audited C/R Days	26,493									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,919		
9		Ln 7 / Ln 8 Col a	\$141.29	\$76.86	\$0.00	\$16.73	\$19.17	(with L&H)	\$18.90	\$5.05	\$1.91	\$2.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5544</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.45	\$0.00	\$16.73	\$19.17		\$18.90	\$5.05	\$1.91	\$2.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.94	\$49.45	\$0.00	\$16.73	\$19.17		\$18.90	\$5.05	8.97	\$2.67
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Carath Allium a CV	# 5.00	20.47		0004			00.05			
15		Ln 14 x Grwth Allwnc %	\$5.22	\$2.47	\$0.00	\$0.84	\$0.96	\$0.00	\$0.95	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$126.16	\$51.92	\$0.00	\$17.57	\$20.13	\$0.00	\$19.85	\$5.05	\$8.97	\$2.67
17		per Current Qtr End		1.7921								
18		Ln 16 x Ln 17	0.107.0 2	\$93.05	***		***	***	010.0=	65.05	**	***
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.29	\$93.05	\$0.00	\$17.57	\$20.13	\$0.00	\$19.85	\$5.05	\$8.97	\$2.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.12	\$5.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.79	\$2.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.54	\$8.44	\$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	\$193.83	\$101.49	\$0.00	\$17.79	\$20.54	\$0.00	\$37.32	\$5.05	\$8.97	\$2.67

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$132.55

	rovider: Effingham Extended Care Facility rvdr ID: 00140907A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	A 1/1/2022 09/30/21 Nurse Hours pe	Q	owth Allowance: atrly BIMS score	Facility Score N/A 42.11% 5.12	Add-on Percent 5.00% 2.5% 7.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2717 1.3395 1.3592	State- wide 1.4759 1.5485 1.5216
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,111,585	\$5,160,534	\$0	\$1,097,806	\$645,445	\$913,070	\$1,413,692		\$881,038	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$60,424)	\$0	\$0	\$0	\$0	\$0	\$0		(\$60,424)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$133,014)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$44		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$30,598
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,948,789	\$5,160,534	\$0	\$1,097,806	\$645,445	\$913,070	\$1,280,678	\$44	\$820,614	\$30,598
8	Total Nursing Facility Days As Filed Days = 35,051	FY19 Audited C/R Days	35,051									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,205		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$285.98	\$147.23	\$0.00	\$31.32	\$44.46	(with L&H)	\$36.54	\$0.00	\$25.48	\$0.95
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.2717</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$115.78	\$0.00	\$31.32	\$44.46		\$36.54	\$0.00	\$25.48	\$0.95
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.67	\$84.91	\$0.00	\$31.32	\$25.85		\$27.76	\$0.00	11.88 (FRV)	\$0.95
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,,	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.50	\$4.25	\$0.00	\$1.57	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.17	\$89.16	\$0.00	\$32.89	\$27.14	\$0.00	\$29.15	\$0.00	\$11.88	\$0.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3592								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.20	\$121.19	\$0.00	\$32.89	\$27.14	\$0.00	\$29.15	\$0.00	\$11.88	\$0.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03			-					
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$8.48	\$8.48								
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	\$28.83	\$11.51	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
					I							

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$252.03

\$176.20

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$132.70

\$33.11

\$0.00

\$27.14

\$46.25

\$0.00

\$0.00

\$11.88

\$0.95

	ovider: Emanuel Medical Center Nursing Home vdr ID: 00140929A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	Facility Score N/A 35.29% 3.67	Add-on Percent 5.00% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2469 1.1176 1.1348	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,670,730	\$1,838,025	\$0	\$531,928	\$300,503	\$230,402	\$561,660		\$208,212	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$1,090)	\$0	\$0	\$0	\$0	\$0	\$0 (\$11,446)		(\$1,090)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$6,902		
7	As Adjusted Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	As Adjusted FY21 C/R 19 Audited C/R (As Adj. FY21 GLPL/T	\$3,665,096	\$1,838,025	\$0	\$531,928	\$300,503	\$230,402	\$550,214	\$6,902	\$207,122	\$0 \$0
8	Total Nursing Facility Days As Filed Days = 16,900	FY19 Audited C/R Days FY21 Audited C/R Days	16,900	\$1,030,023	φυ	Φυυ 1,320	Φ 300,303	₹30,40 2	φυου,∠ 14·		₽ ∠ ∪1,1∠∠	ΦΟ
9	Total Nursing Facility Days GL-PL Ins. Rpt Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$220.14	\$108.76	\$0.00	\$31.48	\$31.41	(with L&H)	\$32.56	13,428 \$0.51	\$15.42	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19	⊅∠∠∪. 1 -1	1.2469	φυ.υυ	φυ1. 4 υ	ФЭ1.41	(WILLI LOLL)	φυ 2. υυ	φυ.5 ι	φ10.42	φυ.υυ
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.23	\$0.00	\$31.48	\$31.41		\$32.56	\$0.51	\$15.42	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	*
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.20	\$84.91	\$0.00	\$31.48	\$25.85		\$27.76	\$0.51	16.69	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.50	\$4.25	\$0.00	\$1.57	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.70	\$89.16	\$0.00		\$27.14	\$0.00	\$29.15	\$0.51	\$16.69	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1348	·		,			·		-
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.72	\$101.18	\$0.00	\$33.05	\$27.14	\$0.00	\$29.15	\$0.51	\$16.69	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.89	\$5.57	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00

\$230.61

\$160.13

\$232.68

\$161.69

\$106.75

\$0.00

\$33.27

\$27.14

\$0.00

\$46.25

\$0.51

\$16.69

\$0.00

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: PruittHealth - Blue Ridge, LLC Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00140973A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3381 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.1622 1.5485 17.02% 0.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.35 5.0% 1.1801 1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
•	Type of Facility within Peer Group Bed Size Range within Peer Group	(coo i olioy mandar)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,715,987	\$3,185,249	\$0	\$492,475	\$786,205	\$0	\$932,536		\$319,522	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$27,436)	(\$30,670)	\$0	\$0	\$8,359	\$10,648	\$17,151		(\$32,924)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$191,593)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$438,859		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$32,58
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,968,403	\$3,154,579	\$0	\$492,475	\$794,564	\$10,648	\$758,094	\$438,859	\$286,598	\$32,58
8	Total Nursing Facility Days As Filed Days = 30,898	FY19 Audited C/R Days	30,898									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,881		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$201.77	\$102.10	\$0.00	\$15.94	\$26.06	(with L&H)	\$24.54	\$19.18	\$12.53	\$1.4
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3381</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.30	\$0.00	\$15.94	\$26.06		\$24.54	\$19.18	\$12.53	\$1.4
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.95	\$76.30	\$0.00	\$15.94	\$25.85		\$24.54	\$19.18	9.72	\$1.4
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.14	\$3.82	\$0.00	\$0.80	\$1.29	\$0.00	\$1.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.09	\$80.12	\$0.00	\$16.74	\$27.14	\$0.00	\$25.77	\$19.18	\$9.72	\$1.4
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.1801</u>							·	
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.52	\$94.55	\$0.00	\$16.74	\$27.14	\$0.00	\$25.77	\$19.18	\$9.72	\$1.4
	Quarterly 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 = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	ψ0.00	40.22	ψ0.50	\$3.30	\$0.07		Ψ3.30	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.73	\$4.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.95	\$5.26	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.47	\$99.81	\$0.00	\$16.96	\$27.14	\$0.00	\$43.24	\$19.18	\$9.72	\$1.42
_0	and the second of the second o		Ψ Σ 111.71	Ψ00.01	Ψ0.00	Ţ.0.00	Ψ21.17	ψυ.υυ	J-10.24	\$10.10	Ψ5.12	Ψ2

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$150.28

Facility Add-on Facility State-Provider: Fifth Avenue Health Care Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00140984A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3970 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.7185 1.5485 41.38% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.7506 1.5216 3.27 A&G -GL/PL Plant Admin Property Routine Special Laundry & Taxes and

Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4		(See Folicy Ivialitial)		φυ.υσ	φυ.υυ	φ0.22	φυ.41		φυ.37			
_	Base Period Per Diem Allowed Amounts	. 5. 15.42.00					4					
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,588,986	\$2,958,221	\$0	\$554,447	\$679,397	\$0	\$810,410		\$586,511	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$4,719)	\$59,908	\$0	\$0	\$0	\$0	(\$36,624)	1	(\$28,003)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$121,336)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$155,807		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$15,821
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,634,559	\$3,018,129	\$0	\$554,447	\$679,397	\$0	\$652,450	\$155,807	\$558,508	\$15,821
8	Total Nursing Facility Days As Filed Days = 32,882	FY19 Audited C/R Days	32,882									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,771		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$178.63	\$91.79	\$0.00	\$16.86	\$20.66	(with L&H)	\$19.84	\$6.29	\$22.55	\$0.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3970								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.71	\$0.00	\$16.86	\$20.66		\$19.84	\$6.29	\$22.55	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.54	\$65.71	\$0.00	\$16.86	\$20.66		\$19.84	\$6.29	11.54 (FRV)	\$0.64
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.15	\$3.29	\$0.00	\$0.84	\$1.03	\$0.00	\$0.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.69	\$69.00	\$0.00	\$17.70	\$21.69	\$0.00	\$20.83	\$6.29	\$11.54	\$0.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7506</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.48	\$120.79	\$0.00	\$17.70	\$21.69	\$0.00	\$20.83	\$6.29	\$11.54	\$0.64
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.27	\$7.17	\$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	\$224.75	\$127.96	\$0.00		\$22.10	\$0.00	\$38.30	\$6.29	\$11.54	\$0.64
	Quality Jude min Buden i of Biom Nute		Ψ227.13	\$127.30	ψ0.00	ψ17.52	Ψ22.10	ψυ.υυ	\$30.30	Ψ0.23	Ψ11.54	Ψ0.04

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$155.74

F	Provider: PruittHealth - Fitzgerald		Add	d-on Data and Pe	rcentages	Facility Score	Add-on Percent	Case	e Mix Index (C	CMI) Data		Facility Specific	State- wide_
F	Prvdr ID: 00140995A			Growth	h Allowance:	N/A	5.00%		Base Period	d Overall CMI:		1.5265	1.4759
	Case Mix Per Diem Rate Effective Date:	1/1/2022		Qtrly	BIMS score	13.64%	0.0%		Quarterly N	Medicaid CMI:		1.3619	1.5485
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per (On-Site Day/Qual	ity Incentive:	3.15	4.0%	Qrtrly Mcaid	CMI w RUG V	Vght Options:		1.3852	1.5216
											1		
					- ·				Plant	Admin	A&G -	Property	

	MIDO & Nuise Fils Data per Quarter Ending.	V9/30/21 Nuise Hours per C	on one bay que	anty moontho.	3.13	4.076	Qrany modia	CIVII W IXOG V	rgin Optiono.		1.3032	1.5210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
-												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	"	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,966,856	\$1,926,671	\$0	\$346,642	\$530,045	\$0	\$846,506		\$316,992	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$40,413)	(\$27,360)	\$0	\$0	\$0	\$0	\$10,003		(\$23,056)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$148,110)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$337,481		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,078
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,140,892	\$1,899,311	\$0	\$346,642	\$530,045	\$0	\$708,399	\$337,481	\$293,936	\$25,078
8	Total Nursing Facility Days As Filed Days = 22,700	FY19 Audited C/R Days	22,700									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,670		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.47	\$83.67	\$0.00	\$15.27	\$23.35	(with L&H)	\$31.21	\$14.89	\$12.97	\$1.11
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5265</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.81	\$0.00	\$15.27	\$23.35		\$31.21	\$14.89	\$12.97	\$1.11
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.43	\$54.81	\$0.00	\$15.27	\$23.35		\$27.76	\$14.89	12.24	\$1.11
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.06	\$2.74	\$0.00	\$0.76	\$1.17	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.49	\$57.55	\$0.00	\$16.03	\$24.52	\$0.00	\$29.15	\$14.89	\$12.24	\$1.11
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	•	1.3852	*	,	,	,	,	,	•	,
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.66	\$79.72	\$0.00	\$16.03	\$24.52	\$0.00	\$29.15	\$14.89	\$12.24	\$1.11
	Quarterly Per Diem Add-on Amounts	(ooo Dollo: Marris	64.40	#0.50	#0.00	#0.00	00.44	#0.00	#0.00		#0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.19 \$47.40	\$3.19					¢47.40			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	#0.70	ФО ОО	#0.00	ФО 44	<u></u> ቀላ ላላ	\$17.10 \$17.10	60.00	#0.00	#0.00
24	Total Quarterly Per Diem Add-on Amounts		\$21.45	\$3.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.11	\$83.44	\$0.00	\$16.25	\$24.93	\$0.00	\$46.25	\$14.89	\$12.24	\$1.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.51									

\$214.82

\$148.29

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: Folkston Park Care and Rehab Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00141006A Base Period Overall CMI: 1.3744 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 22.86% Quarterly Medicaid CMI: 1.3683 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.0% 1.3921 1.5216 2.96

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(con Delieu Manuel)			1	2	4	1				
ı	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
7	Lindency incasure maximums (see line 20 for actual)	(See Fulley Ivialitial)		φυ.55	φυ.υυ	ψ0.22	φυ.41		φυ.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,773,032	\$2,051,873	\$0	\$350,001	\$395,529	\$0	\$582,289		\$393,340	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$35,794)	\$0	\$0	\$0	(\$761)	(\$858)	(\$11,084)		(\$23,091)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$21,746)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$55,877		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,75
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,797,122	\$2,051,873	\$0	\$350,001	\$394,768	(\$858)	\$549,459	\$55,877	\$370,249	\$25,75
8	Total Nursing Facility Days As Filed Days = 25,844	FY19 Audited C/R Days	25,844									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,366		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.94	\$79.39	\$0.00	\$13.54	\$15.24	(with L&H)	\$21.26	\$2.04	\$13.53	\$0.9
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3744								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.76							•	
12	·	RS = Ln 11, AllOthr = Ln 9		\$57.76	\$0.00	\$13.54	\$15.24		\$21.26	\$2.04	\$13.53	\$0.9
13	, , , , , , , , , , , , , , , , , , ,	per Peer Group Limits	•	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.27	\$57.76	\$0.00	\$13.54	\$15.24		\$21.26	\$2.04	9.49 (FRV)	\$0.9
	Quarterly Per Diem Rate Prior to Add-ons										(1150)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.39	\$2.89	\$0.00	\$0.68	\$0.76	\$0.00	\$1.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.66	\$60.65	\$0.00	\$14.22	\$16.00	\$0.00	\$22.32	\$2.04	\$9.49	\$0.9
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3921								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.44	\$84.43	\$0.00	\$14.22	\$16.00	\$0.00	\$22.32	\$2.04	\$9.49	\$0.9
	Overteely Per Pierr Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
20 21		Ln 19 Col b x CPS Add-on	\$0.84	\$0.84	φυ.υυ	φυ.∠∠	φυ.41	φυ.υυ	φυ.57		φυ.υυ	
22		Ln 19 Col b x Stfng Add-on	\$1.69	\$1.69								
23		(Fixed Amount)	\$17.10	\$1.09					\$17.10			
23		Sum of Lns 20 thru 23	\$21.16	\$3.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
			-				-					
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$170.60	\$87.49	\$0.00	\$14.44	\$16.41	\$0.00	\$39.79	\$2.04	\$9.49	\$0.9

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$115.13

Facility Facility Add-on State-<u>Specific</u> wide Provider: Heritage Healthcare -Forsyth, LLC Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00141017A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4546 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 33.33% 2.5% Quarterly Medicaid CMI: 1.3493 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 5.0% 1.3734 1.5216 3.12 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$1,977,399 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$3,649,219 \$0 \$344,288 \$476,348 \$0 \$682,429 \$168,755 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$58,417) (\$28,661) \$0 (\$1,961) (\$2,152)(\$31,909) \$0 \$6.266 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$136,579) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$309,354 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$19,140 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$3,782,717 \$1,948,738 \$344,288 \$474,387 (\$2,152)\$552,116 \$309,354 \$136,846 \$19,140 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 23,904 23,904 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 17.576 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$165.26 \$81.52 \$0.00 \$14.40 \$19.76 (with L&H) \$23.10 \$17.60 \$7.79 \$1.09 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4546 11 Ln 9 / Ln 10 \$56.04 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$56.04 \$0.00 \$14.40 \$19.76 \$23.10 \$17.60 \$7.79 \$1.09 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$141.22 Base Period Case Mix Adjusted Allowed Per Diem \$56.04 \$0.00 \$14.40 \$19.76 \$23.10 \$17.60 9.23 \$1.09 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$5.67 \$2.80 \$0.00 \$0.72 \$0.99 \$0.00 N/A 5.00% \$1.16 N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$146.89 \$58.84 \$0.00 \$15.12 \$20.75 \$0.00 \$24.26 \$17.60 \$9.23 \$1.09 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.3734 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$80.81 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$168.86 \$80.81 \$0.00 \$15.12 \$20.75 \$0.00 \$24.26 \$17.60 \$9.23 \$1.09 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.02 \$2.02 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) \$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 \$24.69 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$6.59 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$193.55 \$87.40 \$0.00 \$15.34 \$21.16 \$0.00 \$41.73 \$17.60 \$9.23 \$1.09

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$132.34

Facility Add-on Facility State-Provider: Fort Valley Nursing Ctr. Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00141028A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.6658 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 50.00% 5.5% Quarterly Medicaid CMI: 1.9727 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 2.0114 1.5216 3.07

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u> /	ASE MIX BASED RATE CALCULATIONS											
_	Cont Conton Book Chause	(2 ; 14)		_	1		4	1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency weasure maximums (see line 20 for actual)	(see Policy Mariual)		φυ.53	\$0.00	φυ.22	φ <i>0.4</i> I		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,077,658	\$2,042,934	\$0	\$323,136	\$352,124	\$0	\$756,398		\$603,066	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$35,168)	(\$9,028)	\$0	\$0	\$0	\$2,504	\$6,524		(\$35,168)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$35,604)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$36,153		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$44,76
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,087,802	\$2,033,906	\$0	\$323,136	\$352,124	\$2,504	\$727,318	\$36,153	\$567,898	\$44,76
8	Total Nursing Facility Days As Filed Days = 22,460	FY19 Audited C/R Days	22,460									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,587		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$188.03	\$90.56	\$0.00	\$14.39	\$15.79	(with L&H)	\$32.38	\$1.95	\$30.55	\$2.4
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6658</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.37	\$0.00	\$14.39	\$15.79		\$32.38	\$1.95	\$30.55	\$2.4
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.54	\$54.37	\$0.00	\$14.39	\$15.79		\$27.76	\$1.95	9.87	\$2.4
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.62	\$2.72	\$0.00	\$0.72	\$0.79	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.16	\$57.09	\$0.00	\$15.11	\$16.58	\$0.00	\$29.15	\$1.95	\$9.87	\$2.4
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ψ102.10	2.0114	ψυ.υυ	Ψισ.ιι	ψ10.30	ψ0.00	Ψ20.10	ψ1.55	ψ5.57	Ψ2.4
18		Ln 16 x Ln 17		\$114.83								
19		RS = Ln 18, AllOthr = Ln 16	\$189.90	\$114.83	\$0.00	\$15.11	\$16.58	\$0.00	\$29.15	\$1.95	\$9.87	\$2.4
19	Quarterly Miculatin Child Allowed 1 of Dietii	110 - 211 10,7 110 111 - 211 10	Ψ105.50	ψ114.03	ψυ.υυ	ψισ.ιι	ψ10.36	ψυ.υυ	Ψ23.13	ψ1.50	ψ3.07	Ψ2.4
	Quarterly 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 Srvs)	Ln 19 Col b x CPS Add-on	\$6.32	\$6.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$28.02	\$10.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.92	\$125.12	\$0.00	\$15.33	\$16.99	\$0.00	\$46.25	\$1.95	\$9.87	\$2.4

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$150.62

Facility Add-on Facility State-Provider: PruittHealth - Franklin, Inc Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00141039A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4468 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 23.08% Quarterly Medicaid CMI: 1.4998 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.92 5.0% 1.5272 1.5216

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
_	Cont Contay Rear Cycums	(and DelineManuel)			1	2	4	1				
'	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Emolericy ineasure maximums (see line 20 for actual)	(See Fulley Ividitual)		ψ0.00	φ0.00	ψ0.22	φυ.41		φυ.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,979,503	\$1,990,472	\$0	\$352,683	\$430,872	\$0	\$811,670		\$393,806	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$66,229)	(\$101,110)	\$0	\$0	\$0	\$0	\$54,724		(\$19,843)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$148,442)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$336,460		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,29
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,118,584	\$1,889,362	\$0	\$352,683	\$430,872	\$0	\$717,952	\$336,460	\$373,963	\$17,29
8	Total Nursing Facility Days As Filed Days = 25,421	FY19 Audited C/R Days	25,421									
_	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,332	•	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$165.97	\$74.32	\$0.00	\$13.87	\$16.95	(with L&H)	\$28.24	\$15.07	\$16.75	\$0.7
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4468								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.37							•	
12	•	RS = Ln 11, AllOthr = Ln 9		\$51.37	\$0.00	\$13.87	\$16.95		\$28.24	\$15.07	\$16.75	\$0.7
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	•	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.92	\$51.37	\$0.00	\$13.87	\$16.95		\$27.76	\$15.07	11.13 (FRV)	\$0.7
	Quarterly Per Diem Rate Prior to Add-ons										(1150)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.50	\$2.57	\$0.00	\$0.69	\$0.85	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.42	\$53.94	\$0.00	\$14.56	\$17.80	\$0.00	\$29.15	\$15.07	\$11.13	\$0.7
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5272</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.86	\$82.38	\$0.00	\$14.56	\$17.80	\$0.00	\$29.15	\$15.07	\$11.13	\$0.7
	Quarterly Per Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82	ψυ.υυ	ψυ.ΖΖ	Ψ0.41	ψυ.υυ	ψυ.υυ		Ψ0.00	
22		Ln 19 Col b x Stfng Add-on	\$4.12	\$4.12								
23		(Fixed Amount)	\$17.10	Ψ7.12					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.20	\$5.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.06	\$87.85	\$0.00	\$14.78	\$18.21	\$0.00	\$46.25	\$15.07	\$11.13	\$0.7

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$132.72

MONTH:

7/1/2021 FINAL

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

Provider Name GA REGIONAL	Provider Number 00141061A		RS-SNF 1	RS-ICF 6	SP-SERV 6	Dietary 3	Lnd-Hse 4	Opr-Mnt 4	Adm-Genrl 4	Prop Rel 2	
CERTIFIED BEDS MEDICAID DAYS (2019)	111 21932		SNF 12808	ICF 9124			COST	CENTERS		2021 (Audited)	2021 (Audited)
Descriptions	Total SNF	Total ICF	Routine Srvc SNF	Routine Srvc ICF	Special Services	Dietary	Laundry/ Housekpng	Operations/ Maintence	Admin/ General	Prop. Related	Tax/ Ins
REP HST COST	11,334,308		7,127,169		2,149,671	132,862	397,112	551,728	890,619	82,285	2,862
HIST COST ADJ											
1399	(2,149,671)	-			(2,149,671)						
1199	2,149,671	_	2,149,671		(=, : : =, = : : /						
1299	2,110,071	_	2,110,071								
1699	(551,728)	_						(551,728)			
1599	551,728						551,728	(551,720)			
1899	551,726						331,720				
1999	-	-									
	-	-									
1100	-	-									
1200	-	-									
1400	-	-									
1500	-	-									
1700	-	-									
1800	-	-									
1898	-	-								-	
TOTAL HIST ADJ	-	-	2,149,671	-	(2,149,671)	-	551,728	(551,728)	-	-	-
NET HST COST	11,334,308	-	9,276,840	-	-	132,862	948,840	-	890,619	82,285	2,862
PROJ COST ADJ										-	
2800	-	-									
2000	-	-	_	-		-	-		-	_	
TOTAL PROJ ADJS	-	-	-	-	-	-	-		-	_	
TOTAL HST/PROJ	11,334,308	_	9,276,840	_	_	132,862	948,840		890,619	82,285	2,862
REP PAT DAYS (2019)	9,601	_	9,601			9,601	9,601		9,601	0-,	_,
REP PAT DAYS (2021)	3,30		0,00.			0,00	0,00.		0,001	7,494	7,494
PAT DAY ADJS	_	_								1,101	7,707
ADJ PAT DAYS	9,601	_	9,601	_		9,601	9,601		9,601	7,494	7,494
NET PER DIEM	9,001	-	966.24	-	_	13.84	98.83		92.76	10.98	0.38
STAND PER DIEM	1,183.03	-	966.24	-	-	13.84	98.83		92.76	10.98	0.38
COMP ADD	1,163.03		900.24	-	-	13.04	90.03		92.76	10.96	0.36
	-	-	000.04			10.01	00.00		00.70	10.00	0.00
ALLOW PER DIEM	1,183.03	-	966.24	-	-	13.84	98.83		92.76	10.98	0.38
GTH 5.00%	58.58	-	48.31	-	-	0.69	4.94		4.64	-	-
INCEN PER DIEM		-		-	-	-	-		-		
TOTAL PER DIEM	1,241.61	-									
UPL GAP PER DIEM	1,029.42										

Facility Add-on Facility State-Provider: New Horizons Lanier Park Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00141072A Base Period Overall CMI: 1.2946 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 23.46% 1.0% Quarterly Medicaid CMI: 1.2277 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.2441 1.5216 3.90 2.0% Admin A&G -

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,866,484	\$5,128,623	\$0	\$1,414,786	\$460,232	\$793,389	\$1,853,854		\$1,215,600	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$20,556)	(\$2,888)	\$0	\$0	\$0	\$7,010	(\$4,122) (\$65,668)	1	(\$20,556)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$79,984		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,743
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,885,987	\$5,125,735	\$0	\$1,414,786	\$460,232	\$800,399	\$1,784,064	\$79,984	\$1,195,044	\$25,743
8	Total Nursing Facility Days As Filed Days = 40,777	FY19 Audited C/R Days	40,777									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,236		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$270.97	\$125.70	\$0.00	\$34.70	\$30.92	(with L&H)	\$43.75	\$2.21	\$32.98	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.2946</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$97.09	\$0.00	\$34.70	\$30.92		\$43.75	\$2.21	\$32.98	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.02	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$2.21	22.15	\$0.71
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.57	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$2.21	\$22.15	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2441						.		
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.33	\$110.92	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$2.21	\$22.15	\$0.71
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11	\$5.50	45.50		\$3.30			43.30	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.22	\$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	, , , , , , , , , , , , , , , , , , ,					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.43	\$3.33	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.76	\$114.25	\$0.00		\$27.14			\$2.21	\$22.15	\$0.71
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Quarterly Per Diem Rate for Bed Hold and Leave Days

\$172.25

Facility Add-on Facility State-Provider: Douglasville Nursing and Rehab Ctr. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00141083A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4894 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 35.26% 2.5% Quarterly Medicaid CMI: 1.6504 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6816 3.61 2.0% 1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$13,229,280	\$8,084,874	\$0	\$1,285,693	\$1,245,258	\$0	\$1,877,296		\$736,159	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$169,963)	(\$29,082)	\$0	(\$3,627)	(\$18,308)	(\$59,527)	\$51,176 (\$53,514)		(\$110,595)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$162,391		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$130,225
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,298,419	\$8,055,792	\$0	\$1,282,066	\$1,226,950	(\$59,527)	\$1,874,958	\$162,391	\$625,564	\$130,225
8	Total Nursing Facility Days As Filed Days = 81,408	FY19 Audited C/R Days	77,599									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								71,368		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$172.40	\$103.81	\$0.00	\$16.52	\$15.04	(with L&H)	\$24.16	\$2.28	\$8.77	\$1.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4894</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.70	\$0.00	\$16.52	\$15.04		\$24.16	\$2.28	\$8.77	\$1.82
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.22	\$69.70	\$0.00	\$16.52	\$15.04		\$24.16	\$2.28	13.70	\$1.82
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.28	\$3.49	\$0.00	\$0.83	\$0.75	\$0.00	\$1.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.50	\$73.19	\$0.00	\$17.35	\$15.79	\$0.00	\$25.37	\$2.28	\$13.70	\$1.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6816</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.39	\$123.08	\$0.00	\$17.35	\$15.79	\$0.00	\$25.37	\$2.28	\$13.70	\$1.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.17	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.56	\$129.15	\$0.00	\$17.57	\$16.20	\$0.00	\$42.84	\$2.28	\$13.70	\$1.82
					L			<u> </u>	1			

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$154.85

Facility Facility Add-on Statewide Gibson Health & Rehabilitation Center Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Provider: Prvdr ID: 00141116A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4595 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 38.18% 2.5% Quarterly Medicaid CMI: 1.5269 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.5525 1.5216 2.92 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Description Services Services Houskpng Insurance Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$4,926,015 \$2,674,034 \$0 \$501,520 \$537.383 \$805,386 \$407,692 \$0 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$58,106) \$0 (\$7,496)(\$11,130) \$0 \$0 (\$11,868) (\$27,612)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$54,795) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$109,399 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$35,907 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$4,958,420 \$2,674,034 \$501,520 \$529,887 (\$11,130) \$738,723 \$109,399 \$380,080 \$35,907 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 29,898 29,898 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 22.623 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$171.50 \$89.44 \$0.00 \$16.77 \$17.35 (with L&H) \$24.71 \$4.84 \$16.80 \$1.59 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4595 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$61.28 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$61.28 \$0.00 \$16.77 \$17.35 \$24.71 \$4.84 \$16.80 \$1.59 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$137.52 Base Period Case Mix Adjusted Allowed Per Diem \$61.28 \$0.00 \$16.77 \$17.35 \$24.71 \$4.84 10.98 \$1.59 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.01 \$3.06 \$0.00 \$0.84 \$0.87 \$0.00 \$1.24 5.00% N/A N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$143.53 \$64.34 \$0.00 \$17.61 \$18.22 \$0.00 \$25.95 \$4.84 \$10.98 \$1.59 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.5525 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$99.89 \$99.89 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$179.08 \$0.00 \$17.61 \$18.22 \$0.00 \$25.95 \$4.84 \$10.98 \$1.59 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.50 \$2.50 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$3.00 \$3.00 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10

24

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$24.13

\$203.21

\$139.58

\$6.03

\$105.92

\$0.00

\$0.00

\$0.22

\$17.83

\$0.41

\$18.63

\$0.00

\$0.00

\$17.47

\$43.42

\$0.00

\$4.84

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$10.98

\$0.00

\$1.59

FINAL

	e Mix Per Diem Rate Effective Date: Nurse Hrs Data per Quarter Ending:	01/01/22 09/30/21 Nurse Hou		ta and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 24.6% 3.03	Add-on Percent 5.00% 1.0% 3.0%	Qrtrly	Quarter Mcaid CMI w RU	riod Overall CMI: ly Medicaid CMI:		Facility Specific 1.4907 1.8262 1.8623	State- wide 1.4759 1.5462 1.5738
Line # Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CACE MIX DACED DATE CALCULATIONS			a	b	С	d	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options				1	1	2	1	1 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				אוו שפט טובפט	All Dea GIZES	All Deu Sizes	All Dea Sizes	All Ded Sizes	All Deu Sizes			
Peer Group Standards: Percentile	·			90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Netschille				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				Ψ0.00	φυ.υυ	Ψ0.22	ψ0.41		φο.σγ			
Net Historical Cost 2018		FY2018 C/R -FY 2021 GL-PL Rot		3.245.069		527.737	273.455	358.808	2.050.233	79.166	107.856	94.028
Inflation (July 2019) @	2.20%			71,392		11,610	13,910		45.105		,	0 1,020
Patient Days		FY 2018 Cost Rpt		29,355		29.355	29.355		29.355		29.355	
Total Nursing Facility Days GL-PL Ins. Rpt		FY 21 GL-PL Ins Rpt Days		20,000		20,000	20,000		20,000	32,051	20,000	32,051
Inflated NHC/ Patient Days		. ,		112.98		18.37	22.01		71.38	2.47	3.67	2.93
Base Period Facility CMI for all Residents				1.4907								
Routine Services Case Mix Adjusted Net Per Diem				\$75.79								
Net Per Diems After Case Mix Adjustments			\$196.63	\$75.79		\$18.37	\$22.01		\$71.38	\$2.47	\$3.67	2.93
Per Diem Standards				\$84.91		\$22.66	\$25.85		\$27.76			
Base Period Case Mix Adjusted Allowed Per Diem			\$160.99	\$75.79		\$18.37	\$22.01		\$27.76	\$2.47	11.65	2.93
Quarterly Per Diem Rate Prior to Add-Ons											(FRV Rate)	
Growth Allowance 5.00%			\$7.20	\$3.79		\$0.92	\$1.10		\$1.39			
CMA Allowed Per Diem After Growth Allowance			\$168.18	\$79.58		\$19.29	\$23.11		\$29.15	\$2.47	\$11.65	\$2.93
Quarterly Facility Case Mix Index for Medicaid Reside	ents			1.8623								
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per D	Diem			\$148.20								
Quarterly Medicaid CMA Allowed Per Diem			\$236.81	\$148.20		\$19.29	\$23.11		\$29.15	\$2.47	\$11.65	\$2.93
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to n	nax or 0)		\$1.16	\$0.53		\$0.22	\$0.41		\$0.00			
BIMS Add-on Per Diem =	1.0% (to Routine Srvs)		\$1.48	1.48								
Nurse Staff Hrs / Quality Add-on Per Diem =	3.0%		\$4.45	4.45								
Nursing Home Provider Fee			\$ 17.10						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts			\$24.19									
Quarterly Case Mix Based Per Diem Rate			\$261.00	\$154.66		\$19.51	\$23.52		\$46.25	\$2.47	\$11.65	\$2.93
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$182.93										

	ovider: Comfort Creek NRC of Wadley odr ID: 00141138A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		ercentages rth Allowance: ly BIMS score ality Incentive:	33.33%	Add-on Percent 5.00% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:	Facility <u>Specific</u> 1.4168 1.5617 1.5925		State- wide 1.4759 1.5485 1.5216	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE 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 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,564,673	\$1,213,978	\$0	\$235,032	\$267,494	\$0	\$439,471		\$408,698	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$26,528)	\$0	\$0	\$0	(\$910)	\$0	(\$6,631) (\$60,596)		(\$18,987)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$73,086		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,428
7		9 Audited C/R (As Adj. FY21 GLPL/T		\$1,213,978	\$0	\$235,032	\$266,584	\$0	\$372,244	\$73,086	\$389,711	\$22,428
8	Total Nursing Facility Days As Filed Days = 18,258 Total Nursing Facility Days CL DL Inc. Pat.	FY19 Audited C/R Days FY21 Audited C/R Days	18,258							20.770		
9	Total Nursing Facility Days GL-PL Ins. Rpt Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.64	\$66.49	\$0.00	\$12.87	\$14.60	(with L&H)	\$20.39	29,778 \$2.45	\$13.09	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY19	ψ130.04	1.4168	ψ0.00	ψ12.07	Ψ14.00	(With Earl)	Ψ20.59	Ψ2.43	ψ13.09	ψ0.73
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.93	\$0.00	\$12.87	\$14.60		\$20.39	\$2.45	\$13.09	\$0.7
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	, , ,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.54	\$46.93	\$0.00	\$12.87	\$14.60		\$20.39	\$2.45	9.55	\$0.75
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.74	\$2.35	\$0.00	\$0.64	\$0.73	\$0.00	\$1.02	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$112.28	\$49.28	\$0.00	\$13.51	\$15.33	\$0.00	\$21.41	\$2.45	\$9.55	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5925								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.48	\$78.48	\$0.00	\$13.51	\$15.33	\$0.00	\$21.41	\$2.45	\$9.55	\$0.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.94	\$4.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.42	\$83.32	\$0.00	\$13.73	\$15.74	\$0.00	\$38.88	\$2.45	\$9.55	\$0.75

\$110.49

\$165.86

\$111.57

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: Glenn-Mor Nursing Home Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00141149A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3131 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 22.73% Quarterly Medicaid CMI: 1.2608 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.58 3.0% 1.2795 1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
·	Type of Facility within Peer Group Bed Size Range within Peer Group	(See 1 Siley Maridal)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,441,148	\$2,332,009	\$0	\$739,999	\$346,631	\$369,823	\$1,046,832		\$605,854	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$6,947)	\$0	\$0	\$0	\$0	\$0	\$0		(\$6,947)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$15,558)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$28,900		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$7,577
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,455,120	\$2,332,009	\$0	\$739,999	\$346,631	\$369,823	\$1,031,274	\$28,900	\$598,907	\$7,577
8	Total Nursing Facility Days As Filed Days = 21,944	FY19 Audited C/R Days	21,944									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,782		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$251.76	\$106.27	\$0.00	\$33.72	\$32.65	(with L&H)	\$47.00	\$1.46	\$30.28	\$0.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3131</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.93	\$0.00	\$33.72	\$32.65		\$47.00	\$1.46	\$30.28	\$0.38
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.47	\$80.93	\$0.00	\$32.43	\$25.85		\$27.76	\$1.46	10.66	\$0.38
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.35	\$4.05	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.82	\$84.98	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.46	\$10.66	\$0.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2795								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.57	\$108.73	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.46	\$10.66	\$0.38
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$21.98	\$4.88	\$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	\$233.55	\$113.61	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$1.46	\$10.66	\$0.38

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$162.34

	ovider: Glenvue Nursing Home odr ID: 00141171A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add: 1/1/2022 09/30/21 Nurse Hours per C	Qtr	th Allowance: ly BIMS score	Facility Score N/A 20.00% 2.78	Add-on Percent 5.00% 1.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.6122 1.5530 1.5833	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,040,745	\$3,306,126	\$0	\$721,366	\$673,837	\$0	\$989,577		\$1,349,839	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$101,421)	\$0	\$0	\$0	(\$4,994)	(\$6,755)	(\$4,988) (\$110,797)		(\$84,684)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$221,413		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$83,900
7		9 Audited C/R (As Adj. FY21 GLPL/T	\$7,133,840	\$3,306,126	\$0	\$721,366	\$668,843	(\$6,755)	\$873,792	\$221,413	\$1,265,155	\$83,900
8	Total Nursing Facility Days As Filed Days = 42,446 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	42,446							37,057		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$173.44	\$77.89	\$0.00	\$16.99	\$15.60	(with L&H)	\$20.59	\$5.97	\$34.14	\$2.26
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.6122</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.31	\$0.00	\$16.99	\$15.60		\$20.59	\$5.97	\$34.14	\$2.26
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	# 440.05	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	#0.0
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.65	\$48.31	\$0.00	\$16.99	\$15.60		\$20.59	\$5.97	9.93 (FRV)	\$2.26
	Quarterly Per Diem Rate Prior to Add-ons										()	
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.08	\$2.42	\$0.00	\$0.85	\$0.78	\$0.00	\$1.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.73	\$50.73	\$0.00	\$17.84	\$16.38	\$0.00	\$21.62	\$5.97	\$9.93	\$2.26
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5833</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.32	\$80.32	\$0.00	\$17.84	\$16.38	\$0.00	\$21.62	\$5.97	\$9.93	\$2.26
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.84	\$3.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.16	\$84.06	\$0.00	\$18.06	\$16.79	\$0.00	\$39.09	\$5.97	\$9.93	\$2.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.30									

\$244.80

\$170.78

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: Gracemore Nursing Center Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00141182A Base Period Overall CMI: 1.2849 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 31.43% 2.5% Quarterly Medicaid CMI: 1.3567 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.75 2.0% 1.3785 1.5216

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
_	2-42-4-8						_					
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 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			
ĺ	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 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		φ <i>0.</i> 53	\$0.00	φ0.22	<i>\$0.41</i>		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,038,993	\$1,521,392	\$0	\$383,298	\$608,653	\$0	\$451,538		\$74,112	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$31,029)	\$3,640	\$0	\$0	\$0	\$0	(\$4,540)		(\$30,129)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,584)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$51,253		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$23,27
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,033,907	\$1,525,032	\$0	\$383,298	\$608,653	\$0	\$398,414	\$51,253	\$43,983	\$23,27
8	Total Nursing Facility Days As Filed Days = 15,816	FY19 Audited C/R Days	15,816									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,573		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$194.56	\$96.42	\$0.00	\$24.23	\$38.48	(with L&H)	\$25.19	\$4.43	\$3.80	\$2.0
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.2849</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.04	\$0.00	\$24.23	\$38.48		\$25.19	\$4.43	\$3.80	\$2.0
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.50	\$75.04	\$0.00	\$22.66	\$25.85		\$25.19	\$4.43	8.32	\$2.0
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$7.43	\$3.75	\$0.00	\$1.13	\$1.29	\$0.00	\$1.26	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$170.93	\$78.79	\$0.00	\$23.79	\$27.14	\$0.00	\$26.45	\$4.43	\$8.32	\$2.0
17		per Current Qtr End		1.3785			*				,. ,_	
18		Ln 16 x Ln 17		\$108.61								
19		RS = Ln 18, AllOthr = Ln 16	\$200.75	\$108.61	\$0.00	\$23.79	\$27.14	\$0.00	\$26.45	\$4.43	\$8.32	\$2.0
							-				•	
	Quarterly Per Diem Add-on Amounts		A.	^			^		A. a=		***	
20		(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$2.72	\$2.72								
22		Ln 19 Col b x Stfng Add-on	\$2.17	\$2.17					0.7.15			
23		(Fixed Amount)	\$17.10	*	***	40.00	***	***	\$17.10	***	*	***
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.89	\$5.42	\$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	\$223.64	\$114.03	\$0.00	\$23.79	\$27.14	\$0.00	\$43.92	\$4.43	\$8.32	\$2.01

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$154.91

MONTH: 7/1/2021

FINAL

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

Provider Name GRACEWOOD DEV CTR.	Provider Nur 00141204A	mber	RS-SNF 6	RS-ICF 6	SP-SERV 6	Dietary 3	Lnd-Hse 4	Opr-Mnt 4	Adm-Genrl 4	Prop Rel 3	
CERTIFIED BEDS MEDICAID DAYS	700 104174		SNF 0	ICF 104174			COST	CENTERS		2021 (Audited)	2021 (Audited)
Descriptions	Total SNF	Total ICF	Routine Srvc SNF	Routine Srvc ICF	Special Services	Dietary	Laundry/ Housekpng	Operations/ Maintence	Admin/ General	Prop. Related	Tax/ <i>Ins</i>
REP HST COST		31,194,796	-	21,311,512	1,765,804	2,761,396	887,552	1,458,180	2,544,193	452,262	13,897
HIST COST ADJ		(4.705.004)			(4.705.004)						
1399 1199		(1,765,804) 1,765,804		1,765,804	(1,765,804)						
1699		(1,458,180)		1,705,604				(1,458,180)			
1599		1,458,180					1,458,180	(1,430,100)			
1899		-					1,100,100			-	
1999		-									
1100		-	-								
1200		-		-							
1400		-				-					
1500		-					-				
1700		-							-		
1800		-								-	
1898		-								-	-
TOTAL HIST ADJ		-	-	1,765,804	(1,765,804)	-	1,458,180	(1,458,180)	-	-	-
NET HST COST		31,194,796	-	23,077,316	-	2,761,396	2,345,732	-	2,544,193	452,262	13,897
PROJ COST ADJ										-	
2800		-									
2000		-	-			-	-		-	-	
TOTAL PROJ ADJS			-	-	-					-	
TOTAL HST/PROJ		31,194,796	-	-	-	2,761,396	2,345,732		2,544,193	452,262	13,897
REP PAT DAYS		38,332	-	38,332		38,332	38,332		38,332	00.040	00.040
REP PAT DAYS (2021)										30,242	30,242
PAT DAY ADJS		-		00.000		00.000	00.000		00.000	00.040	00.040
ADJ PAT DAYS NET PER DIEM		38,332 817.06		38,332	- 0.00	38,332	38,332		38,332	30,242	30,242
STAND PER DIEM		816.60		602.04 602.04	0.00	72.04 72.04	61.20 61.20		66.37 66.37	14.95	0.46
COMP ADD		0.00		602.04	0.00	72.04	61.20		66.37	14.95	
ALLOW PER DIEM		817.06		602.04	0.00	72.04	61.20		66.37	14.95	0.46
GTH 5.00%		40.08		30.10	0.00	3.60	3.06		3.32	0.00	0.46
INCEN PER DIEM		0.00		0.00	0.00	0.00	0.00		0.00	0.00	0.00
TOTAL PER DIEM		857.14		0.00	0.00	0.00	0.00		0.00		
. C. ALT LIT BILM		007.11									
UPL GAP PER DIEM		711.18									

Facility Facility Add-on Statewide Provider: Heritage Healthcare - Grandview, LLC Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00141215A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5959 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 21.57% 1.0% Quarterly Medicaid CMI: 1.5527 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 1.5809 1.5216 2.83 4.0% Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$2,433,422 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$4,539,328 \$0 \$428,356 \$608,030 \$0 \$729,082 \$340,438 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$79,274) (\$9,448) \$0 \$0 \$0 (\$7,145)(\$62,681) \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$136,905)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$309,461 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$93,760 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$4,726,370 \$2,423,974 \$428,356 \$608,030 \$585,032 \$309,461 \$277,757 \$93,760 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 25,011 25,011 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 20.768 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$194.53 \$96.92 \$0.00 \$17.13 \$24.31 (with L&H) \$23.39 \$14.90 \$13.37 \$4.51 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.5959 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$60.73 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$60.73 \$0.00 \$17.13 \$24.31 \$23.39 \$14.90 \$13.37 \$4.51 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$156.53 \$60.73 \$0.00 \$17.13 \$24.31 \$23.39 \$14.90 11.56 \$4.51 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.29 \$3.04 \$0.00 \$0.86 \$1.22 \$0.00 \$1.17 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$162.82 \$63.77 \$0.00 \$17.99 \$25.53 \$24.56 \$14.90 \$11.56 \$4.51 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.5809 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$100.81 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$199.86 \$100.81 \$0.00 \$17.99 \$25.53 \$0.00 \$24.56 \$14.90 \$11.56 \$4.51 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$1.01 \$1.01 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) \$4.03 \$4.03 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$23.67 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$5.57 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$223.53 \$106.38 \$0.00 \$18.21 \$25.94 \$0.00 \$42.03 \$14.90 \$11.56 \$4.51

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$154.82

	ovider: Grandview Health Care Center odr ID: 00141226A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022	Qtr	th Allowance: ly BIMS score	Facility Score N/A 35.71% 4.39	Add-on Percent 5.00% 2.5% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4400 1.8550 1.8913	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$1,516,162	\$781,334	\$0	\$207,123	\$134,597	\$0	\$307,505		\$85,603	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$60,832)	(\$26,042)	\$0	(\$9,564)	(\$157)	\$2,167	(\$16,913)		(\$10,323)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,710)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$94,211		
7	As Adjusted Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	As Adjusted FY21 C/R 19 Audited C/R (As Adj. FY21 GLPL/T	\$1,553,500	\$755,292	\$0	\$197,559	\$134,440	\$2,167	\$241,882	\$94,211	\$75,280	\$52,669 \$52,669
8	Total Nursing Facility Days As Filed Days = 10,363	FY19 Audited C/R Days	10,363	\$755,292	ΦΟ	φ197,559	Ф134,440	φ2,107	Φ241,002	φ94,Z11	φ/5,200 	φ32,009
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	10,000							19,328		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$139.95	\$72.88	\$0.00	\$19.06	\$13.18	(with L&H)	\$23.34	\$4.87	\$3.89	\$2.73
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4400		·						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.61	\$0.00	\$19.06	\$13.18		\$23.34	\$4.87	\$3.89	\$2.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.81	\$50.61	\$0.00	\$19.06	\$13.18		\$23.34	\$4.87	12.02	\$2.73
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.31	\$2.53	\$0.00	\$0.95	\$0.66	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.12	\$53.14	\$0.00	\$20.01	\$13.84	\$0.00	\$24.51	\$4.87	\$12.02	\$2.73

2 3	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			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards: Percentile											
	,											
3		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
-	Emolotoy woodale waximums (see line 20 for actual)	(See Folicy Manual)		Ψ0.55	ψ0.00	Ψ0.22	φυ. 41		ψ0.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$1,516,162	\$781,334	\$0	\$207,123	\$134,597	\$0	\$307,505		\$85,603	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$60,832)	(\$26,042)	\$0	(\$9,564)	(\$157)	\$2,167	(\$16,913)		(\$10,323)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,710)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$94,211		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$52,669
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$1,553,500	\$755,292	\$0	\$197,559	\$134,440	\$2,167	\$241,882	\$94,211	\$75,280	\$52,669
8	Total Nursing Facility Days As Filed Days = 10,363	FY19 Audited C/R Days	10,363									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,328		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$139.95	\$72.88	\$0.00	\$19.06	\$13.18	(with L&H)	\$23.34	\$4.87	\$3.89	\$2.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4400</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.61	\$0.00	\$19.06	\$13.18		\$23.34	\$4.87	\$3.89	\$2.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.81	\$50.61	\$0.00	\$19.06	\$13.18		\$23.34	\$4.87	12.02	\$2.73
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Canath Albana 0/	# 5.04	#0.50	# 0.00	#0.05	#0.00	Ф0.00	04.47	N1/0	N 1/A	21/2
15		Ln 14 x Grwth Allwnc %	\$5.31	\$2.53	\$0.00	\$0.95	\$0.66	\$0.00	\$1.17	N/A	N/A	N/A
16	, ,	Ln 14 + Ln 15	\$131.12	\$53.14	\$0.00	\$20.01	\$13.84	\$0.00	\$24.51	\$4.87	\$12.02	\$2.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8913								
18		Ln 16 x Ln 17	# 470.40	\$100.50	# 0.00	# 00.04	040.04	# 0.00	004.54	0.1.07	040.00	20 70
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.48	\$100.50	\$0.00	\$20.01	\$13.84	\$0.00	\$24.51	\$4.87	\$12.02	\$2.73
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$5.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.63	\$105.55	\$0.00	\$20.23	\$14.25	\$0.00	\$41.98	\$4.87	\$12.02	\$2.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.40						<u>. </u>	1		
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$230.28									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$159.89									

Description Description		vider: Azalealand Nursing Home dr ID: 00141237A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022	Percentages with Allowance: Ty BIMS score ality Incentive:	Facility Score N/A 70.73% 3.48	Add-on Percent 5.00% 5.5% 4.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5138 1.5569 1.5881	State- wide 1.4759 1.5485 1.5216	
CASE MIX BASED RATE CALCULATIONS		Description		Totals			Dietary		Operatns	and	GL/PL	and	Taxes and Insurance
Cost Center Pear Groups 1560 Policy Marvall 7 7 7 7 7 7 7 7 7				а	b	С	d	е	f	g	g	h	i
Af Facilities Af Facilitie	CAS	SE MIX BASED RATE CALCULATIONS											
2 Peer Group Standards: Percentille (see Policy Manual) (s	1 (Type of Facility within Peer Group	(see Policy Manual)			All Facilities	Free Standing	All Facilities					
3 Pew Crossy Standards: Multiplier (see Policy Standards: Multiplier (see Policy Manual) (see Policy													
Society As Filed Cost Center Costs (Routine & Special Sinces Combined) As Filed PT19 Cirk - PT19 GLPL Rip Sp. 683,942 Sp. 711,053 Society Sp. 70,708 Sp. 70,70	3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
6 Audit Adjustments and Reallocations to Cost Center Costs (CIPL) As Adjusted Cost Center Costs (CIPL) As Adjusted Cost Center Costs (CIPL) As Adjusted Cost Center Costs (CIPL) As Adjusted PY19 GUR Ryt As Adjusted PY19 GUR Ryt As Adjusted Cost Center Costs (Taxes and Insurance) S104,445	E	3ase Period Per Diem Allowed Amounts											
As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Cost (GL/PL) As Adjusted Cost Center Cost (GL/PL) As Adjusted Cost Center Cost (GL/PL) As Adjusted Cost Center Cost (GL/PL) As Adjusted Cost Center Cost (GL/PL) As Adjusted Cost Center Cost (GL/PL) As Adjusted Cost Center Cost (GL/P) As Adjusted Cost Center Cost (Gl/PL)	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,663,942	\$2,711,053	\$0	\$564,696	\$573,708	\$0	\$1,010,449		\$804,036	\$0
As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 GLPL Rpt As Adjusted FY21 GLPL Rpt As Adjusted Cost Center Costs A Taxes and Insurance) Total Nursing Facility Days As Filed Days = 28,160 FY21 Audited CIR Days Total Nursing Facility Days As Filed Days = 28,160 FY21 Audited CIR Days FY21 Audited	6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$103,427)	(\$16,407)	\$0	\$0	\$0	\$0	\$5,994		(\$93,014)	
As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R Cost Center Costs After Audit Adjustments 19 Audited C/R (Pays Adjusted C/R (Pays S, 711,992 \$2,694,646 \$0 \$564,696 \$573,708 \$0 \$966,995 \$104,445 \$711,022 \$2,694,646 \$0 \$564,696 \$573,708 \$0 \$966,995 \$104,445 \$711,022 \$2,694,646 \$0 \$564,696 \$573,708 \$0 \$966,995 \$104,445 \$711,022 \$2,694,646 \$0 \$564,696 \$573,708 \$0 \$966,995 \$104,445 \$711,022 \$2,694,646 \$0 \$564,696 \$573,708 \$0 \$966,995 \$104,445 \$711,022 \$2,694,646 \$0 \$564,696 \$573,708 \$0 \$966,995 \$104,445 \$711,022 \$2,694 \$10 \$100 \$100 \$100 \$100 \$100 \$100 \$100		As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$49,448)			
7 Cost Center Costs After Audit Adjustments		As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$104,445		
Total Nursing Facility Days		As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$96,480
Total Nursing Facility Days GL-PL Ins. Rpt PY21 Audited C/R Days Net Per Diems prior to Case Mix Adjistm to Routine Srvcs Ln 7 / In 8 Cola 10 Base Period Facility Case Mix Adjistm to Routine Srvcs 11 Routine Srvcs Case Mix Adjistm to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 Per Diem Standards (After Statewide CMA for Routine Srvcs) RS = Ln 11, AllOthr = Ln 9 Per Diem Standards (After Statewide CMA for Routine Srvcs) RS = Ln 11, AllOthr = Ln 19 Per Diem Standards (After Statewide CMA for Routine Srvcs) RS = Ln 11, AllOthr = Ln 19 Rase Period Case Mix Adjistm to Routine Srvcs RS = Ln 11, AllOthr = Ln 19 RS = Ln 11, AllOthr = Ln 19 RS = Ln 11, AllOthr = Ln 19 RS = Ln 11, AllOthr = Ln 19 RS = Ln 11, AllOthr = Ln 19 RS = Ln 11, AllOthr = Ln 19 RS = Ln 11, AllOthr = Ln 19 RS = Ln 11, AllOthr = Ln 19 RS = Ln 11, AllOthr = Ln 19 RS = Ln 11, AllOthr = Ln 10 RS = Ln 1	7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,711,992	\$2,694,646	\$0	\$564,696	\$573,708	\$0	\$966,995	\$104,445	\$711,022	\$96,480
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Ln 7 / Ln 8 Col a \$207.19 \$95.69 \$0.00 \$20.05 \$20.37 (with L8H) \$34.34 \$4.21 \$28.64 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 Ln 10 \$63.21 \$63.21 \$0.00 \$20.05 \$20.37 \$34.34 \$4.21 \$28.64 11 Routine Srvcs Case Mix Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$63.21 \$0.00 \$20.05 \$20.37 \$34.34 \$4.21 \$28.64 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$157.82 \$63.21 \$0.00 \$20.05 \$20.37 \$27.76 \$4.21 \$18.33 15 Growth Allowance Percentage = \$5.00% Ln 14 x Grwth Allwnc % \$6.57 \$3.16 \$0.00 \$1.00 \$1.00 \$1.00 \$1.00 \$31.39 N/A 15 Growth Allowance Percentage = \$5.00% Ln 14 x Grwth Allwnc % \$6.57 \$3.16 \$0.00 \$21.05 \$21.39 \$0.00 \$29.15 \$4.21 \$18.33 17 Quarterly Facility Case Mix Adjust (or Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$105.40 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$203.42 \$105.40 \$0.00 \$21.05 \$21.39 \$0.00 \$29.15 \$4.21 \$18.33 Quarterly Per Diem Add-on Amounts RS = Ln 18, AllOthr = Ln 16 \$203.42 \$105.40 \$0.00 \$21.05 \$21.39 \$0.00 \$29.15 \$4.21 \$18.33 Quarterly Per Diem Add-on Amounts RS = Ln 18, AllOthr = Ln 16 \$203.42 \$105.40 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 20 Efficiency Add-on Per Diem \$5.5% (to Routine Srvcs) Ln 19 Col b x CPS Add-on \$5.80 \$5.80 \$5.80 \$5.80 \$6.80 \$6.2	8	Total Nursing Facility Days As Filed Days = 28,160	FY19 Audited C/R Days	28,160									
Base Period Facility Case Mix Index for All Residents		Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,829		
Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$207.19	\$95.69	\$0.00	\$20.05	\$20.37	(with L&H)	\$34.34	\$4.21	\$28.64	\$3.89
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 963.21 \$0.00 \$20.05 \$20.37 \$34.34 \$4.21 \$28.64 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$157.82 \$63.21 \$0.00 \$20.05 \$20.37 \$27.76 \$0.00 N/A 15 Growth Allowance Percentage = \$5.00% Ln 14 x Growth Allowance Wad-on) Ln 14 + Ln 15 \$164.39 \$66.37 \$0.00 \$21.05 \$21.39 \$0.00 \$29.15 \$4.21 \$18.33 17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16 \$203.42 \$105.40 \$0.00 \$21.05 \$21.39 \$0.00 \$29.15 \$4.21 \$18.33 Quarterly Per Diem Add-on Amounts Guarterly Per Diem Add-on Amounts Cuarterly Per Diem (Standard Allowed Per Diem Standard Allowed Per Diem Standard Allowed Per Diem Standard Allowed Per Diem Standard Stand	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5138</u>								
Per Diem Standards (After Statewide CMA for Routine Sros)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.21								
Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$157.82 \$63.21 \$0.00 \$20.05 \$20.37 \$27.76 \$4.21 18.33 (FRV)	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.21	\$0.00	\$20.05	\$20.37		\$34.34	\$4.21	\$28.64	\$3.89
Cuarterly Per Diem Rate Prior to Add-ons CFRV 15 Growth Allowance Percentage = 5.00%	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
Comparison Com	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.82	\$63.21	\$0.00	\$20.05	\$20.37		\$27.76	\$4.21		\$3.89
15 Growth Allowance Percentage = 5.00% Ln 14 x Growth Allownc % \$6.57 \$3.16 \$0.00 \$1.00 \$1.00 \$1.02 \$0.00 \$1.39 N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$164.39 \$66.37 \$0.00 \$21.05 \$21.39 \$0.00 \$29.15 \$4.21 \$18.33 17 Quarterly Facility Case Mix Index for Medicaid Residents Per Current Qtr End Ln 16 x Ln 17 \$105.40 \$105.		Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$105.40 \$105.40 \$105.40 \$203.42 \$105.40 \$203.42 \$105.40 \$203.42 \$105.40 \$203.42 \$105.40 \$20.00 \$21.05 \$21.39 \$0.00 \$29.15 \$4.21 \$18.33 \$105.40 \$			Ln 14 x Grwth Allwnc %	\$6.57	\$3.16	\$0.00	\$1.00	\$1.02	\$0.00	\$1.39	N/A	N/A	N/A
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16 \$203.42 \$105.40 \$0.00 \$21.05 \$21.39 \$0.00 \$29.15 \$4.21 \$18.33 \$0.00 \$2	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15		\$66.37	\$0.00	\$21.05	\$21.39	\$0.00		\$4.21	\$18.33	\$3.89
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16 \$203.42 \$105.40 \$0.00 \$21.05 \$21.39 \$0.00 \$29.15 \$4.21 \$18.33 \$0.00 \$29.15 \$4.21 \$18.33 \$0.00 \$21.05 \$21.39 \$0.00 \$20.0	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5881								
Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 21 BIMS Add-on Per Diem = Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on \$4.22 \$4.22 \$4.22	18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17										
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 \$	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.42	\$105.40	\$0.00	\$21.05	\$21.39	\$0.00	\$29.15	\$4.21	\$18.33	\$3.89
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 \$		Quarterly Per Diem Add-on Amounts											
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$5.80 22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.22		•	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
	21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.80	\$5.80								
23 Nursing Home Provider Fee	22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.22	\$4.22								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$28.28 \$10.55 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.28	\$10.55	\$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 \$231.70 \$115.95 \$0.00 \$21.27 \$21.80 \$0.00 \$46.25 \$4.21 \$18.33	25 (Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.70	\$115.95	\$0.00	\$21.27	\$21.80	\$0.00	\$46.25	\$4.21	\$18.33	\$3.89

\$160.95

\$251.05

\$175.46

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: Roswell Nursing & Rehab Ctr Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00141248A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.5911 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 40.13% 2.5% Quarterly Medicaid CMI: 1.7172 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.54 2.0% 1.7492 1.5216

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
_	Cont Contay Book Cycums	(and DelinoManual)			1	2	4	1				
'	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
_	Emolericy incusure maximums (see line 20 for actual)	(see Folicy Maridar)		ψ0.00	φ0.00	ψ0.22	ψ0.41		ψ0.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$17,034,572	\$8,994,732	\$0	\$1,518,916	\$1,732,543	\$0	\$2,685,846		\$2,102,535	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$184,952)	\$0	\$0	\$0	\$0	\$0	(\$25,405)		(\$159,547)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$24,135)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$27,376		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$195,56
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$17,048,426	\$8,994,732	\$0	\$1,518,916	\$1,732,543	\$0	\$2,636,306	\$27,376	\$1,942,988	\$195,56
8	Total Nursing Facility Days As Filed Days = 75,545	FY19 Audited C/R Days	75,545									
_	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								65,953		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$229.85	\$119.06	\$0.00	\$20.11	\$22.93	(with L&H)	\$34.90	\$0.42	\$29.46	\$2.9
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5911</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.83								
12	·	RS = Ln 11, AllOthr = Ln 9		\$74.83	\$0.00	\$20.11	\$22.93		\$34.90	\$0.42	\$29.46	\$2.9
13	· · · · · · · · · · · · · · · · · · ·	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.24	\$74.83	\$0.00	\$20.11	\$22.93		\$27.76	\$0.42	10.22 (FRV)	\$2.9
	Quarterly Per Diem Rate Prior to Add-ons										(1150)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.29	\$3.74	\$0.00	\$1.01	\$1.15	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.53	\$78.57	\$0.00	\$21.12	\$24.08	\$0.00	\$29.15	\$0.42	\$10.22	\$2.9
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7492								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.39	\$137.43	\$0.00	\$21.12	\$24.08	\$0.00	\$29.15	\$0.42	\$10.22	\$2.9
	Overterly Pay Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
20 21		Ln 19 Col b x CPS Add-on	\$3.44	\$3.44	φυ.υυ	φυ.22	φυ.41	φυ.υυ	φυ.υυ		φυ.υυ	
22		Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75								
23		(Fixed Amount)	\$17.10	φ2.13					\$17.10			
23		Sum of Lns 20 thru 23	\$24.45	\$6.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
				-			-					
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.84	\$144.15	\$0.00	\$21.34	\$24.49	\$0.00	\$46.25	\$0.42	\$10.22	\$2.9

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$174.56

Provider: Prvdr ID:		1/1/2022	Qtr	th Allowance: ly BIMS score		Add-on Percent 5.00% 1.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4189 1.3844 1.4063	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
CASE	MIX BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE 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			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,060,992	\$2,313,530	\$0	\$585,948	\$566,294	\$0	\$719,358		\$875,862	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$54,244)	\$0	\$0	\$0	\$0	\$0	(\$30,475) (\$48,650)		(\$23,769)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$198,863		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,038
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,183,999	\$2,313,530	\$0	\$585,948	\$566,294	\$0	\$640,233	\$198,863	\$852,093	\$27,038
8	Total Nursing Facility Days As Filed Days = 35,732	FY19 Audited C/R Days	35,732									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	.							28,950		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$152.15	\$64.75	\$0.00	\$16.40	\$15.85	(with L&H)	\$17.92	\$6.87	\$29.43	\$0.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4189								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.63					4			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.63	\$0.00	\$16.40	\$15.85		\$17.92	\$6.87	\$29.43	\$0.93
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.40	\$45.63	\$0.00	\$16.40	\$15.85		\$17.92	\$6.87	8.80 (FRV)	\$0.93
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.79	\$2.28	\$0.00	\$0.82	\$0.79	\$0.00	\$0.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$117.19	\$47.91	\$0.00	\$17.22	\$16.64	\$0.00	\$18.82	\$6.87	\$8.80	\$0.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4063</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136.66	\$67.38	\$0.00	\$17.22	\$16.64	\$0.00	\$18.82	\$6.87	\$8.80	\$0.93
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.67	\$0.67	ψυ.υυ	Ψ0.22	Ψ011	ψ0.00	ψ0.57		ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.02					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.32	\$3.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	,	Ln 19 + Ln 24	\$157.98	\$70.60	\$0.00	\$17.44	\$17.05	\$0.00	\$36.29	\$6.87	\$8.80	\$0.93
-	1					1	1	1	1	1		l .

\$105.66

\$180.76

\$122.75

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Facility Add-on Statewide Provider: Habersham Home Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00141292A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3409 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 50.00% 5.5% Quarterly Medicaid CMI: 1.2202 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 2.0% 1.2397 1.5216 2.49 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Hosp Based 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 (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$963,269 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$6,996,061 \$2,958,787 \$0 \$764,197 \$520,297 \$1,038,728 \$750,783 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$83,307) \$0 \$0 \$0 (\$3,334)(\$79,973) \$0 \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$78,219) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$59,284 As Adjusted FY21 C/R As Adjusted Cost Center Costs (Taxes and Insurance) \$12,136 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$6,905,955 \$2,958,787 \$764,197 \$963,269 \$520,297 \$957,175 \$59,284 \$670,810 \$12,136 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 27,194 27,194 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 22.951 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$258.99 \$108.80 \$0.00 \$28.10 \$54.55 (with L&H) \$35.20 \$2.58 \$29.23 \$0.53 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.3409 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$81.14 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$81.14 \$0.00 \$28.10 \$54.55 \$35.20 \$2.58 \$29.23 \$0.53 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$32.43 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$176.05 \$81.14 \$0.00 \$28.10 \$25.85 \$27.76 \$2.58 10.09 \$0.53 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$8.15 \$4.06 \$0.00 \$1.41 \$1.29 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$184.20 \$85.20 \$0.00 \$29.51 \$27.14 \$29.15 \$2.58 \$10.09 \$0.53 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.2397 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$105.62 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$204.62 \$105.62 \$0.00 \$29.51 \$27.14 \$0.00 \$29.15 \$2.58 \$10.09 \$0.53 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.75 \$0.53 \$0.00 \$0.22 \$0.00 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$5.81 5.5% (to Routine Srvs) \$5.81 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) \$2.11 \$2.11 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10

24

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$25.77

\$230.39

\$159.97

\$0.00

\$0.00

\$8.45

\$114.07

\$0.22

\$29.73

\$0.00

\$27.14

\$0.00

\$0.00

\$17.10

\$46.25

\$0.00

\$2.58

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$10.09

\$0.00

\$0.53

6 Audit Adjustments and Reallocations to Cost Center Costs (ALPL) As Adjusted Cost Control Costs (CLPL) As Adjusted Cost Center Costs (ALPL) As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted Cost (Center Costs (Taxes and Insurance) As Adjusted Cost (Alph Cost (Taxes and Insurance) As Adjusted Cost (Taxes and Insurance) As Adjusted Cost (Alph Cost (Taxes and Insurance) As Adjusted Cost (Alph Cost (Taxes and Insurance) As Adjusted Cost (Alph Cost (Taxes and Insurance) As Adjusted Cost (Alph Cost (Taxes and Insurance) As Adjusted Cost (Alph Cost (Taxes and Insurance) As Adjusted Cost (Alph Cost (Taxes and Insurance) As Adjusted Cost (Taxes and Insuranc		ovider: Warner Robins Rehab & Nursing Center ovdr ID: 00141303A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q	owth Allowance: etrly BIMS score	29.07%	Add-on Percent 5.00% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5804 1.7642 1.7966	State- wide 1.4759 1.5485 1.5216
CASE MIX BASED RATE CALCULATIONS 1 Conference Price Group Type of Price Price Group Type of Price Price Group (Price Price Group Type of Price Price Group Type of Price Price Group (Price Price Group Type of Price Price Price Group Type of Price Price Price Group Type of Price P	Line	Description		Totals			Dietary	,	Operatns	and	GL/PL	and	Taxes and Insurance
Cost Center Peer Groups Type of Facility with Five Groups (Face Policy Manual) Type of Facility with Face Group (Face Policy Manual) Type of Facility with Face Group (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Group Standards & Efficiency Manual (Face Policy Manual) Type of Face Face Face Face Face Face Face Face				а	b	С	d	е	f	g	g	h	i
An Facility with Per Group	C	ASE MIX BASED RATE CALCULATIONS											
2 Peed Group Standards: Function (see Pole National) (see	1	Type of Facility within Peer Group	(see Policy Manual)				Free Standing		All Facilities	All Facilities			
As Filed Cost Center Costs (Routine & Special Sirves Combined) As Applications and Reallocations to Cost Center Costs As Applicated Osa Center Costs (CUPL) As Applicated Osa Center Costs (CUPL) As Applicated Osa Center Costs (CUPL) As Applicated Osa Center Costs (Cursos and Insurance) As Applicated Osa Center Costs (3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
Audit Adjustments and Reallocations to Cost Center Costs April Adjustment and Reallocations to Cost Control Costs (UPL) As Adjusted Cost Center Costs (UPL) As Adjusted Cost Center Costs (UPL) As Adjusted Cost Center Costs (International Cost Center Costs (International Cost Center Costs (International Cost Center Costs (International Cost Center Costs (International Cost Center Costs) (International Cost Center Cost Cost Cost Cost Cost Cost Cost Cost		Base Period Per Diem Allowed Amounts											
As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted Cost (Taxes and Naturance) As Adjusted Cost (Taxes and Natura	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,804,260	\$2,705,298	\$0	\$553,893	\$647,903	\$0	\$1,213,336		\$683,830	\$0
As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (Taxs and Insurance) As Adjusted Cost Cen	6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$54,156)	\$0	\$0	\$0	\$0	\$0	(\$2,698)		(\$51,458)	
As Adjusted Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments FY19 Audited CR (As Adj. FY21 CBPUT-80) Total Nursing Facility Days As Flied Days = 37,646 Total Nursing Facility Days As Flied Days = 37,646 Total Nursing Facility Days As Flied Days = 37,646 Total Nursing Facility Days As Flied Days = 37,646 FY19 Audited CR Days FY21 Au		As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$199,344)			
Total Nursing Facility Days See		As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$268,835		
8		As Adjusted Cost Center Costs (Taxes and Insurance)	•										\$108,316
Total Nursing Facility Days GL-PL Ins. Rpt	7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)		\$2,705,298	\$0	\$553,893	\$647,903	\$0	\$1,011,294	\$268,835	\$632,372	\$108,316
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs 1 n / Ln 8 Col a 8 se Period Facility Case Mix Index for All Residents 1 Routine Srvcs Case Mix Adjistmt (CMA) Net Per Diem 1 Routine Srvcs Case Mix Adjistmt (CMA) Net Per Diem 2 Quarterfy Per Diem (After Growth Allowane Add-on Amounts 2 Efficiency Add-on Per Diem (Sind - Alwayk x.75, up to max, or 0) 2 Net Per Diems a fire Col as Mix Adjistm to Routine Srvcs 3 Nurse Staff Hrs / Qualitry Add-on Per Diem = 1.0% (to Routine Srvcs) 4 Nove Per Diems After Case Mix Adjistm to Routine Srvcs (Nove Per Diem (Sind - Alwayk x.75, up to max, or 0) 5 Growth Allowane Per Diem (Sind - Alwayk x.75, up to max, or 0) 5 Growth Allowane Por Diem (Sind - Alwayk x.75, up to max, or 0) 5 Growth Allowane Por Diem (Sind - Alwayk x.75, up to max, or 0) 6 Case Always Add-on Per Diem (Sind - Alwayk x.75, up to max, or 0) 7 Course of Per Diem Add-on Amounts 8 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 8 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 College Announty Sun of Ln 19 Col b x CPS Add-on (Sind Announty) 9 Col	8		•	37,646									
Base Period Facility Case Mix Adjust (CMA) Net Per Diem Ln 9 / Ln 10 S45.47 S0.00 S14.71 S17.21 S26.86 S7.60 S17.87			•										
Routine Strocs Case Mix Adjistd (CMA) Net Per Diem				\$159.17		\$0.00	\$14.71	\$17.21	(with L&H)	\$26.86	\$7.60	\$17.87	\$3.06
12 Net Per Diems after Case Mix Adjetrnt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$45.47 \$0.00 \$14.71 \$17.21 \$26.86 \$7.60 \$17.87 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$125.22 \$45.47 \$0.00 \$14.71 \$17.21 \$26.86 \$7.60 10.31 15 Growth Allowance Percentage = \$5.00% Ln 14 x Grwth Allownch % \$5.21 \$2.27 \$0.00 \$0.74 \$0.86 \$0.00 \$1.34 N/A N/A 15 Growth Allowance Percentage = \$5.00% Ln 14 x Grwth Allownch % \$5.21 \$2.27 \$0.00 \$0.74 \$0.86 \$0.00 \$1.34 N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$130.43 \$47.74 \$0.00 \$15.45 \$18.07 \$0.00 \$28.20 \$7.60 \$10.31 17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qir End \$1.7966 \$10.31			·										
Per Diem Standards (After Statewide CMA for Routine Srxs)		, , ,											
Lesser of Ln 12 or Ln 13 \$125.22 \$45.47 \$0.00 \$14.71 \$17.21 \$26.86 \$7.60 10.31		·	,				·						\$3.06
Cauterly Per Diem Rate Prior to Add-ons Circuity Per Diem Rate Prior to Add-ons		, in the second of the second	, ,							·			
Quarterly Per Diem Rate Prior to Add-ons Company Control Prior (Allowance Percentage = 5.00% Ln 14 x Grwth Allwnc % \$5.21 \$2.27 \$0.00 \$0.74 \$0.86 \$0.00 \$1.34 N/A N/A N/A CMA Allowance Percentage = 5.00% Ln 14 + Ln 15 \$130.43 \$47.74 \$0.00 \$15.45 \$18.07 \$0.00 \$28.20 \$7.60 \$10.31	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.22	\$45.47	\$0.00	\$14.71	\$17.21		\$26.86	\$7.60		\$3.06
CMA Allowed Per Diem (After Growth Allowance Add-on)		Quarterly Per Diem Rate Prior to Add-ons										(,,,,,,	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$85.77 \$0.00 \$15.45 \$18.07 \$0.00 \$28.20 \$7.60 \$10.31	15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.21	\$2.27	\$0.00	\$0.74	\$0.86	\$0.00	\$1.34	N/A	N/A	N/A
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 xLn 17 \$85.77 \$0.00 \$15.45 \$18.07 \$0.00 \$28.20 \$7.60 \$10.31	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.43	\$47.74	\$0.00	\$15.45	\$18.07	\$0.00	\$28.20	\$7.60	\$10.31	\$3.06
Quarterly Medicaid CMA Allowed Per Diem	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7966</u>								
Quarterly Per Diem Add-on Amounts Quarterly Per Diem Add-on Amounts \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.86	18		Ln 16 x Ln 17		\$85.77								
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.46	\$85.77	\$0.00	\$15.45	\$18.07	\$0.00	\$28.20	\$7.60	\$10.31	\$3.06
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.86 \$0.86 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) 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 \$22.06 \$3.96 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.57 \$2.57 \$2.57 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.06 \$3.96 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00	20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.06 \$3.96 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2.57								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$190.52 \$89.73 \$0.00 \$15.67 \$18.48 \$0.00 \$45.67 \$7.60 \$10.31	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.06	\$3.96	\$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	\$190.52	\$89.73	\$0.00	\$15.67	\$18.48	\$0.00	\$45.67	\$7.60	\$10.31	\$3.06

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$130.07

Facility Facility Add-on Statewide Provider: Haralson Nursing and Rehab Center Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00141325A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5866 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 40.85% 2.5% Quarterly Medicaid CMI: 1.7741 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: 2.0% **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 2.87 1.8085 1.5216 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$6,652,094 \$3,281,629 \$0 \$763,631 \$665,153 \$1,074,500 \$867,181 \$0 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$101,466) (\$75,589) \$0 (\$1,355)\$12,143 (\$29,307)\$0 (\$7,358)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$48,982)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$12,258 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$29,748 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$6,543,652 \$3,206,040 \$763,631 \$663,798 (\$7,358) \$1,037,661 \$12,258 \$837,874 \$29,748 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 39,260 39,260 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 35.692 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$168.91 \$81.66 \$0.00 \$19.45 \$16.72 (with L&H) \$26.43 \$0.34 \$23.48 \$0.83 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.5866 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$51.47 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$51.47 \$0.00 \$19.45 \$16.72 \$26.43 \$0.34 \$23.48 \$0.83 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$124.70 Base Period Case Mix Adjusted Allowed Per Diem \$51.47 \$0.00 \$19.45 \$16.72 \$26.43 \$0.34 9.46 \$0.83 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$5.70 \$2.57 \$0.00 \$0.97 \$0.84 \$0.00 \$1.32 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$130.40 \$54.04 \$0.00 \$20.42 \$17.56 \$0.00 \$27.75 \$0.34 \$9.46 \$0.83 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.8085 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$97.73 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$174.09 \$97.73 \$0.00 \$20.42 \$17.56 \$0.00 \$27.75 \$0.34 \$9.46 \$0.83 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.44 \$2.44 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) \$1.95 \$1.95 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$23.02 \$4.92 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$197.11 \$102.65 \$0.00 \$20.64 \$17.97 \$0.00 \$45.22 \$0.34 \$9.46 \$0.83

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$135.01

Facility Add-on Facility State-Provider: Nancy Hart Nursing Center Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00141336A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3524 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.6726 1.5485 15.00% 0.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.0% 1.7033 1.5216 3.04

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related h	Taxes and Insurance
			a	D	C	u	Е	1	9	9		
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,669,531	\$1,544,618	\$0	\$322,825	\$415,140	\$0	\$249,952		\$136,996	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$20,542)	\$0	\$0	\$0	(\$679)	(\$510)	(\$9,838) (\$52,503)		(\$9,515)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$61,967		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,908
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,681,361	\$1,544,618	\$0	\$322,825	\$414,461	(\$510)	\$187,611	\$61,967	\$127,481	\$22,908
8	Total Nursing Facility Days As Filed Days = 18,449	FY19 Audited C/R Days	18,449									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,358		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.65	\$83.72	\$0.00	\$17.50	\$22.44	(with L&H)	\$10.17	\$4.03	\$8.30	\$1.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3524</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.91	\$0.00	\$17.50	\$22.44		\$10.17	\$4.03	\$8.30	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.03	\$61.91	\$0.00	\$17.50	\$22.44		\$10.17	\$4.03	8.49 (FRV)	\$1.49
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.61	\$3.10	\$0.00	\$0.88	\$1.12	\$0.00	\$0.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.64	\$65.01	\$0.00	\$18.38	\$23.56	\$0.00	\$10.68	\$4.03	\$8.49	\$1.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7033</u>								
18	, , ,	Ln 16 x Ln 17		\$110.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.36	\$110.73	\$0.00	\$18.38	\$23.56	\$0.00	\$10.68	\$4.03	\$8.49	\$1.49
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$20.84	\$2.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.20	\$113.47	\$0.00	\$18.60	\$23.97	\$0.00	\$28.15	\$4.03	\$8.49	\$1.49
												<u> </u>

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$135.83

	rrovider: Heart of Georgia Nursing Home Prvdr ID: 00141358A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022	Qtr	th Allowance: ly BIMS score	Facility Score N/A 28.77% 3.10	Add-on <u>Percent</u> 5.00% 1.0% 3.0%		Quarterly N	CMI) Data d Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.6174 1.7220 1.7565	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,924,585	\$2,573,053	\$0	\$633,300	\$511,767	\$0	\$636,050		\$2,570,415	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$24,876)	\$0	\$0	\$0	\$0	\$0	\$0 (\$62,028)		(\$24,876)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$66,626		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$42,186
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T		\$2,573,053	\$0	\$633,300	\$511,767	\$0	\$574,022	\$66,626	\$2,545,539	\$42,186
8	Total Nursing Facility Days As Filed Days = 34,288	FY19 Audited C/R Days	34,288									
_	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,916		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$216.97	\$75.04	\$0.00	\$18.47	\$14.93	(with L&H)	\$16.74	\$2.30	\$88.03	\$1.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.6174								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.39					* • • • • •	44.44		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.39	\$0.00	\$18.47	\$14.93		\$16.74	\$2.30	\$88.03	\$1.46
13	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$113.96	\$84.91	\$0.00	\$22.66	\$25.85 \$14.93		\$27.76	\$0.00	N/A	Φ4.4C
14	,	Lessel of Lit 12 of Lit 13	\$113.90	\$46.39	\$0.00	\$18.47	\$14.93		\$16.74	\$2.30	13.67 (FRV)	\$1.46
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.83	\$2.32	\$0.00	\$0.92	\$0.75	\$0.00	\$0.84	N/A	N/A	N/A
15 16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.79	\$48.71	\$0.00	\$19.39	\$15.68	\$0.00	\$17.58	\$2.30	\$13.67	\$1.46
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ψ110.79	1.7565	Ψ0.00	ψ19.59	ψ13.00	φ0.00	ψ17.30	Ψ2.50	ψ13.07	φ1.40
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.64	\$85.56	\$0.00	\$19.39	\$15.68	\$0.00	\$17.58	\$2.30	\$13.67	\$1.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.06	\$3.96	\$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	\$177.70	\$89.52	\$0.00	\$19.61	\$16.09	\$0.00	\$35.05	\$2.30	\$13.67	\$1.46
		1		1		1	1	1	1			1

\$120.45

\$258.00

\$180.68

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: PruittHealth - Valdosta Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00141369A Base Period Overall CMI: 1.6536 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.5960 1.5485 18.46% 0.0% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6261 MDS & Nurse Hrs Data per Quarter Ending: 2.97 4.0% 1.5216

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
_	Cont Contan Book Crauma	(2 : 14		_	1	2	4	1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
7	Emoletoy Wedsure Waximums (see line 20 for actual)	(See Folicy Maridar)		ψ0.00	ψ0.00	φυ.ΖΖ	ψ0.41		φυ.στ			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,838,409	\$3,209,516	\$0	\$506,009	\$688,580	\$0	\$1,004,199		\$430,105	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$52,398)	(\$20,697)	\$0	\$0	\$0	\$0	\$19,005		(\$50,706)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$186,158)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$425,444		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,9
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,071,216	\$3,188,819	\$0	\$506,009	\$688,580	\$0	\$837,046	\$425,444	\$379,399	\$45,9
8	Total Nursing Facility Days As Filed Days = 32,798	FY19 Audited C/R Days	32,798									
_	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days		•						24,247	•	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$194.26	\$97.23	\$0.00	\$15.43	\$20.99	(with L&H)	\$25.52	\$17.55	\$15.65	\$1.8
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6536</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.80							•	
12	·	RS = Ln 11, AllOthr = Ln 9		\$58.80	\$0.00	\$15.43	\$20.99		\$25.52	\$17.55	\$15.65	\$1.8
13	, , , , , , , , , , , , , , , , , , ,	per Peer Group Limits	^	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.46	\$58.80	\$0.00	\$15.43	\$20.99		\$25.52	\$17.55	11.28 (FRV)	\$1.8
	Quarterly Per Diem Rate Prior to Add-ons										(11(0)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.04	\$2.94	\$0.00	\$0.77	\$1.05	\$0.00	\$1.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.50	\$61.74	\$0.00	\$16.20	\$22.04	\$0.00	\$26.80	\$17.55	\$11.28	\$1.8
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6261								
18	Qrtrly Routine Srvcs 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	\$196.16	\$100.40	\$0.00	\$16.20	\$22.04	\$0.00	\$26.80	\$17.55	\$11.28	\$1.8
	Quarterly Per Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	ψυ.υυ	Ψ0.22	Ψ0.41	ψυ.υυ	ψυ.57		Ψ0.00	
22		Ln 19 Col b x Stfng Add-on	\$4.02	\$4.02								
23		(Fixed Amount)	\$17.10	ψτ.υΖ					\$17.10			
24		Sum of Lns 20 thru 23	\$22.65	\$4.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
	·		-									
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.81	\$104.95	\$0.00	\$16.42	\$22.45	\$0.00	\$44.27	\$17.55	\$11.28	\$1.8

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$151.28

Facility Facility Add-on State-<u>Specific</u> wide Provider: PruittHealth - Athens Heritage, LLC Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00141391A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4472 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 35.82% 2.5% Quarterly Medicaid CMI: 1.5944 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 5.0% 1.6238 1.5216 3.21 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$3,267,208 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$6,293,580 \$0 \$561,602 \$801.830 \$0 \$1,140,895 \$522,045 \$0 \$1,768 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$161,990) (\$69,507) \$0 \$1,894 \$45,549 (\$141,694) \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$196,955) As Adjusted FY21 GL/PL Rpt \$447,689 As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$14,702 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$6,397,026 \$3,197,701 \$561,602 \$803,724 \$1,768 \$989,489 \$447,689 \$380,351 \$14,702 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 32,704 32,704 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 29.720 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$198.19 \$97.78 \$0.00 \$17.17 \$24.63 (with L&H) \$30.26 \$15.06 \$12.80 \$0.49 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4472 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$67.57 RS = Ln 11, AllOthr = Ln 9 \$67.57 \$30.26 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$0.00 \$17.17 \$24.63 \$15.06 \$12.80 \$0.49 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$169.58 \$67.57 \$0.00 \$17.17 \$24.63 \$27.76 \$15.06 16.90 \$0.49 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.86 \$3.38 \$0.00 \$0.86 \$1.23 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$176.44 \$70.95 \$0.00 \$18.03 \$25.86 \$0.00 \$29.15 \$15.06 \$16.90 \$0.49 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.6238 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$115.21 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$220.70 \$115.21 \$0.00 \$18.03 \$25.86 \$0.00 \$29.15 \$15.06 \$16.90 \$0.49 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.88 \$2.88 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) \$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 \$26.90 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$9.17 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$247.60 \$124.38 \$0.00 \$18.25 \$26.27 \$0.00 \$46.25 \$15.06 \$16.90 \$0.49

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$172.88

	Provider: Magnolia Manor St. Simons Prvdr ID: 00141402A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022	Qtr	th Allowance: by BIMS score	37.14%	Add-on Percent 5.00% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.6431 1.6169 1.6493	State- wide 1.4759 1.5485 1.5216
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,719,331	\$3,267,953	\$0	\$681,105	\$744,663	\$0	\$1,178,526		\$847,084	\$
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$119,817)	\$0	\$0	\$0	\$0	\$0	\$0 (\$105,018)		(\$119,817)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$201,609		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$136,19
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$6,832,304	\$3,267,953	\$0	\$681,105	\$744,663	\$0	\$1,073,508	\$201,609	\$727,267	\$136,19
8	Total Nursing Facility Days As Filed Days = 36,776	FY19 Audited C/R Days	36,776									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,040		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$201.13	\$88.86	\$0.00	\$18.52	\$20.25	(with L&H)	\$29.19	\$8.39	\$30.25	\$5.6
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6431</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = Ln 11. AllOthr = Ln 9		\$54.08	ma 00	040.50	#00.05		#00.40	#0.00	#00.05	Φ
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs			\$54.08 \$84.91	\$0.00		\$20.25		\$29.19 \$27.76	\$8.39	\$30.25	\$5.6
13	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$145.29	\$54.08	\$0.00 \$0.00	\$22.66 \$18.52	\$25.85 \$20.25		\$27.76	\$0.00 \$8.39	N/A 10.62	\$5.6
'-	Base I chou dase with Adjusted Allowed I of Bleffi	200001 01 211 12 01 211 10	ψ140.23	ψ54.00	ψ0.00	ψ10.52	Ψ20.20		Ψ21.10	ψ0.55	(FRV)	Ψ5.0
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.03				\$1.01	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.32		\$0.00	\$19.45	\$21.26	\$0.00	\$29.15	\$8.39	\$10.62	\$5.6
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6493								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$188.19	\$93.65 \$93.65	\$0.00	\$19.45	\$21.26	\$0.00	\$29.15	\$8.39	\$10.62	\$5.6
19	Quarterly Medicaid CMA Allowed Fel Dietri	NS = LIT 10, AllOUII = LIT 10	\$100.19	φ93.03	\$0.00	\$19.45	φ21.20	φυ.υυ	Ф29.13	φο.39	\$10.62	φ5.0
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			

\$23.41

\$211.60

\$145.88

\$213.79

\$147.52

\$5.68

\$99.33

\$0.00

\$0.00

\$0.22

\$19.67

\$0.41

\$21.67

\$0.00

\$0.00

\$17.10

\$46.25

\$0.00

\$8.39

\$0.00

\$10.62

\$0.00

\$5.67

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

	ovider: Hartwell Health and Rehabilitation vdr ID: 00141413A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	Facility Score N/A 27.59% 3.41	Add-on <u>Percent</u> 5.00% 1.0% 4.0%		Quarterly N	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4592 1.4607 1.4847	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,746,334	\$2,976,624	\$0	\$719,908	\$566,704	\$0	\$985,583		\$497,515	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$75,462)	(\$4,092)	\$0	\$0	\$0	(\$2,714)			(\$13,944)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,620)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$95,680		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,071
7		19 Audited C/R (As Adj. FY21 GLPL/T	\$5,732,003	\$2,972,532	\$0	\$719,908	\$566,704	(\$2,714)	\$882,251	\$95,680	\$483,571	\$14,071
8	Total Nursing Facility Days As Filed Days = 31,984	FY19 Audited C/R Days	31,984							04.007		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days Ln 7 / Ln 8 Col a	\$185.07	\$92.94	\$0.00	\$22.51	\$17.63	(viith 1 0 1 1)	\$27.58	24,307 \$3.94	\$19.89	\$0.58
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19	\$105.U <i>1</i>	1.4592	\$0.00	\$22.51	\$17.03	(with L&H)	\$27.56	\$ 3.94	\$19.69	\$0.56
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.69	\$0.00	\$22.51	\$17.63		\$27.58	\$3.94	\$19.89	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	ψ0.50
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.83	\$63.69	\$0.00	\$22.51	\$17.63		\$27.58	\$3.94	9.90	\$0.58
			***************************************	700.00	******	V ==	*******		4 =1100	*****	(FRV)	******
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.57	\$3.18	\$0.00	\$1.13	\$0.88	\$0.00	\$1.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.40	\$66.87	\$0.00	\$23.64	\$18.51	\$0.00	\$28.96	\$3.94	\$9.90	\$0.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4847								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	#404.04	\$99.28	фо oo	#00.04	₾40.54	#0.00	#00.00	CO 04	#0.00	фо го
19	Quarterly Medicaid CMA Allowed Per Diem	RS = LIT TO, AIIOUTI = LIT TO	\$184.81	\$99.28	\$0.00	\$23.64	\$18.51	\$0.00	\$28.96	\$3.94	\$9.90	\$0.58
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.19	\$0.53	\$0.00	\$0.11	\$0.41	\$0.00	\$0.14		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.97	\$3.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.49	\$0.00	\$0.11	\$0.41	\$0.00	\$17.24	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.06	\$104.77	\$0.00	\$23.75	\$18.92	\$0.00	\$46.20	\$3.94	\$9.90	\$0.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.22									

\$212.25

\$146.36

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Provider:	PruittHealth - Monroe, LLC		Ad	d-on Data and Percentages	Facility Score	Add-on Percent	Case	e Mix Index (C	CMI) Data		Facility Specific	State- wide_
Prvdr ID:	00141468A			Growth Allowance:	N/A	5.00%		Base Period	d Overall CMI:		1.3496	1.4759
	Case Mix Per Diem Rate Effective Date:	1/1/2022		Qtrly BIMS score	39.22%	2.5%		Quarterly N	Medicaid CMI:		1.3198	1.5485
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per	On-Site Day/Quality Incentive:	3.50	5.0%	Qrtrly Mcaid	CMI w RUG V	Vght Options:		1.3391	1.5216
								Plant	Admin	A&G -	Property	

	MIDO & Nuise Fils Data per Quarter Ending.	V9/30/21 Nuise Hours per C	on one bay que	anty moontho.	3.50	3.076	Qrany modia	CIVII W IXOG V	rgin Optiono.		1.5591	1.5210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
-												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	"	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,425,761	\$2,409,510	\$0	\$406,296	\$588,096	\$0	\$721,723		\$300,136	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$61,463)	(\$38,688)	\$0	\$0	\$0	\$0	(\$3,628)		(\$19,147)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$157,301)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$356,730		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,031
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,584,758	\$2,370,822	\$0	\$406,296	\$588,096	\$0	\$560,794	\$356,730	\$280,989	\$21,031
8	Total Nursing Facility Days As Filed Days = 25,953	FY19 Audited C/R Days	25,953									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,103		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.50	\$91.35	\$0.00	\$15.66	\$22.66	(with L&H)	\$21.61	\$16.90	\$13.32	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3496</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.69	\$0.00	\$15.66	\$22.66		\$21.61	\$16.90	\$13.32	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.45	\$67.69	\$0.00	\$15.66	\$22.66		\$21.61	\$16.90	9.93	\$1.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.37	\$3.38	\$0.00	\$0.78	\$1.13	\$0.00	\$1.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.82	\$71.07	\$0.00	\$16.44	\$23.79	\$0.00	\$22.69	\$16.90	\$9.93	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3391					·			
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.92	\$95.17	\$0.00	\$16.44	\$23.79	\$0.00	\$22.69	\$16.90	\$9.93	\$1.00
	Quarterly Per Diem Add-on Amounts	(a.a. Dallau Manual)	#4.50	#0.50	# 0.00	#0.00	DO 44	Ф0.00	#0.07		# 0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.76	\$4.76					¢47.40			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	<u></u> ሱ	фо 00	#0.00	ФО 44	<u></u> ቀላ ላላ	\$17.10 \$17.47	#0.00	#0.00	#0.00
24	Total Quarterly Per Diem Add-on Amounts		\$25.77	\$7.67	\$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	\$211.69	\$102.84	\$0.00	\$16.66	\$24.20	\$0.00	\$40.16	\$16.90	\$9.93	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.94									

\$215.46

\$148.77

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: PruittHealth -Holly Hill Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00141479A Base Period Overall CMI: 1.5034 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 18.99% 0.0% Quarterly Medicaid CMI: 1.5573 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5852 MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.5216 3.33

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Coot Contax Book Crowns	(and Deline Manual)			1	2	4					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,015,528	\$2,867,039	\$0	\$457,077	\$549,521	\$0	\$824,344		\$317,547	9
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,258)	(\$19,683)	\$0	\$0	\$0	\$0	\$7,164		(\$25,739)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,298)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$437,230		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$29,35
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,254,553	\$2,847,356	\$0	\$457,077	\$549,521	\$0	\$642,210	\$437,230	\$291,808	\$29,35
8	Total Nursing Facility Days As Filed Days = 29,361	FY19 Audited C/R Days	29,361									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,871		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.45	\$96.98	\$0.00	\$15.57	\$18.72	(with L&H)	\$21.87	\$16.90	\$11.28	\$1.1
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5034</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.51	\$0.00	\$15.57	\$18.72		\$21.87	\$16.90	\$11.28	\$1.1
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.74	\$64.51	\$0.00	\$15.57	\$18.72		\$21.87	\$16.90	10.04	\$1.1
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.04	\$3.23	\$0.00	\$0.78	\$0.94	\$0.00	\$1.09	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.78	\$67.74	\$0.00	'	\$19.66	\$0.00	\$22.96	\$16.90	\$10.04	\$1.1
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5852								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.42	\$107.38	\$0.00	\$16.35	\$19.66	\$0.00	\$22.96	\$16.90	\$10.04	\$1.1
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	ψ0.00	Ψ0.22	Ψ011	Ψο.οο	Ψο.οτ		ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	¥5					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.85	\$3.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.27	\$111.13	\$0.00	\$16.57	\$20.07	\$0.00	\$40.43	\$16.90	\$10.04	\$1.1

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$149.38

	Provider:	Wynfield Health & Reh	nab	Ad	ld-on Data and P	ercentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility <u>Specific</u>	State- wide
	Prvdr ID:	00141512A			Grow	th Allowance:	N/A	5.00%		Base Period	Overall CMI:		1.4647	1.4759
			Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtr	ly BIMS score	29.36%	1.0%		Quarterly N	Medicaid CMI:		1.4551	1.5485
		ME	DS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	On-Site Day/Qua	ality Incentive:	3.67	3.0%	Qrtrly Mcaid	CMI w RUG V	Vght Options:		1.4798	1.5216
L	ine #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,705,243	\$5,639,007	\$0	\$1,225,542	\$1,075,292	\$0	\$1,750,437		\$1,014,965	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$72,124)	(\$8,638)	\$0	\$0	\$0	\$3,616	(\$34,164)		(\$32,938)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$98,228)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$194,935		
_	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R	^		•							\$31,221
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$10,761,047	\$5,630,369	\$0	\$1,225,542	\$1,075,292	\$3,616	\$1,618,045	\$194,935	\$982,027	\$31,221
8	Total Nursing Facility Days As Filed Days = 64,062	FY19 Audited C/R Days	63,980							47.054		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	¢474.00	#00.00	#0.00	¢40.40	#40.00	(th. 1 0 1 1)	фол оо	47,251	#00.70	#0.00
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY19	\$174.88	\$88.00	\$0.00	\$19.16	\$16.86	(with L&H)	\$25.29	\$4.13	\$20.78	\$0.66
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.4647 \$60.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.08	\$0.00	\$19.16	\$16.86		\$25.29	\$4.13	\$20.78	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	Ψ20.76 N/A	Ψ0.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.58	\$60.08	\$0.00	\$19.16	\$16.86		\$25.29	\$4.13	25.40	\$0.66
' '	Substitution of the substi		ψ101.00	Ψοσ.σσ	ψ0.00	φισιισ	Ψ10.00		Ψ20.20	ψτο	(FRV)	ψ0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.06	\$3.00	\$0.00	\$0.96	\$0.84	\$0.00	\$1.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.64	\$63.08	\$0.00	\$20.12	\$17.70	\$0.00	\$26.55	\$4.13	\$25.40	\$0.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4798</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	#407.04	\$93.35	Ф0.00	# 00.40	047.70	# 0.00	\$00.55	0.4.40	#05.40	#0.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.91	\$93.35	\$0.00	\$20.12	\$17.70	\$0.00	\$26.55	\$4.13	\$25.40	\$0.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.36	\$4.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.27	\$97.61	\$0.00	\$20.34	\$18.11	\$0.00	\$44.02	\$4.13	\$25.40	\$0.66

\$144.88

\$229.89

\$159.59

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

	vider: Covenant Dove Healthcare of Macon dr ID: 00141523A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	37.70%	Add-on Percent 5.00% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.6724 1.6563 1.6859	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CAS	SE 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			
	·			All Dea Gizes	All Bed Gizes	7411 Ded Gizes	All Dea Olzes	All Ded Oizes	All Bod Gizos			
	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,243,910	\$1,685,061	\$0	\$294,488	\$321,884	\$0	\$589,566		\$352,911	\$0
	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$55,298)	(\$902)	\$0	\$0	\$338	\$287	(\$11,668) (\$67,947)		(\$43,353)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$205,205		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$74,334
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,400,204	\$1,684,159	\$0	\$294,488	\$322,222	\$287	\$509,951	\$205,205	\$309,558	\$74,334
8	Total Nursing Facility Days As Filed Days = 17,505	FY19 Audited C/R Days	17,505									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	* 404.00	000.04		040.00	# 40.40		000.40	24,746	4.0.54	40.00
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$184.38	\$96.21	\$0.00	\$16.82	\$18.42	(with L&H)	\$29.13	\$8.29	\$12.51	\$3.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19 Ln 9 / Ln 10		1.6724 \$57.53								
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		· ·	\$0.00	¢46.00	\$18.42		#20.42	¢o 20	¢40.54	#2 O
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$57.53 \$84.91	\$0.00	\$16.82 \$22.66	\$18.42		\$29.13 \$27.76	\$8.29 \$0.00	\$12.51 N/A	\$3.00
	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.98	\$57.53	\$0.00	\$16.82	\$18.42		\$27.76	\$8.29	11.16	\$3.00
14	base i ellou dase Mix Adjusted Allowed i el bletti	EGSSCI OF EIT IZ OF EIT IS	ψ142.30	ψ57.55	φυ.υυ	ψ10.02	ψ10.42		Ψ27.70	ψ0.29	(FRV)	ψ3.00
	Quarterly Per Diem Rate Prior to Add-ons							_				
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.03	\$2.88	\$0.00	\$0.84	\$0.92	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.01	\$60.41	\$0.00	\$17.66	\$19.34	\$0.00	\$29.15	\$8.29	\$11.16	\$3.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6859								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$190.45	\$101.85 \$101.85	\$0.00	\$17.66	\$19.34	\$0.00	\$29.15	\$8.29	\$11.16	\$3.00
		,	Ţ.00.10	ļ	\$3.30	30	7.0.01	\$5.50	+ 200	ψ3.23		\$3.00
	Quarterly Per Diem Add-on Amounts	(aca Dallan Marian)	^	***	00.00	# 2.25		# 2.22	# 0.00		* 0.00	
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16 \$2.55	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.55 \$3.06	\$2.55								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$3.06 \$17.10	\$3.06					\$17.10			
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.87	\$6.14	\$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	\$214.32	\$107.99	\$0.00	\$17.88	\$19.75	\$0.00	\$46.25	\$8.29	\$11.16	\$3.0

\$147.92

\$238.23

\$165.85

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Specific Provider: Friendship Health and Rehab Center wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00141567A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3428 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.7943 47.83% 5.5% 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 2.0% 1.8294 1.5216 4.10 Plant A&G -Admin Property Routine Special Laundry & Taxes and Totals Dietary Operatns and GL/PL and Line Sources / Services Description Services Houskpng Insurance Related Calculations & Maint General Insurance

			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>	TOT WIN BRIDES HAVE ONE OF ENTITIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 III 200 01200	7 III DOG 01200	7 11 200 01200	7 III 200 01200	7111 200 01200	7 III DOG OIZOO			
	Peer Group Standards & Efficiency Measure Limits	(5 ° M)		00.00/	00.00/	00.00/	05.00/		F0 00/			
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,981,168	\$2,682,847	\$0	\$477,944	\$675,987	\$0	\$754,067		\$390,323	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$30,024)	(\$16,087)	\$0	\$0	\$0	\$0	\$1,654		(\$15,591)	.
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,, - 3.)			70		(\$108,468)		(+ , - 3 -)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$138,503		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,877
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,996,056	\$2,666,760	\$0	\$477,944	\$675,987	\$0	\$647,253	\$138,503	\$374,732	\$14,877
8	Total Nursing Facility Days As Filed Days = 26,057	FY19 Audited C/R Days	26,057									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,694		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$199.72	\$102.34	\$0.00	\$18.34	\$25.94	(with L&H)	\$24.84	\$7.41	\$20.05	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3428								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.22	\$0.00	\$18.34	\$25.94		\$24.84	\$7.41	\$20.05	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.18	\$76.22	\$0.00	\$18.34	\$25.85		\$24.84	\$7.41	8.72	\$0.80
	Quarterly Day Diam Data Driay to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.26	\$3.81	\$0.00	\$0.92	\$1.29	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.44	\$80.03	\$0.00	\$19.26	\$1.29 \$27.14	\$0.00	\$26.08	\$7.41	\$8.72	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ103.44	1.8294	ψυ.υυ	ψ13.20	Ψ21.14	ψυ.υυ	Ψ20.00	Ψ1.41	ψ0.72	ψυ.υυ
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.82	\$146.41	\$0.00	\$19.26	\$27.14	\$0.00	\$26.08	\$7.41	\$8.72	\$0.80
19	Quarterly Medicald ONA Allowed For Dieth	110 - 211 10, 7 110 111 - 211 10	Ψ200.02	Ψ140.41	ψυ.υυ	ψ13.20	Ψ21.14	ψυ.υυ	Ψ20.00	Ψ1.41	ψ0.72	ψ0.00
	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>5.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$8.05	\$8.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$29.20	\$11.51	\$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	\$265.02	\$157.92	\$0.00	\$19.48	\$27.14	\$0.00	\$43.55	\$7.41	\$8.72	\$0.80

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$185.94

Provider: Miona Geriatric & Dementia Ctr	Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data		cility ecific	State- wide
Prvdr ID: 00141578A	Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.6	6897	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022	Qtrly BIMS score	61.64%	5.5%	Quarterly Medicaid CMI:	1.7	7393	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nu	rse Hours per On-Site Day/Quality Incentive:	3.26	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.7	7723	1.5216

	MIDO & Nuise Fils Data per Quarter Ending.	V3/30/21 Nuise Hours per C	on one bay was	inty intocritivo.	3.20	3.076	Gitily Modia	CIVII W IXOG V	vgiit Optiono.		1.7723	1.5210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group	(see I olley Walldar)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts			·		·	,		·			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,133,434	\$2,426,784	\$0	\$466,878	\$521,370	\$0	\$580,703		\$137,699	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$31,961)	(\$9,448)	\$0	\$0	\$0	\$0	\$9,448		(\$31,961)	* -
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(+- , ,	(+-, -,	, -	, -	, ,	**	(\$43,519)		(+- , ,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$65,298		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$38,106
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,161,358	\$2,417,336	\$0	\$466,878	\$521,370	\$0	\$546,632	\$65,298	\$105,738	\$38,106
8	Total Nursing Facility Days As Filed Days = 31,091	FY19 Audited C/R Days	31,091									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,845		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.37	\$77.75	\$0.00	\$15.02	\$16.77	(with L&H)	\$17.58	\$2.26	\$3.67	\$1.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6897</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.01	\$0.00	\$15.02	\$16.77		\$17.58	\$2.26	\$3.67	\$1.32
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.87	\$46.01	\$0.00	\$15.02	\$16.77		\$17.58	\$2.26	11.91	\$1.32
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.77	\$2.30	\$0.00	\$0.75	\$0.84	\$0.00	\$0.88	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.64	\$48.31	\$0.00	\$15.77	\$17.61	\$0.00	\$18.46	\$2.26	\$11.91	\$1.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7723</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.95	\$85.62	\$0.00	\$15.77	\$17.61	\$0.00	\$18.46	\$2.26	\$11.91	\$1.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.71	\$4.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.91	\$7.81	\$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	\$178.86	\$93.43	\$0.00	\$15.99	\$18.02	\$0.00	\$35.93	\$2.26	\$11.91	\$1.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.32									

\$180.21

\$122.33

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: The Place at Deans Bridge Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00141589A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3549 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 45.45% 5.5% Quarterly Medicaid CMI: 1.3123 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.3358 1.5216 4.00

	MDO & Naise File Data per Quarter Enaing.	VS/SO/21 Nuise Flours per	On One Day/Q	daily intentive.	4.00	3.070	willy would	OWI W IXOO Y	right Options.		1.0000	1.5210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u>~</u>	AGE IIIIX BAGES KATE GAEGGEATIONG											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All Ded Gizes	All Dea Gizes	All Dea Gizes	All Ded Gizes	All Ded Oizes	All Bod Oizos			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Netcentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,128,861	\$2,582,193	\$0	\$517,346	\$523,223	\$0	\$997,869		\$508,230	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$213,384)	(\$169,931)	\$0	\$0	\$0	\$0	(\$5,176)		(\$38,277)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(+= : = ; = = :)	(**************************************	**		**		(\$340,664)		(+==,==:)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$438,194		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$65,871
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,078,878	\$2,412,262	\$0	\$517,346	\$523,223	\$0	\$652,029	\$438,194	\$469,953	\$65,871
8	Total Nursing Facility Days As Filed Days = 29,063	FY19 Audited C/R Days	29,063									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$181.18	\$83.00	\$0.00	\$17.80	\$18.00	(with L&H)	\$22.44	\$17.97	\$19.27	\$2.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3549								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.26								
12		RS = Ln 11, AllOthr = Ln 9		\$61.26	\$0.00	\$17.80	\$18.00		\$22.44	\$17.97	\$19.27	\$2.70
13		per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.47	\$61.26	\$0.00	\$17.80	\$18.00		\$22.44	\$17.97	10.30	\$2.70
	,										(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons						_					
15		Ln 14 x Grwth Allwnc %	\$5.97	\$3.06	\$0.00	\$0.89	\$0.90	\$0.00	\$1.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.44	\$64.32	\$0.00	\$18.69	\$18.90	\$0.00	\$23.56	\$17.97	\$10.30	\$2.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3358								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	^	\$85.92								.
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.04	\$85.92	\$0.00	\$18.69	\$18.90	\$0.00	\$23.56	\$17.97	\$10.30	\$2.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$4.73	\$4.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$25.94	\$7.84	\$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	\$203.98	\$93.76	\$0.00	\$18.91	\$19.31	\$0.00	\$41.03	\$17.97	\$10.30	\$2.70

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$140.16

Facility Add-on Facility State-Provider: Harborview Health Systems of Jesup Specific Score Percent Case Mix Index (CMI) Data wide Add-on Data and Percentages Prvdr ID: 00141611A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5379 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 14.06% 0.0% 1.6164 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.6461 1.5216 4.24 Plant A&G -Admin Property Routine Special Laundry & Taxes and Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance & Maint Related Calculations General Insurance С **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) 2 All Facilities Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities

	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,188,452	\$2,486,171	\$0	\$458,854	\$494,752	\$0	\$896,286		\$852,389	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$64,839)	(\$2,186)	\$0	(\$4,795)	(\$5,113)	(\$3,790)	(\$4,233)		(\$44,722)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$56,851)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$100,136		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$50,272
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,217,170	\$2,483,985	\$0	\$454,059	\$489,639	(\$3,790)	\$835,202	\$100,136	\$807,667	\$50,272
8	Total Nursing Facility Days As Filed Days = 31,351	FY19 Audited C/R Days	31,351									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,664		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168.15	\$79.23	\$0.00	\$14.48	\$15.50	(with L&H)	\$26.64	\$3.38	\$27.23	\$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5379</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.52	\$0.00	\$14.48	\$15.50		\$26.64	\$3.38	\$27.23	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.74	\$51.52	\$0.00	\$14.48	\$15.50		\$26.64	\$3.38	8.53	\$1.69
											(FRV)	
1	Quarterly Per Diem Rate Prior to Add-ons						•					
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.41	\$2.58	\$0.00	\$0.72	\$0.78	\$0.00	\$1.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.15	\$54.10	\$0.00	\$15.20	\$16.28	\$0.00	\$27.97	\$3.38	\$8.53	\$1.69
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6461</u>								
18	Qrtrly Routine Srvcs 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	\$162.10	\$89.05	\$0.00	\$15.20	\$16.28	\$0.00	\$27.97	\$3.38	\$8.53	\$1.69
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00			•	·	·			
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.30	\$3.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.40	\$92.25	\$0.00	\$15.42	\$16.69	\$0.00	\$45.44	\$3.38	\$8.53	\$1.69
23	quartery sade min bused i or brom nutte		ψ100.70	Ψ32.23	Ψ0.00	ψ10.4Z	ψ10.03	Ψ0.00	ψ -10.74	ψ5.55	ψ0.00	Ψ1.03

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$124.73

Facility Add-on Facility State-Provider: Joe-Anne Burgin Nursing Home Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00141633A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.1307 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 39.47% 2.5% Quarterly Medicaid CMI: 1.3163 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.3334 1.5216 3.62

Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(ago Policy Manual)		1	1	2	1	_	_			
Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
2 Emotino Maxima (See line 20 for deladi)	(See Folloy Manual)		ψ0.00	ψο.σσ	φυ.ΖΖ	ψ0.47		φο.ον			
Base Period Per Diem Allowed Amounts						_					
As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,276,049	\$2,280,866	\$0	\$636,982	\$206,254	\$347,911	\$636,794		\$167,242	\$
Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$7,174)	\$0	\$0	\$0	\$0	\$0	\$0		(\$7,174)	
As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$33,219)			
As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$34,667		# 5.00
As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	¢4 275 707	\$2.200.0cc	\$0	¢626.002	\$206.254	\$347,911	\$602 E7E	\$24 GG7	¢160.069	\$5,38
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days =		\$4,275,707 24,555	\$2,280,866	\$0	\$636,982	\$206,254	\$347,911	\$603,575	\$34,667	\$160,068	\$5,38
Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	24,333							6,510		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.73	\$92.89	\$0.00	\$25.94	\$22.57	(with L&H)	\$24.58	\$5.33	\$24.59	\$0.8
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19	ψ130.73	1.1307	ψ0.00	Ψ20.04	ΨΖΖ.57	(Will Edil)	Ψ24.50	ψ3.33	Ψ24.00	Ψο.ο
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.15								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.15	\$0.00	\$25.94	\$22.57		\$24.58	\$5.33	\$24.59	\$0.8
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.10	\$82.15	\$0.00	\$22.66	\$22.57		\$24.58	\$5.33	20.98	\$0.8
			·							(FRV)	
Quarterly Per Diem Rate Prior to Add-ons						•					
15 Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.60	\$4.11	\$0.00	\$1.13	\$1.13	\$0.00	\$1.23	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.70	\$86.26	\$0.00	\$23.79	\$23.70	\$0.00	\$25.81	\$5.33	\$20.98	\$0.8
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3334								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$24E 46	\$115.02 \$145.02	\$0.00	¢22.70	¢22.70	¢0.00	€ 05.04	የ ድ 22	#20.00	* 0.0
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.46	\$115.02	\$0.00	\$23.79	\$23.70	\$0.00	\$25.81	\$5.33	\$20.98	\$0.8
Quarterly 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	
	(to Routine Srvs) Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine S	rvcs) Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.74	\$6.86	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.20	\$121.88	\$0.00	\$23.79	\$24.11	\$0.00	\$43.28	\$5.33	\$20.98	\$0.8

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$167.33

Facility Add-on Facility State-Provider: Scott Health & Rehabilitation Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00141644A Growth Allowance: 5.00% Base Period Overall CMI: 1.4801 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 28.13% Quarterly Medicaid CMI: 1.5485 1.0% 1.4296 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: 3 61 4.0% Ortrly Meaid CMI w RUG Waht Options: 1 4535 1.5216

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	r On-Site Day/Q	uality Incentive:	3.61	4.0%	Qrtrly Mcaid	CMI w RUG \	Wght Options:		1.4535	1.5216
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
				_			_					
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,114,219	\$1,782,447	\$0	\$316,551	\$384,986	\$0	\$519,936		\$110,299	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$23,858)	\$0	\$0	\$0	\$0	(\$2,265)	(\$7,602)		(\$13,991)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$42,280)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$73,276		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,484
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,135,841	\$1,782,447	\$0	\$316,551	\$384,986	(\$2,265)	\$470,054	\$73,276	\$96,308	\$14,484
8	Total Nursing Facility Days As Filed Days = 19,096	FY19 Audited C/R Days	19,096									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								16,167		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$165.97	\$93.34	\$0.00	\$16.58	\$20.04	(with L&H)	\$24.62	\$4.53	\$5.96	\$0.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4801</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.06	\$0.00	\$16.58	\$20.04		\$24.62	\$4.53	\$5.96	\$0.90
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.91	\$63.06	\$0.00	\$16.58	\$20.04		\$24.62	\$4.53	11.18	\$0.90
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.21	\$3.15	\$0.00	\$0.83	\$1.00	\$0.00	\$1.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.12	\$66.21	\$0.00	\$17.41	\$21.04	\$0.00	\$25.85	\$4.53	\$11.18	\$0.90
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4535								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.15	\$96.24	\$0.00	\$17.41	\$21.04	\$0.00	\$25.85	\$4.53	\$11.18	\$0.90
	Outstand Day District Add on A											
20	Quarterly Per Diem Add-on Amounts	(coo Policy Manual)	04.50	60 E0	#0.00	фо 20	ФО 44	#0.00	фо 2 7		#0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$0.96	\$0.53 \$0.96	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.85	\$0.96								
22 23		(Fixed Amount)	\$17.10	უა. 00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.44	\$5.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
				-			-					
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.59	\$101.58	\$0.00	\$17.63	\$21.45	\$0.00	\$43.32	\$4.53	\$11.18	\$0.90
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26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$137.62

Facility Add-on Facility State-Specific Provider: Keysville Nursing Home and Rehab Ctr Score Percent Case Mix Index (CMI) Data wide Add-on Data and Percentages Prvdr ID: **00141655A** Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3274 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.4747 47.62% 5.5% 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.56 3.0% 1.5031 1.5216 Plant A&G -Admin Property Routine Special Laundry & Taxes and Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance Related Calculations & Maint General Insurance d b

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C	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,037,321	\$1,627,576	\$0	\$404,416	\$454,402	\$0	\$288,806		\$262,121	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$55,841)	\$0	\$0	\$0	\$0	\$0	\$0 \$0		(\$55,841)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$69,986		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$34,394
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,085,860	\$1,627,576	\$0	\$404,416	\$454,402	\$0	\$288,806	\$69,986	\$206,280	\$34,394
8	Total Nursing Facility Days As Filed Days = 20,267	FY19 Audited C/R Days	20,267									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,969		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$154.21	\$80.31	\$0.00	\$19.95	\$22.42	(with L&H)	\$14.25	\$3.89	\$11.48	\$1.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3274								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$19.95	\$22.42		\$14.25	\$3.89	\$11.48	\$1.91
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.11	\$60.50	\$0.00	\$19.95	\$22.42		\$14.25	\$3.89	13.19 (FRV)	\$1.91
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.86	\$3.03	\$0.00	\$1.00	\$1.12	\$0.00	\$0.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.97	\$63.53	\$0.00	\$20.95	\$23.54	\$0.00	\$14.96	\$3.89	\$13.19	\$1.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5031</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.93	\$95.49	\$0.00	\$20.95	\$23.54	\$0.00	\$14.96	\$3.89	\$13.19	\$1.91
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.25	\$5.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$26.74	\$8.64	\$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	\$200.67	\$104.13	\$0.00	\$21.17	\$23.95	\$0.00	\$32.43	\$3.89	\$13.19	\$1.91
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Quarterly Per Diem Rate for Bed Hold and Leave Days

26

\$137.68

Facility Add-on Facility State-Provider: Countryside Health Center Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00141666A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4570 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 24.44% 1.0% Quarterly Medicaid CMI: 1.5728 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6033 1.5216 2.45 2.0% Admin A&G -

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,823,935	\$1,382,684	\$0	\$271,936	\$371,820	\$0	\$547,902		\$249,593	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$36,387)	\$0	\$0	\$0	(\$3,185)	(\$2,722)	(\$9,170) (\$35,514)		(\$21,310)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$41,170		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,948
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,810,152	\$1,382,684	\$0	\$271,936	\$368,635	(\$2,722)	\$503,218	\$41,170	\$228,283	\$16,948
8	Total Nursing Facility Days As Filed Days = 20,341	FY19 Audited C/R Days	20,341									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,982		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$139.17	\$67.98	\$0.00	\$13.37	\$17.99	(with L&H)	\$24.74	\$2.17	\$12.03	\$0.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4570</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.66	\$0.00	\$13.37	\$17.99		\$24.74	\$2.17	\$12.03	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.51	\$46.66	\$0.00	\$13.37	\$17.99		\$24.74	\$2.17	6.69 (FRV)	\$0.89
	Quarterly Per Diem Rate Prior to Add-ons										(11(1)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.14	\$2.33	\$0.00	\$0.67	\$0.90	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$117.65	\$48.99	\$0.00	\$14.04	\$18.89	\$0.00	\$25.98	\$2.17	\$6.69	\$0.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6033								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.21	\$78.55	\$0.00	\$14.04	\$18.89	\$0.00	\$25.98	\$2.17	\$6.69	\$0.89
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.57	\$1.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.99	\$2.89	\$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	\$168.20	\$81.44	\$0.00	\$14.26	\$19.30	\$0.00	\$43.45	\$2.17	\$6.69	\$0.89
					-			•	•			

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$113.33

Provide Prvdr II	•		Qtr	rth Allowance: ly BIMS score	Facility Score N/A 24.44% 2.45	Add-on Percent 5.00% 1.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4570 1.5728 1.6033	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS											
		(and Deliny Manual)			1	2		4	1			
Cos	st Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Pee	er Group Standards & Efficiency Measure Limits											
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	eer Group Standards: Multiplier ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
Dec.	David Dav Diam Allamad Amanusta	, , ,										
	se Period Per Diem Allowed Amounts	As Filed FY19 C/R - FY19 GL/PL Rpt	ФО 000 00 Г	#4 200 C04	# 0	ФО74 ООС	Ф074 000	¢ο	ФГ 4 7 000		\$240.502	.
	(FY19 C/R Audit Adjstmts		\$1,382,684 \$0	\$0 \$0	\$271,936 \$0	\$371,820	\$0 (\$2.722)	\$547,902 (\$0.470)		\$249,593	\$0
	dit Adjustments and Reallocations to Cost Center Costs Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(\$36,387)	\$0	\$0	\$0	(\$3,185)	(\$2,722)	(\$9,170) (\$35,514)		(\$21,310)	
	Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt							(ψου,σ14)	\$41,170		
	Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R								Ψ+1,170		\$16,948
		19 Audited C/R (As Adj. FY21 GLPL/T	\$2,810,152	\$1,382,684	\$0	\$271,936	\$368,635	(\$2,722)	\$503,218	\$41,170	\$228,283	\$16,948
	Total Nursing Facility Days As Filed Days = 20,341	FY19 Audited C/R Days	20,341	41,552,551	**	V =1 1,000	4000,000	(+-,:)	4000,=10	*********		4 10,0 10
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	-,-							18,982		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$139.17	\$67.98	\$0.00	\$13.37	\$17.99	(with L&H)	\$24.74	\$2.17	\$12.03	\$0.89
10 E	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4570								
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.66								
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.66	\$0.00	\$13.37	\$17.99		\$24.74	\$2.17	\$12.03	\$0.89
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14 Ba	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.51	\$46.66	\$0.00	\$13.37	\$17.99		\$24.74	\$2.17	6.69	\$0.89
Our	arterly Per Diem Rate Prior to Add-ons										(FRV)	
	rowth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.14	\$2.33	\$0.00	\$0.67	\$0.90	\$0.00	\$1.24	N/A	N/A	N/A
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$117.65	\$48.99	\$0.00	\$14.04	\$18.89	\$0.00	\$25.98	\$2.17	\$6.69	\$0.89
	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	Ψου	1.6033	ψ0.00	ψσ.	ψ.σ.σσ	ψ0.00	Ψ20.00	Ψ=	φσ.σσ	ψ0.00
	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.55								
	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.21	\$78.55	\$0.00	\$14.04	\$18.89	\$0.00	\$25.98	\$2.17	\$6.69	\$0.89
	arterly Per Diem Add-on Amounts ficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	¢4 52	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	MS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$0.79	\$0.53	φυ.υυ	φυ.22	φυ.41	φυ.υυ	φυ.37		φυ.υυ	
	urse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$0.79 \$1.57	\$1.57								
	ursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ1.07					\$17.10			
	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.99	\$2.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.20	\$81.44	\$0.00	\$14.26	\$19.30	\$0.00	\$43.45	\$2.17	\$6.69	\$0.89
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.33				<u> </u>					
	- ','			-								

\$172.03

\$116.20

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Lake City Nursing & Rehab Ctr. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00141699A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.5750 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 44.71% 2.5% Quarterly Medicaid CMI: 1.5994 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: 2.0% Qrtrly Mcaid CMI w RUG Wght Options: 1.6281 2.48 1.5216 Plant Admin A&G -Property Routine Special Laundry & Taxes and GL/PL

Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$13,090,682	\$7,906,092	\$0	\$1,374,252	\$1,416,144		\$1,414,878		\$979,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$128,842)	(\$18,275)	\$0	(\$18,569)	\$0	(\$13,638)	1		(\$92,744)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$23,658)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$163,807		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$98,225
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,200,214	\$7,887,817	\$0	\$1,355,683	\$1,416,144	(\$13,638)	\$1,405,604	\$163,807	\$886,572	\$98,225
8	Total Nursing Facility Days As Filed Days = 81,989	FY19 Audited C/R Days	81,989									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								66,454		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$164.27	\$96.21	\$0.00	\$16.53	\$17.11	(with L&H)	\$17.14	\$2.46	\$13.34	\$1.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5750</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.09	\$0.00	\$16.53	\$17.11		\$17.14	\$2.46	\$13.34	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.21	\$61.09	\$0.00	\$16.53	\$17.11		\$17.14	\$2.46	9.40	\$1.48
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.60	\$3.05	\$0.00	\$0.83	\$0.86	\$0.00	\$0.86	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.81	\$64.14	\$0.00	\$17.36	\$17.97	\$0.00	\$18.00	\$2.46	\$9.40	\$1.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6281</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.10	\$104.43	\$0.00	\$17.36	\$17.97	\$0.00	\$18.00	\$2.46	\$9.40	\$1.48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61		'						
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.09	\$2.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.33	\$5.23	\$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	\$194.43	\$109.66	\$0.00	\$17.58	\$18.38	\$0.00	\$35.47	\$2.46	\$9.40	\$1.48
_~		- · - · · - ·		7.00.00	\$5.50	550	Ų.0.00	\$5.50	1 200.77	Ψ=0	\$3.70	Ų70

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$133.00

	vider: PruittHealth - Lakehaven dr ID: 00141721A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	e: 1/1/2022	Qtr	rth Allowance: ly BIMS score	40.32%	Add-on <u>Percent</u> 5.00% 2.5% 5.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.6927 1.5618 1.5898	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,936,680	\$2,645,120	\$0	\$488,831	\$560,458	\$0	\$850,507		\$391,764	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$34,414)	(\$35,029)	\$0	\$0	\$0	\$0	\$30,807 (\$170,652)		(\$30,192)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$390,803		
_	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R	AF 400 400	# 0.040.004		# 400 004	# 500 450	•	47 40 000	# 000 000	****	\$39,983
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T FY19 Audited C/R Days		\$2,610,091	\$0	\$488,831	\$560,458	\$0	\$710,662	\$390,803	\$361,572	\$39,983
8	Total Nursing Facility Days As Filed Days = 30,200 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	30,200							24,826		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.62	\$86.43	\$0.00	\$16.19	\$18.56	(with L&H)	\$23.53	\$15.74	\$14.56	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 atrs of FY19	ψ170.02	1.6927	Ψ0.00	ψ10.19	ψ10.50	(WILLI LOLL)	Ψ20.00	ψ13.74	ψ14.30	ψ1.01
	Base 1 chool 1 definity oddse with index 101 Air Residents	1 - 0 / 1 - 40		054.00								

\$135.36

\$201.52

\$138.32

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Facility Add-on State-Provider: Lakeland Villa Convalescent Center wide Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00141732A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.1393 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 34.62% 2.5% Quarterly Medicaid CMI: 1.1308 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.1439 1.5216 3.66 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Description Services Services Houskpng Insurance Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Hosp Based 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 (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$6,409,211 \$2,828,012 \$0 \$1,196,505 \$431,559 \$730,095 \$874,824 \$348,216 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$16,126) \$0 \$0 \$0 \$0 (\$16,126) \$0 \$0 As Adjusted FY19 GL/PL Rpt (\$25,878)As Adjusted Cost Center Costs (GL/PL) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$44,625 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$15,327 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$6,427,159 \$2,828,012 \$0 \$1,196,505 \$431,559 \$730,095 \$848,946 \$44,625 \$332,090 \$15,327 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 21,794 21,794 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 21.984 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$294.75 \$129.76 \$0.00 \$54.90 \$53.30 (with L&H) \$38.95 \$2.03 \$15.11 \$0.70 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.1393 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$113.89 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$113.89 \$0.00 \$54.90 \$53.30 \$38.95 \$2.03 \$15.11 \$0.70 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$32.43 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$204.13 Base Period Case Mix Adjusted Allowed Per Diem \$84.91 \$0.00 \$32.43 \$25.85 \$27.76 \$2.03 30.45 \$0.70 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$8.55 \$4.25 \$0.00 \$1.62 \$1.29 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$212.68 \$89.16 \$0.00 \$34.05 \$27.14 \$0.00 \$29.15 \$2.03 \$30.45 \$0.70 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.1439 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$101.99 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$225.51 \$101.99 \$0.00 \$34.05 \$27.14 \$0.00 \$29.15 \$2.03 \$30.45 \$0.70 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.55 \$2.55 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$3.06 \$3.06 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.71 \$5.61 \$0.00 \$0.00 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$248.22

\$173.34

\$107.60

\$0.00

\$34.05

\$27.14

\$0.00

\$46.25

\$2.03

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$30.45

\$0.70

Provider: Prvdr ID:		1/1/2022	Qtr	th Allowance: ly BIMS score		Add-on <u>Percent</u> 5.00% 2.5% 4.0%			l Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5985 1.5089 1.5319	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
CASE M	MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE 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			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,895,674	\$3,852,419	\$0	\$549,350	\$808,915	\$0	\$1,231,428		\$453,562	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$138,886)	(\$96,040)	\$0	\$0	\$3,647	\$3,876	\$40,466 (\$196,921)		(\$90,835)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$451,216		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$80,327
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$7,091,410	\$3,756,379	\$0	\$549,350	\$812,562	\$3,876	\$1,074,973	\$451,216	\$362,727	\$80,327
8	Total Nursing Facility Days As Filed Days = 35,111	FY19 Audited C/R Days	35,111									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,828		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$214.04	\$106.99	\$0.00	\$15.65	\$23.25	(with L&H)	\$30.62	\$18.94	\$15.22	\$3.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5985</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.93	\$0.00	\$15.65	\$23.25		\$30.62	\$18.94	\$15.22	\$3.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.35	\$66.93	\$0.00	\$15.65	\$23.25		\$27.76	\$18.94	35.45 (FRV)	\$3.37
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.68	\$3.35	\$0.00	\$0.78	\$1.16	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.03	\$70.28	\$0.00	\$16.43	\$24.41	\$0.00	\$29.15	\$18.94	\$35.45	\$3.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5319</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.41	\$107.66	\$0.00	\$16.43	\$24.41	\$0.00	\$29.15	\$18.94	\$35.45	\$3.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.31	\$4.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.26	\$7.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$260.67	\$115.19	\$0.00	\$16.65	\$24.82	\$0.00	\$46.25	\$18.94	\$35.45	\$3.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.68									

\$268.06

\$188.22

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Description Description	rovider: 'rvdr ID:		1/1/2022		owth Allowance: atrly BIMS score	26.83%	Add-on Percent 5.00% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5036 1.7985 1.8338	State- wide 1.4759 1.5485 1.5216
CASE MIX BASED RATE CALCULATIONS 1 CASE Censer Rev Groups Type of Profit System Profit Character Type of Character		Description		Totals			Dietary	,	Operatns	and	GL/PL		Taxes and Insurance
Cost Center Peer Groups				а	b	С	d	е	f	g	g	h	i
All Facilities All	ASE N	MIX BASED RATE CALCULATIONS											
2 Peer Group Standards: Petronalite (peer Pelicy Manual) 90.0% 90.0% 90.0% 100.		Type of Facility within Peer Group	(see Policy Manual)				Free Standing		All Facilities	All Facilities			
As Filed Cost Center Costs (Routine & Special Sives Combined)	Pee Pee	er Group Standards: Percentile er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
Audit Adjustments and Reallocations to Cost Center Costs (ALPL)	Base	e Period Per Diem Allowed Amounts											
As Adjusted Crost Center Costs (GLPL) As Adjusted Crost Center Costs (GLPL) As Adjusted Crost Center Costs (GLPL) As Adjusted Crost Center Costs (Taws and Incurance) 7 Cost Center Costs Alter Audit Adjustraments 8 Total Nursing Facility Days As Filed Days = 44,807 Total Nursing Facility Days As Filed Days = 44,807 Total Nursing Facility Days As Filed Days = 44,807 FY19 Audited CRI Days P121 Audited CRI Days As Filed Days = 44,807 Total Nursing Facility Days As Filed Days = 44,807 Total Nursing Facility Days As Filed Days = 44,807 Total Nursing Facility Days As Filed Days = 44,807 FY19 Audited CRI Days P121 Audited CRI Days As Filed Days = 44,807 FY19 Audited CRI Days As Filed Days = 44,807 Total Nursing Facility Days As Filed Days = 44,807 Total Nursing Facility Days As Filed Days = 44,807 FY19 Audited CRI Days = 44,807	As F	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,873,138	\$3,894,324	\$0	\$605,122	\$760,293	\$0	\$1,212,702		\$400,697	\$0
As Adjusted Cost Center Costs (CLPL) As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted Cost Center Costs And Insurance) As Adjusted Cost Center Costs And Insurance) As Adjusted Cost Center Costs And Insurance (Insurance Cost Cost (Insurance Cost Cost Cost (Insurance Cost Cost Cost Cost Cost Cost Cost Cost	Aud	dit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$97,674)	(\$67,849)	\$0	\$0	(\$4,634)	(\$7,346)	\$61,791		(\$79,636)	
As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 CR 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Field Days = 44,807 Total Nursing Facility Days As Field Days = 44,807 Total Nursing Facility Days Bell Per Diems prior to Case Mix Adjust Residents In P/Ln & Cola \$159.71 Routine Srvcs Case Mix Adjust (CMA) Net Per Diem 1.07 Ln & 1.00 12 Net Per Diems prior to Case Mix Adjust (CMA) Net Per Diem 1.07 Ln & 1.00 13 Per Diems Standards (Arter Statewake CMA for Routine Srvcs) 1.07 Ln & 1.00 14 Base Perior Gase Mix Adjust (Arter Statewake CMA for Routine Srvcs) 1.14 × Grwth Allowance Per Coupe Limits 1.15 × 16.70	As A	Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
FY19 Audited CRR (Days St. 2014 St. 20	As A	Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$173,982		
Total Nursing Facility Days	As A	Adjusted Cost Center Costs (Taxes and Insurance)	•										\$104,607
Total Nursing Facility Days GL-PL Ins. Rpt	Cos	st Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)		\$3,826,475	\$0	\$605,122	\$755,659	(\$7,346)	\$1,274,493	\$173,982	\$321,061	\$104,607
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs 10 Base Period Facility Case Mix Indices for All Residents 11 Routine Srvcs Case Mix Adjistmt (CMA) Net Per Diem 12 Net Per Diems affer Case Mix Adjistmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Case Mix Adjistmt on Routine Srvcs 15 Growth Allowance Per Centage = 5.00% 16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Per Diem (After Growth Allowance Add-on) 18 Quarterly Redicaid CMA (Jist CMA) Net Per Diem 19 Quarterly Redicaid CMA Allowed Per Diem 10 Cuarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem = 1.0% (to Routine Srvcs) 21 Net Per Diem Add-on Amounts 22 Nivrse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs) 23 Nivrse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs) 24 Total Quarterly Per Diem Add-on Amounts 25 Sum of Lns 20 thru 23 25 Sum of Lns 20 thru 23 26 Sum of Lns 20 thru 23 27 Sum of Lns 20 thru 23 28 Sum of Lns 20 thru 23 2			·	44,807									
Base Period Facility Case Mix Index for All Residents			•										
Routine Strocs Case Mix Adjistrd (CMA) Net Per Diem				\$159.71		\$0.00	\$13.51	\$16.70	(with L&H)	\$28.44	\$4.54	\$8.39	\$2.73
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$56.80 \$0.00 \$13.51 \$16.70 \$28.44 \$4.54 \$8.10 \$1.00		-	·										
Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00		, ,											
Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$130.78 \$56.80 \$0.00 \$13.51 \$16.70 \$27.76 \$4.54		,	,									\$8.39	\$2.73
Cauterly Per Diem Rate Prior to Add-ons City Case Mix Index for Medicaid Residents Cauterly Per Diem Add-on Amounts			1								1	N/A	^
Quarterly Per Diem Rate Prior to Add-ons	Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 of Ln 13	\$130.78	\$56.80	\$0.00	\$13.51	\$16.70		\$27.76	\$4.54	8.74 (FRV)	\$2.73
16 CMA Allowed Per Diem (Alter Growth Allowance Add-on)	Quar	rterly Per Diem Rate Prior to Add-ons										(,,,,,	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$109.37 \$109.37 \$0.00 \$14.19 \$17.54 \$0.00 \$29.15 \$4.54 \$109.37 \$	Gro	owth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.75	\$2.84	\$0.00	\$0.68	\$0.84	\$0.00	\$1.39	N/A	N/A	N/A
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	CMA	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.53	\$59.64	\$0.00	\$14.19	\$17.54	\$0.00	\$29.15	\$4.54	\$8.74	\$2.73
Quarterly Medicaid CMA Allowed Per Diem	Qı	uarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8338								
Quarterly 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 \$ 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.09			Ln 16 x Ln 17		\$109.37								
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	Qua	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.26	\$109.37	\$0.00	\$14.19	\$17.54	\$0.00	\$29.15	\$4.54	\$8.74	\$2.73
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.09 \$1.09 \$22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.28	Quar	rterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.28 \$3.28 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.63 \$4.90 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 <td>Effic</td> <td>ciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)</td> <td>(see Policy Manual)</td> <td>\$1.16</td> <td>\$0.53</td> <td>\$0.00</td> <td>\$0.22</td> <td>\$0.41</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> <td>\$0.00</td> <td></td>	Effic	ciency 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	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	BIM	IS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.63 \$4.90 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$	Nurs	rse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28								
	Nurs	rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$208.89 \$114.27 \$0.00 \$14.41 \$17.95 \$0.00 \$46.25 \$4.54 \$	Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.63	\$4.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quar	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.89	\$114.27	\$0.00	\$14.41	\$17.95	\$0.00	\$46.25	\$4.54	\$8.74	\$2.73

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$143.84

Facility Add-on Facility State-Provider: Magnolia Manor Marion County wide Score Percent Case Mix Index (CMI) Data Specific Add-on Data and Percentages Prvdr ID: 00141809A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5837 1.4759 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: Case Mix Per Diem Rate Effective Date: 18.87% 0.0% 1.4561 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 1.4844 3.95 5.0% 1.5216 Plant A&G -Admin Property Routine Laundry & Taxes and Special Totals Dietary Operatns and GL/PL Line Sources / and Description Services Services Houskpng Insurance Calculations & Maint General Insurance Related С d **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) 2 All Facilities Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities Free Standing 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 (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% 3 Peer Group Standards: Multiplier 100.0% 100.0% 100.0% 100.0% 105.0% (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37

4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,074,346	\$2,122,952	\$0	\$398,444	\$454,402	\$0	\$691,689		\$406,859	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$3,881)	\$0	\$0	\$0	\$4,076	\$5,863	(\$2,538)		(\$11,282)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$47,111)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$63,565		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,256
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,106,175	\$2,122,952	\$0	\$398,444	\$458,478	\$5,863	\$642,040	\$63,565	\$395,577	\$19,256
8	Total Nursing Facility Days As Filed Days = 21,414	FY19 Audited C/R Days	21,414									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,058		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$194.52	\$99.14	\$0.00	\$18.61	\$21.68	(with L&H)	\$29.98	\$3.34	\$20.76	\$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5837</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.60	\$0.00	\$18.61	\$21.68		\$29.98	\$3.34	\$20.76	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.49	\$62.60	\$0.00	\$18.61	\$21.68		\$27.76	\$3.34	29.49	\$1.01
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	фс г о	\$3.13	\$0.00	фо oo	#4.00	\$0.00	£4.00	N/A	N/A	N/A
15	Growth Alloward Per Picer (A): 0 14 Alloward	Ln 14 + Ln 15	\$6.53	\$3.13 \$65.73	, , , , ,	\$0.93	\$1.08	*	\$1.39	-		·
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$171.02	, , , ,	\$0.00	\$19.54	\$22.76	\$0.00	\$29.15	\$3.34	\$29.49	\$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4844								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.57			•					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.86	\$97.57	\$0.00	\$19.54	\$22.76	\$0.00	\$29.15	\$3.34	\$29.49	\$1.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.88	\$4.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.14	\$5.41	\$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	\$226.00	\$102.98	\$0.00	\$19.76	\$23.17	\$0.00	\$46.25	\$3.34	\$29.49	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.68						1	l		
		I .										

Facility Add-on Facility State-Provider: Legacy Nursing Home Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00141831A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3055 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 33.57% 2.5% Quarterly Medicaid CMI: 1.4101 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 2.32 2.0% 1.4354 1.5216

	MDO & Naise File Data per Quarter Enaing.	14disc Hodis per	On One Day/Q	dunty modified.	2.02	2.070	withy wicald	OWN W IXOO V	rgin Options.		1.4354	1.5210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
=												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
ĺ				All Bed Gizes	All Ded Oizes	All Dea Gizes	All Ded Gizes	All Bod Oi203	All Bod Oi203			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Netcentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,914,826	\$4,801,271	\$0	\$935,047	\$1,069,811	\$0	\$1,691,658		\$1,417,039	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$234,305)	\$0	\$0	\$0	(\$6,033)	(\$7,680)	(\$92,943)		(\$127,649)	·
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(+== 1,===)			"	(40,000)	(41,000)	(\$274,934)	1	(+ 1-1 , 5 15)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$356,566		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$141,458
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,903,611	\$4,801,271	\$0	\$935,047	\$1,063,778	(\$7,680)	\$1,323,781	\$356,566	\$1,289,390	\$141,458
8	Total Nursing Facility Days As Filed Days = 62,428	FY19 Audited C/R Days	62,428					,				
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								57,702		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.99	\$76.91	\$0.00	\$14.98	\$16.92	(with L&H)	\$21.20	\$6.18	\$22.35	\$2.45
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3055								
11		Ln 9 / Ln 10		\$58.91								
12		RS = Ln 11, AllOthr = Ln 9		\$58.91	\$0.00	\$14.98	\$16.92		\$21.20	\$6.18	\$22.35	\$2.45
13		per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.93	\$58.91	\$0.00	\$14.98	\$16.92		\$21.20	\$6.18	11.29	\$2.45
	, in the second										(FRV)	
l	Quarterly Per Diem Rate Prior to Add-ons		•									
15		Ln 14 x Grwth Allwnc %	\$5.61	\$2.95	\$0.00	\$0.75	\$0.85	\$0.00	\$1.06	N/A	N/A	N/A
16	, ,	Ln 14 + Ln 15	\$137.54	\$61.86	\$0.00	\$15.73	\$17.77	\$0.00	\$22.26	\$6.18	\$11.29	\$2.45
17		per Current Qtr End		1.4354								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	.	\$88.79			.				<u> </u>	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.47	\$88.79	\$0.00	\$15.73	\$17.77	\$0.00	\$22.26	\$6.18	\$11.29	\$2.45
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.22	\$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.78	\$1.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.63	\$4.53	\$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	\$187.10	\$93.32	\$0.00	\$15.95	\$18.18	\$0.00	\$39.73	\$6.18	\$11.29	\$2.45

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$127.50

Facility Facility Add-on State-<u>Specific</u> wide Sadie G. Mays Health & Rehabilitation Center Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00141842A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3700 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 45.04% 5.5% Quarterly Medicaid CMI: 1.5804 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 2.62 5.0% 1.6093 1.5216 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$13,822,504 \$7,370,461 \$0 \$1,327,873 \$1,528,904 \$0 \$3,348,763 \$246,503 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$76,395) \$0 \$0 \$0 (\$21,352) \$0 \$0 (\$55,043)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$250,508)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$599,867 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$0 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$14,095,468 \$7,370,461 \$0 \$1,327,873 \$1,528,904 \$3,076,903 \$599,867 \$191,460 \$0 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 68,655 68,655 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 54.832 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$208.22 \$107.36 \$0.00 \$19.34 \$22.27 (with L&H) \$44.82 \$10.94 \$3.49 \$0.00 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.3700 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$78.37 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$78.37 \$0.00 \$19.34 \$22.27 \$44.82 \$10.94 \$3.49 \$0.00 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$170.43 Base Period Case Mix Adjusted Allowed Per Diem \$78.37 \$0.00 \$19.34 \$22.27 \$27.76 \$10.94 11.75 \$0.00 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$7.39 \$3.92 \$0.00 \$0.97 \$1.11 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$177.82 \$82.29 \$0.00 \$20.31 \$23.38 \$29.15 \$10.94 \$11.75 \$0.00 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.6093 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$132.43 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$227.96 \$132.43 \$0.00 \$20.31 \$23.38 \$0.00 \$29.15 \$10.94 \$11.75 \$0.00 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$7.28 \$7.28 5.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) \$6.62 \$6.62 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 \$15.06 \$14.43 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$243.02 \$146.86 \$0.00 \$20.53 \$23.79 \$0.00 \$29.15 \$10.94 \$11.75 \$0.00

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$182.27

Description Description		McRae Manor Nursing Home 00141853A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add 1/1/2022 09/30/21 Nurse Hours per C	Qtr	th Allowance: ly BIMS score		Add-on <u>Percent</u> 5.00% 1.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5373 1.3547 1.3787	State-wide 1.4759 1.5485 1.5216
CASE MIX BASED RATE CALCULATIONS 1		Description		Totals			Dietary		Operatns	and	GL/PL	Property and Related	Taxes and Insurance
Cost Center Peer Groups				а	b	С	d	е	f	g	g	h	i
Preserved in Preserved P	MI)	X BASED RATE CALCULATIONS											
2 Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 100.0%	Тур	pe of Facility within Peer Group	(see Policy Manual)			All Facilities	Free Standing	All Facilities					
Society As Filed Cost Center Costs (Routine & Special Svocs Combined) As Filed PT/19 CIR - FT/19 GUPL Rix Society So	er G er G	Group Standards: Percentile Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
A dutil Adjustments and Reallocations to Cost Center Costs A Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted PY3 GLPL Rpt As Adjusted Cost Center Costs (GLPL) As Adjusted PY3 GLPL Rpt As Adjusted Cost Center Costs (GLPL) As Adjusted PY3 GLPL Rpt As Adjusted Cost Center Costs (GLPL) As Adjusted PY3 GLPL Rpt As Adjusted PY3 GLPL Rp	e Pe	eriod Per Diem Allowed Amounts											
As Adjusted Cost Center Costs (GLPL) As Adjusted Adjusted Cost Costs (GLPL) As Adjusted Adjusted (GRD Sps F712 Audited CR Days Sp.999 Total Nursing Facility Case Alix Index for All Residents F719 Audited CR Days F712 Audited CR Days Sp.999 Total Nursing Facility Case Alix Index for Alix Adjust (MAI) Base Period Facility Case Alix Index for Index for Alix Residents In on 4 gts of F719 Index for Case Mix Adjust (MAI) Residents In on 4 gts of F719 Index for Case Mix Adjust Adjust (MAI) In on 4 gts of F719 Index for Case Mix Adjust Adjust (MAI) In one From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide Cost No From Standards (After Statewide	File	ed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,414,293	\$2,893,095	\$0	\$594,913	\$757,219	\$0	\$1,128,818		\$40,248	\$0
As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted P21 GLPL Rpt As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted P21 GLP As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted P21 GLP As Adjus	dit A	Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$49,542)	(\$2,258)	\$0	\$0	(\$1,324)	(\$1,390)	(\$9,030)		(\$35,540)	
As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FV21 C/R Cost Center Costs After Audit Adjustments 19 Audited C/R (8 Adj. FV21 GUPLT) Ty Audited C/R (8 Adj. FV21 GUPLT) S\$,426,844 \$2,890,837 \$0 \$594,913 \$755,895 \$379,000 \$751,845 \$379,000 \$751,845 \$379,000 Total Nursing Facility Days As Field Days = 35,999 Total Nursing Facility Days GL-PL Ins. Rpt PY21 Audited C/R Days Ln 7 (In 8 Col a \$152.79 S80,30 S0.00 \$16.53 \$20.96 (with L4H) \$20.89 \$12.30 1.5373 1. Routine Srvcs Case Mix Adjistrit to Routine Srvcs RS = Ln 11, AllOttr = Ln 9 S82.23 1. Ret Per Diems Siner Case Mix Adjistrit to Routine Srvcs RS = Ln 11, AllOttr = Ln 9 S82.23 S0.00 \$16.53 \$20.96 (with L4H) \$20.89 \$12.30 1. Sec. 23 S0.00 \$16.53 \$20.96 \$20.89 \$12.30 1. Sec. 23 S0.00 \$16.53 \$20.96 \$20.89 \$12.30 1. Sec. 23 S0.00 \$16.53 \$20.96 \$20.89 \$12.30 1. Sec. 23 S0.00 \$16.53 \$20.96 \$20.89 \$12.30 1. Sec. 23 S0.00 \$10.00 \$20.89 \$12.30 1. Sec. 23 S0.00 \$10	Adjı	justed Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$367,943)			
7 Cost Center Costs After Audit Adjustments	Adjı	justed Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$379,000		
8	•	· · · · · · · · · · · · · · · · · · ·	•										\$51,036
Total Nursing Facility Days GL-PL Ins. Rpt		•	` ,		\$2,890,837	\$0	\$594,913	\$755,895	(\$1,390)	\$751,845	\$379,000	\$4,708	\$51,036
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs			•	35,999									
Base Period Facility Case Mix Index for All Residents			•	¢450.70	#00.00	#0.00	040.50	#00.00	(id= 1.011)	# 00.00		#0.45	#4.00
11 Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem		•		\$152.79	· ·	\$0.00	\$16.53	\$20.96	(With L&H)	\$20.89	\$12.30	\$0.15	\$1.66
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$135.60 \$52.23 \$0.00 \$16.53 \$20.96 \$20.89 \$12.30 2			•										
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$135.60 \$52.23 \$0.00 \$16.53 \$20.96 \$20.89 \$12.30 15 Quarterly Per Diem Rate Prior to Add-ons Company of the CMA Allowance Percentage = \$5.00% Ln 14 x Grwth Allwnc % \$5.53 \$2.61 \$0.00 \$0.83 \$1.05 \$0.00 \$1.04 N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$141.13 \$54.84 \$0.00 \$17.36 \$22.01 \$0.00 \$21.93 \$12.30 17 Quarterly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem RS = Ln 18, AllOthr = Ln 16 \$161.90 \$75.61 \$0.00 \$17.36 \$22.01 \$0.00 \$21.93 \$12.30 Quarterly Per Diem Add-on Amounts Company of the Company of		, , ,				\$0.00	¢16.53	\$20.06		\$20.80	\$12.30	\$0.15	\$1.66
Lesser of Ln 12 or Ln 13 \$135.60 \$52.23 \$0.00 \$16.53 \$20.96 \$20.89 \$12.30 \$ Quarterly Per Diem Rate Prior to Add-ons To Growth Allowance Percentage = \$5.00% CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 x Grwth Allowance Per Current Qtr End Quarterly Facility Case Mix Adjustd (CMA) Net Per Diem Quarterly Facility Per Diem Add-on Amounts Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem (Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = \$1.0% (to Routine Srvcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$20.90 \$2.80 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00		,	,		· ·					-		N/A	ψ1.00
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allownce % \$5.53 \$2.61 \$0.00 \$0.83 \$1.05 \$0.00 \$1.04 N/A 15 Growth Allowance Percentage = \$5.00% Ln 14 x Grwth Allownce % \$5.53 \$2.61 \$0.00 \$0.83 \$1.05 \$0.00 \$1.04 N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 x Ln 15 \$141.13 \$54.84 \$0.00 \$17.36 \$22.01 \$0.00 \$21.93 \$12.30 17 Quarterly Facility Case Mix Index (Growth Allowach Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$75.61 \$75.61 \$0.00 \$17.36 \$22.01 \$0.00 \$21.93 \$12.30 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$161.90 \$75.61 \$0.00 \$17.36 \$22.01 \$0.00 \$21.93 \$12.30 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 21		,		\$135.60	· ·		· ·					11.03	\$1.66
15 Growth Allowance Percentage = 5.00% Ln 14 x Growth Allowance \$5.53 \$2.61 \$0.00 \$0.83 \$1.05 \$0.00 \$1.04 N/A				***************************************	¥	******	***************************************	V =0.00		V =0.00	¥ 1.2.00	(FRV)	******
CMA Allowed Per Diem (After Growth Allowance Add-on)		-											
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$75.61							·			-		N/A	N/A
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		,		\$141.13		\$0.00	\$17.36	\$22.01	\$0.00	\$21.93	\$12.30	\$11.03	\$1.66
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$161.90 \$75.61 \$0.00 \$17.36 \$22.01 \$0.00 \$21.93 \$12.30			·										
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 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.76 \$0.76 \$0.76 22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$1.51 \$1.51 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 \$20.90 \$2.80 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00	-	· · · · · · · · · · · · · · · · · · ·		\$161.00		\$0.00	¢17 26	\$22 D1	\$0.00	\$21.02	\$12.20	\$11.03	\$1.66
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.30 \$0.3	arte	ony modicala divia allowed i et Dietti	NO - LITTO, AllOUII = LITTO	φισι.90	φιυ.σι	φυ.υυ	φ17.30	φ∠∠.∪1	φυ.υυ	φ21.33	φ12.30	φ11.03	φ1.00
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.76 \$0.76 \$1.51 \$1.51 \$23 Nursing Home Provider Fee (Fixed Amount) Sum of Lns 20 thru 23 \$20.90 \$2.80 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$17.47 \$0.00 \$1.51 \$1.5													
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$1.51 \$1.51 \$1.51 \$1.51 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 \$20.90 \$2.80 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00						\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 \$17.10		`											
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$20.90 \$2.80 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00			-		\$1.51								
			,		#0.00	#0.00	***	00.44	#0.00	-	# 0.00	#0.00	# 0.00
25 Quarterly Case Mix Based Per Diem Rate		•										\$0.00	\$0.00
	rter	rly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.80	\$78.41	\$0.00	\$17.58	\$22.42	\$0.00	\$39.40	\$12.30	\$11.03	\$1.66
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$124.28	rter	rly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.28									

\$184.03

\$125.20

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Description Position Positi		rovider: Meadowbrook Healthcare rvdr ID: 00141864A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	Facility Score N/A 52.81% 3.01	Add-on <u>Percent</u> 5.00% 5.5% 4.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.7927 1.9578 1.9961	State- wide 1.4759 1.5485 1.5216
Control Poet Circuigs Sees Policy Manual) Sees Policy Manual	Line #	Description		Totals			Dietary		Operatns	and	GL/PL	and	Taxes and Insurance
Cost Center Peer Groups 1986 Protopy Attenuals 1986 Protopy Atten				a	b	С	d	е	f	g	g	h	i
Page Facility attribute Peer Group Basel Size Peer Group Size Size Size Size Size Size Size Size	<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
2 Per Corting Standards: Multiplier (see Pericy Marsard) 90.0% 90.0% 90.0% 90.0% 50.0% 50.0% 100.0%	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities		Free Standing						
As Filed Cost Center Costs (Routine & Special Sirves Combined) As Filed PCPS PTP 9 CPR - PTP3 GLPL Pag \$8,895,911 \$9,859,919 \$9 \$9 \$9 \$9 \$9 \$9 \$9	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
Audit Adjustments and Reallocations to Cost Center Costs (SUPL)		Base Period Per Diem Allowed Amounts											
As Adjusted Cost Center Costs (GUPL) As Adjusted Cost Center Costs (GUPL) As Adjusted Cost Center Costs (GUPL) As Adjusted Cost Center Costs (Times and Insurance) As Adjusted Cost Center Costs (Times and Insurance) As Adjusted Cost Center Costs (Times and Insurance) As Adjusted Cost Center Costs (Times and Insurance) As Adjusted Cost Center Costs (Times and Insurance) As Adjusted Cost Center Costs (Times and Insurance) As Adjusted Cost Center Costs (Times and Insurance) As Adjusted PY2 CIR As Adjusted	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,895,911	\$3,813,118	\$0	\$680,604	\$766,674	\$0	\$1,651,010		\$1,984,505	\$0
As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 CPI GILPT Cost Center Costs (Taxes and Insurance) As Adjusted FY21 CPI GILPT Cost Center Costs (Taxes and Insurance) As Adjusted FY21 CPI GILPT Cost Center Costs (Taxes and Insurance) Total Nursing Facility Days As Filed Days = 46,555 Total Nursing Facility Days As Filed Days = 46,555 FY21 Audited CPI Rays FY22 Audited CPI Rays FY24 Audited CPI Rays FY24 Audited CPI Rays FY24 Audited CPI Rays FY25 Audited CP	6	•	•	(\$96,189)	(\$9,639)	\$0	\$0	\$0	\$0			(\$86,550)	
Cost Center Costs After Audit Adjustments		As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$118,078		
8 Total Nursing Facility Days		As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$150,336
Total Nursing Facility Days GL-PL Ins. Rpt FY21 Audited C/R Days Not Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility Case Mix Adjstmt (MA) Net Per Diem Routine Srvcs Case Mix Adjstmt (DAN) Net Per Diem Routine Srvcs Case Mix Adjstmt (DAN) Net Per Diem Ling / Ling	7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$9,020,677	\$3,803,479	\$0	\$680,604	\$766,674	\$0	\$1,603,551	\$118,078	\$1,897,955	\$150,336
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Ln 7 / Ln 8 Cot a \$207.79 \$81.70 \$0.00 \$14.62 \$16.47 \$4.62 \$3.30 \$53.06 \$4.20	8		•	46,555									
Base Period Facility Case Mix Adjust (CMA) Net Per Diem Ln 9 / Ln 10 \$45.57 \$0.00 \$14.62 \$16.47 \$34.44 \$3.30 \$55.06 \$4.21			,								′		
Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	_	·		\$207.79		\$0.00	\$14.62	\$16.47	(with L&H)	\$34.44	\$3.30	\$53.06	\$4.20
12 Net Per Diems after Case Mix Adjistmt to Routine Sirves			·										
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) Per Peer Group Limits Sa4.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 24 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$127.19 \$45.57 \$0.00 \$14.62 \$16.47 \$27.76 \$3.30 15.27 \$4.20 25 Quarterly Per Diem Rate Prior to Add-ons CFRV) 25 Growth Allowance Percentage = \$5.00% Ln 14 x Grwth Allwnc % \$5.22 \$2.28 \$0.00 \$0.73 \$0.82 \$0.00 \$1.39 N/A N/A N/A 26 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$132.41 \$47.85 \$0.00 \$15.35 \$17.29 \$0.00 \$29.15 \$3.30 \$15.27 \$4.20 27 Quarterly Facility Case Mix Index for Medicaid Residents Per Current Or End Ln 16 x Ln 17 \$95.51 28 Quarterly Medicaid CMA Allowed Per Diem Res = Ln 18, AllOthr = Ln 16 \$180.07 \$95.51 \$0.00 \$15.35 \$17.29 \$0.00 \$29.15 \$3.30 \$15.27 \$4.20 28 Quarterly Per Diem Add-on Amounts Quarterly Per Diem Add-on Amounts Ln 19 Colb x CPS Add-on \$5.25 \$5.25 \$5.25 29 Nurse Staff Hrs / Quality Add-on Per Diem \$5.5% (to Routine Srvcs) Ln 19 Colb x Sting Add-on \$3.82 \$3.82 \$0.00 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 29 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$27.33 \$9.60 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 20 \$0.00 \$0													
Lesser of Ln 12 or Ln 13 \$127.19 \$45.57 \$0.00 \$14.62 \$16.47 \$27.76 \$3.30 \$15.27 \$4.20 \$15.00		•	,				· ·			· ·			\$4.20
Courterly Per Diem Rate Prior to Add-ons CFRV		· · · · · · · · · · · · · · · · · · ·	·			· ·	· ·	·			·		
15 Growth Allowance Percentage = 5.00% Ln 14 x Growth Allowance \$5.22 \$2.28 \$0.00 \$0.73 \$0.82 \$0.00 \$1.39 N/A N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$132.41 \$47.85 \$0.00 \$15.35 \$17.29 \$0.00 \$29.15 \$3.30 \$15.27 \$4.28 \$	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.19	\$45.57	\$0.00	\$14.62	\$16.47		\$27.76	\$3.30		\$4.20
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem = 5.5% (to Routine Srvcs) 21 Nurses Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) 22 Nurses Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Sum of Lns 20 thru 23 \$27.33 \$9.60 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$													
17 Quarterly Facility Case Mix Index for Medicaid Residents	15					\$0.00							N/A
18		, , , , , , , , , , , , , , , , , , ,		\$132.41		\$0.00	\$15.35	\$17.29	\$0.00	\$29.15	\$3.30	\$15.27	\$4.20
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$180.07 \$95.51 \$0.00 \$15.35 \$17.29 \$0.00 \$29.15 \$3.30 \$15.27 \$4.20 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$5.25 \$5.25 22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.82 \$3.82 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$27.33 \$9.60 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00			·										
Quarterly Per Diem Add-on Amounts Company of the problem (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 = Bims Add-on Per Diem = Staff Hrs / Quality Add-on Per Diem = At.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on Structure S				_								_	_
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.07	\$95.51	\$0.00	\$15.35	\$17.29	\$0.00	\$29.15	\$3.30	\$15.27	\$4.20
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$5.25 \$5.25		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.82 \$3.82 \$3.82 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$27.33 \$9.60 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00	20		(see Policy Manual)			\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	21												
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$27.33 \$9.60 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00	22		_		\$3.82								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						·			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$207.40 \$105.11 \$0.00 \$15.57 \$17.70 \$0.00 \$46.25 \$3.30 \$15.27 \$4.20	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.33	\$9.60	\$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	\$207.40	\$105.11	\$0.00	\$15.57	\$17.70	\$0.00	\$46.25	\$3.30	\$15.27	\$4.20

\$142.73

\$214.33

\$147.92

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

FINAL

Pr	ovider: Ridgecrest Rehab and Skilled Nursing Center vdr ID: 00141886A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/22 09/30/21 Nurs		Oata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 16.7% 5.97	Add-on Percent 5.00% 0.0% 3.0%		Quarter	(CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.3161 1.8068 1.8400	State- wide 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
CAS	E MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			1	1 1	_ 2	1	1	1			1
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			1
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			1
	Peer Group Standards & Efficiency Measure Limits											1
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			1
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			1
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			1
	Per Diem Costs and Add-ons											1
	GL-PL- Insurance Costs	FY2021 GL-PL Ins. Rpt								\$ 134,420		1
Ι.,	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								10,404		1
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2019 Peer Group Limit		\$84.91		\$22.66	\$25.85		\$27.76		\$41.46	1 1
	Allowed @ 95% of Std		\$195.82	\$80.66		\$21.53	\$24.56		\$26.37		\$41.46	\$1.24
	Growth Allowance 5.0%		\$7.66	\$4.03		\$1.08	\$1.23		\$1.32			
	CMA Allowed Per Diem (After Growth Alowance)		\$216.40	\$84.69		\$22.61	\$25.79		\$27.69	\$ 12.92	\$41.46	\$1.24
	Quarterly Facility Case Mix Index for Medicaid Residents			1.8400							(FRV Rate)	1
	Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$155.84								1
	Quarterly Medicaid CMA Allowed Per Diem		\$278.81	\$155.84		\$22.61	\$25.79		\$27.69	4.19	\$41.46	\$1.24
	Quarterly Per Diem Add-On Amounts											1
	BIMS Add-on Per Diem = 0.0% to Routine Srvs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$4.68	\$4.68								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.78									
	Quarterly Case Mix Based Per Diem Rate		\$300.58	\$160.51		\$22.61	\$25.79		\$44.79	\$4.19	\$41.46	\$1.24
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$212.61										i I

^{* 1002.3}B - 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.

Facility Add-on Facility State-Provider: PruittHealth - Macon, LLC Specific wide Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Prvdr ID: 00141908A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4140 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 29.13% Quarterly Medicaid CMI: 1.3343 1.5485 1.0% 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: 1.3556 MDS & Nurse Hrs Data per Quarter Ending: Nurse Hours per On-Site Day/Quality Incentive: 1.5216 3.17 4.0% Admin A&G -Property

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C.</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,177,893	\$7,020,408	\$0	\$986,332	\$1,404,891	\$0	\$2,099,068		\$667,194	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$288,425)	(\$193,021)	\$0	\$0	(\$5,477)	(\$5,246)	\$17,360 (\$432,207)		(\$102,041)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$981,353		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,983
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,470,597	\$6,827,387	\$0	\$986,332	\$1,399,414	(\$5,246)	\$1,684,221	\$981,353	\$565,153	\$31,983
8	Total Nursing Facility Days As Filed Days = 72,953	FY19 Audited C/R Days	67,350									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								55,171		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$190.33	\$101.37	\$0.00	\$14.64	\$20.70	(with L&H)	\$25.01	\$17.79	\$10.24	\$0.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4140								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.69	\$0.00	\$14.64	\$20.70		\$25.01	\$17.79	\$10.24	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.00	\$71.69	\$0.00	\$14.64	\$20.70		\$25.01	\$17.79	8.59 (FRV)	\$0.58
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.60	\$3.58	\$0.00	\$0.73	\$1.04	\$0.00	\$1.25		N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.60	\$75.27	\$0.00	\$15.37	\$21.74	\$0.00	\$26.26	\$17.79	\$8.59	\$0.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3556</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.37	\$102.04	\$0.00	\$15.37	\$21.74	\$0.00	\$26.26	\$17.79	\$8.59	\$0.58
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.08	\$4.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.73	\$5.63	\$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	\$216.10	\$107.67	\$0.00	\$15.59	\$22.15	\$0.00	\$43.73	\$17.79	\$8.59	\$0.58
	4				1	1		1		1		

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$149.25

Facility Add-on Facility State-**Provider: Memorial Manor Nursing Home** Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00141919A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3131 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.1981 1.5485 32.86% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.0% 1.2165 1.5216 3.41 A&G -GL/PL Plant Admin Property Routine Special Laundry & Taxes and

Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	1 Hosp Based	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		φυ.53	\$0.00	φ0.22	φ0.41		φυ.37			
_	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,565,944	\$3,528,198	\$0	\$1,324,365	\$341,290	\$469,720	\$705,102		\$197,269	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$41,888)	\$0	\$0	\$0	\$0	\$0	\$0		(\$41,888)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$2,566)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$28,876		
_	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,008
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,601,374	\$3,528,198	\$0	\$1,324,365	\$341,290	\$469,720	\$702,536	\$28,876	\$155,381	\$51,008
8	Total Nursing Facility Days As Filed Days = 34,641	FY19 Audited C/R Days	34,641									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,435		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$191.25	\$101.85	\$0.00	\$38.23	\$23.41	(with L&H)	\$20.28	\$0.92	\$4.94	\$1.62
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.3131</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.57	\$0.00	\$38.23	\$23.41		\$20.28	\$0.92	\$4.94	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	i i	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.18	\$77.57	\$0.00	\$32.43	\$23.41		\$20.28	\$0.92	10.95 (FRV)	\$1.62
	Quarterly Per Diem Rate Prior to Add-ons										(1777)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.68	\$3.88	\$0.00	\$1.62	\$1.17	\$0.00	\$1.01	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.86	\$81.45	\$0.00	\$34.05	\$24.58	\$0.00	\$21.29	\$0.92	\$10.95	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2165</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.49	\$99.08	\$0.00	\$34.05	\$24.58	\$0.00	\$21.29	\$0.92	\$10.95	\$1.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$22.87	\$4.99	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.36	\$104.07	\$0.00	\$34.05	\$24.99	\$0.00	\$38.76	\$0.92	\$10.95	\$1.62
	The state of the s		Ψ2.0.00	4.567	\$5.00	4530	Ψ 2 1.00	\$5.00	\$55.7 6	40.02	ψ.3.30	\$1.02

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$148.70

Facility Add-on Facility State-Provider: Medical Management H & R Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00141941A Base Period Overall CMI: 1.6565 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 22.06% Quarterly Medicaid CMI: 1.4967 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5231 2.35 2.0% 1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
,	Coot Contax Book Crowns	(and Deline Manual)			1	2	4	1				
'	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency ineasure maximums (see line 20 for actual)	(see Policy Manual)		φυ.53	\$0.00	φυ.22	φ0.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,171,244	\$2,169,081	\$0	\$391,706	\$514,662	\$0	\$596,035		\$499,760	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$94,259)	(\$25,645)	\$0	\$0	\$0	\$0	(\$4,654)		(\$63,960)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$38,524)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$62,36
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,100,829	\$2,143,436	\$0	\$391,706	\$514,662	\$0	\$552,857	\$0	\$435,800	\$62,36
8	Total Nursing Facility Days As Filed Days = 29,804	FY19 Audited C/R Days	29,804									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,697		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$139.54	\$71.92	\$0.00	\$13.14	\$17.27	(with L&H)	\$18.55	\$0.00	\$16.32	\$2.3
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6565</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.42	\$0.00	\$13.14	\$17.27		\$18.55	\$0.00	\$16.32	\$2.3
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.23	\$43.42	\$0.00	\$13.14	\$17.27		\$18.55	\$0.00	8.51	\$2.3
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.62	\$2.17	\$0.00	\$0.66	\$0.86	\$0.00	\$0.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$107.85	\$45.59	\$0.00	\$13.80	\$18.13	\$0.00	\$19.48	\$0.00	\$8.51	\$2.3
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ψ107.03	1.5231	ψ0.00	ψ10.00	ψ10.13	ψ0.00	ψ13.40	ψυ.υυ	ψυ.υ ι	Ψ2.0
18	Quarterly Facility Case Mix Index for Medicald Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.70	\$69.44	\$0.00	\$13.80	\$18.13	\$0.00	\$19.48	\$0.00	\$8.51	\$2.3
.5	quarterly modified Only Chilomod For Diffil	2	ψ101.70	Ψυυ14	ψ0.00	ψ10.00	ψ10.13	ψ0.00	ψ13.40	ψυ.υυ	ψυ.υ ι	Ψ2.
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.69	\$0.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.39	\$1.39								
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	\$20.71	\$2.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$152.41	\$72.05	\$0.00	\$14.02	\$18.54	\$0.00	\$36.95	\$0.00	\$8.51	\$2.3

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$101.48

Facility Add-on Facility State-Provider: Warm Springs Med. Ctr. NH Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00141952A Growth Allowance: 5.00% Base Period Overall CMI: 1.1855 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 36.54% 2.5% Quarterly Medicaid CMI: 1.2587 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: 3 72 2 0% Ortrly Meaid CMI w RUG Waht Options: 1 2771 1.5216

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	On-Site Day/Q	uality Incentive:	3.72	2.0%	Qrtrly Mcaid	CMI w RUG V	Wght Options:		1.2771	1.5216
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	1 Hosp Based	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,173,551	\$2,139,589	\$0	\$699,682	\$253,367	\$288,670	\$594,959		\$197,284	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$12,879)	(\$4,825)	\$0	(\$2,879)	\$2,630	(\$4,526)	\$0		(\$3,279)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$23,321)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$40,843		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$8,356
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,186,551	\$2,134,764	\$0	\$696,803	\$255,997	\$284,144	\$571,638	\$40,843	\$194,005	\$8,356
8	Total Nursing Facility Days As Filed Days = 25,542	FY19 Audited C/R Days	25,542									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,843		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$163.45	\$83.58	\$0.00	\$27.28	\$21.15	(with L&H)	\$22.38	\$1.52	\$7.23	\$0.31
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.1855</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.50	\$0.00	\$27.28	\$21.15		\$22.38	\$1.52	\$7.23	\$0.31
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.89	\$70.50	\$0.00	\$27.28	\$21.15		\$22.38	\$1.52	11.75 (FRV)	\$0.31
	Quarterly Per Diem Rate Prior to Add-ons										(/ / / /	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.07	\$3.53	\$0.00	\$1.36	\$1.06	\$0.00	\$1.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.96	\$74.03	\$0.00	\$28.64	\$22.21	\$0.00	\$23.50	\$1.52	\$11.75	\$0.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2771</u>								
18	Qrtrly Routine Srvcs 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	\$182.47	\$94.54	\$0.00	\$28.64	\$22.21	\$0.00	\$23.50	\$1.52	\$11.75	\$0.31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36	40.00	40.22	45.11	45.50	45.57		\$3.30	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.89	\$1.89								
23		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.35	\$99.32	\$0.00	\$28.86	\$22.62	\$0.00	\$40.97	\$1.52	\$11.75	\$0.31
	Quality Substitute of Distriction		Ψ200.00	ψυυ.υΣ	ψυ.υυ	Ψ20.00	Ψ22.02	ψυ.υυ	Ψ+0.57	Ψ1.02	ψ11.73	ψυ.υ 1

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$141.19

Facility Add-on Facility State-Provider: Azalea Health & Rehabilitation Specific Score Percent Case Mix Index (CMI) Data wide Add-on Data and Percentages Prvdr ID: 00141963A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4117 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 44.23% 2.5% 1.6287 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 1.6598 2.76 4.0% 1.5216 Plant A&G -Admin Property Routine Laundry & Taxes and Special Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance Related Calculations & Maint General Insurance С **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) 2 Type of Facility within Peer Group All Facilities Free Standing All Facilities All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes

2 3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,022,242	\$2,124,342	\$0	\$466,618	\$442,061	\$0	\$752,857		\$236,364	\$0
6		FY19 C/R Audit Adjstmts	(\$45,020)	\$1,510	\$0	\$0	(\$351)	(\$4,722)	(\$10,646)		(\$30,811)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$67,306)	•		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$115,188		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R							•	•	•	\$57,135
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,082,238	\$2,125,852	\$0	\$466,618	\$441,710	(\$4,722)	\$674,905	\$115,188	\$205,553	\$57,135
8	, , , , , , , , , , , , , , , , , , , ,	FY19 Audited C/R Days	27,037									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,621		
9	,	Ln 7 / Ln 8 Col a	\$154.49	\$78.63	\$0.00	\$17.26	\$16.16	(with L&H)	\$24.96	\$5.33	\$9.51	\$2.64
10	,	from 4 qtrs of FY19		<u>1.4117</u>								
11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ln 9 / Ln 10		\$55.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.70	\$0.00	\$17.26	\$16.16		\$24.96	\$5.33	\$9.51	\$2.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.19	\$55.70	\$0.00	\$17.26	\$16.16		\$24.96	\$5.33	11.14	\$2.64
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$5.71	\$2.79	\$0.00	\$0.86	\$0.81	\$0.00	\$1.25	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$138.90	\$58.49	\$0.00	\$18.12	\$16.97	\$0.00	\$26.21	\$5.33	\$11.14	\$2.64
17		per Current Qtr End	ψ100.00	1.6598	ψ0.00	ψ10.1 <u>2</u>	ψ10.07	Ψ0.00	Ψ20.21	ψ0.00	V	Ψ2.01
18		Ln 16 x Ln 17		\$97.08								
19		RS = Ln 18, AllOthr = Ln 16	\$177.49	\$97.08	\$0.00	\$18.12	\$16.97	\$0.00	\$26.21	\$5.33	\$11.14	\$2.64
'	Quarterly incurcate OWA Allowed For Dietir	110 - 211 10, 7410411 - 211 10	ψ177.43	ψ37.00	ψ0.00	Ψ10.12	Ψ10.37	Ψ0.00	Ψ20.21	ψ3.33	ΨΠΠΤ	Ψ2.04
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.88	\$3.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.94	\$6.84	\$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	\$202.43	\$103.92	\$0.00	\$18.34	\$17.38	\$0.00	\$43.68	\$5.33	\$11.14	\$2.64

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$139.00

Prov Prvd			Qtr	rth Allowance: ly BIMS score	Facility Score N/A 32.58% 2.79	Add-on Percent 5.00% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3227 1.3497 1.3722	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS											
1 0	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
В	ase Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,215,326	\$1,994,705	\$0	\$406,757	\$464,318	\$0	\$559,591		\$789,955	\$0
	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$32,963)	\$0	\$0	\$0	\$0	\$0	(\$1,650) (\$22,355)		(\$31,313)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$49,865		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$46,640
	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,256,513	\$1,994,705	\$0	\$406,757	\$464,318	\$0	\$535,586	\$49,865	\$758,642	\$46,640
8	Total Nursing Facility Days As Filed Days = 32,554 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	32,554							32,643		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.67	\$61.27	\$0.00	\$12.49	\$14.26	(with L&H)	\$16.45	\$1.53	\$23.24	\$1.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3227</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.32								
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.32	\$0.00	\$12.49	\$14.26		\$16.45	\$1.53	\$23.24	\$1.43
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.40	\$46.32	\$0.00	\$12.49	\$14.26		\$16.45	\$1.53	8.92 (FRV)	\$1.43
Q	tuarterly Per Diem Rate Prior to Add-ons										(11(0)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.47	\$2.32	\$0.00	\$0.62	\$0.71	\$0.00	\$0.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$105.87	\$48.64	\$0.00	\$13.11	\$14.97	\$0.00	\$17.27	\$1.53	\$8.92	\$1.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3722								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$123.97	\$66.74	\$0.00	\$13.11	\$14.97	\$0.00	\$17.27	\$1.53	\$8.92	\$1.43
Q	Quarterly 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	
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.67	\$1.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.00	\$2.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.30	\$4.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$146.27	\$70.94	\$0.00	\$13.33	\$15.38	\$0.00	\$34.74	\$1.53	\$8.92	\$1.43
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$96.88			l	l	<u> </u>				1

\$173.15

\$117.04

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Facility Add-on Statewide Woodlands Health & Rehab Ctr. Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Provider: Prvdr ID: 00141985A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.1084 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 28.33% 1.0% Quarterly Medicaid CMI: 1.3240 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.3453 1.5216 4.27 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$5,148,315 \$2,634,956 \$0 \$507,701 \$473,348 \$0 \$831,533 \$700,777 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$64,926) \$0 \$0 (\$64,926) \$0 \$0 \$0 \$0 As Adjusted FY19 GL/PL Rpt \$0 As Adjusted Cost Center Costs (GL/PL) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$202,876 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$130,522 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$5,416,787 \$2,634,956 \$507,701 \$473,348 \$0 \$831,533 \$202,876 \$635,851 \$130,522 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 40,251 40,251 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 25.884 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$147.94 \$65.46 \$0.00 \$12.61 \$11.76 (with L&H) \$20.66 \$7.84 \$24.57 \$5.04 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.1084 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$59.06 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$59.06 \$0.00 \$12.61 \$11.76 \$20.66 \$7.84 \$24.57 \$5.04 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$129.67 \$59.06 \$0.00 \$12.61 \$11.76 \$20.66 \$7.84 12.70 \$5.04 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$5.20 \$2.95 \$0.00 \$0.63 \$0.59 \$0.00 \$1.03 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$134.87 \$62.01 \$0.00 \$13.24 \$12.35 \$21.69 \$7.84 \$12.70 \$5.04 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.3453 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$83.42 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$156.28 \$83.42 \$0.00 \$13.24 \$12.35 \$0.00 \$21.69 \$7.84 \$12.70 \$5.04 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$0.83 \$0.83 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$2.50 \$2.50

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$17.10

\$21.96

\$178.24

\$120.86

\$0.00

\$0.00

\$3.86

\$87.28

\$0.22

\$13.46

\$0.41

\$12.76

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$12.70

\$0.00

\$5.04

\$17.10

\$17.47

\$39.16

\$0.00

\$7.84

\$0.00

\$0.00

FINAL

Pr	ovider: Miller Nursing Home rdr ID: 00141996A H/B ?: Yes Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/22 09/30/21 Nur:		Oata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 55.0% 4.97	Add-on Percent 5.00% 5.5% 4.0%		Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific 2.0872 2.2050 2.2485	State- wide 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
CAS	E 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			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 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: Percentile Peer Group Standards: Multiplier			90.0% 100.0%	90.0% 100.0%	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 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 Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt FY2021 GL-PL Ins. Rpt								\$ 69,303 21,893		
	Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 5.0%	FY 2019 Peer Group Limit	\$187.17 \$8.12	\$84.91 \$80.66 \$4.03		\$32.43 \$30.81 \$1.54	\$25.85 \$24.56 \$1.23		\$27.76 \$26.37 \$1.32		\$23.75 \$23.75	
	CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$198.46	\$4.03 \$84.69 <u>2.2485</u> \$190.43		\$32.35	\$25.79		\$27.69		\$23.75 (FRV Rate)	\$1.02
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$304.19	\$190.43		\$32.35	\$25.79		\$27.69	3.17	\$23.75	\$1.02
	BIMS Add-on Per Diem = 5.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% Nursing Home Provider Fee		\$10.47 \$7.62 \$17.10	\$10.47 \$7.62					17.10			
	Total Quarterly Per Diem Add-On Amounts		\$35.19									
	Quarterly Case Mix Based Per Diem Rate		\$339.39	\$208.52		\$32.35	\$25.79		\$44.79	\$3.17	\$23.75	\$1.02
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$241.71										

^{* 1002.3}B - 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.

Facility Add-on Facility State-Provider: New Horizons Limestone Specific wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142007A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3070 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.5485 16.95% 0.0% 1.1844 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 2.0% 1.2012 1.5216 3.88 Plant A&G -Admin Property Routine Special Laundry & Taxes and Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance Related # Calculations & Maint General Insurance

		а	b	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile	(oce Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,736,669	\$5,615,351	\$0	\$1,311,032	\$475,032	\$741,054	\$1,845,986		\$748,214	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$10,832)	(\$301)	\$0	\$0	\$0	\$0	(\$5,955)		(\$4,576)	
As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$64,743)			
As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$63,292		
As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$5,786
7 Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,730,172	\$5,615,050	\$0	\$1,311,032	\$475,032	\$741,054	\$1,775,288	\$63,292	\$743,638	\$5,786
8 Total Nursing Facility Days As Filed Days = 38,819	FY19 Audited C/R Days	38,819									
Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,802		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$277.57	\$144.65	\$0.00	\$33.77	\$31.33	(with L&H)	\$45.73	\$1.72	\$20.21	\$0.16
10 Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.3070</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.67								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$110.67	\$0.00	\$33.77	\$31.33		\$45.73	\$1.72	\$20.21	\$0.16
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.68	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$1.72	11.85	\$0.16
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.23	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.72	\$11.85	\$0.16
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2012</u>								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.10								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.17	\$107.10	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.72	\$11.85	\$0.16
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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 = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$19.24	\$2.14	\$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	\$230.41	\$109.24	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$1.72	\$11.85	\$0.16
25 Same Say Substitute		Q200.71	\$100.E4	ψ0.00	704.00	Ψ21.114	ψυ.υυ	Ų-10. 2 0	Ψ1.12	ψ.1.55	Ψ0.10

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$159.98

Facility Add-on Facility State-Provider: Mitchell Convalescent Center Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142018A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4420 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 32.43% 2.5% Quarterly Medicaid CMI: 1.4174 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: Nurse Hours per On-Site Day/Quality Incentive: 3.0% 1.4391 1.5216 3.78

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
_												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	1 Hosp Based	1 All Facilities	1 All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,469,422	\$1,798,013	\$0	\$475,395	\$272,685	\$271,268	\$459,595		\$192,466	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$14,699)	\$0	\$0	\$0	(\$4,775)	(\$4,750)	\$0		(\$5,174)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$9,551)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$14,813		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$5,716
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,465,701	\$1,798,013	\$0	\$475,395	\$267,910	\$266,518	\$450,044	\$14,813	\$187,292	\$5,716
8	Total Nursing Facility Days As Filed Days = 17,271	FY19 Audited C/R Days	17,271									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,621		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$201.95	\$104.11	\$0.00	\$27.53	\$30.94	(with L&H)	\$26.06	\$0.95	\$11.99	\$0.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4420</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$72.20	\$0.00	\$27.53	\$30.94		\$26.06	\$0.95	\$11.99	\$0.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.24	\$72.20	\$0.00	\$27.53	\$25.85		\$26.06	\$0.95	12.28	\$0.37
	Constants Box Birm Bots Britants Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.58	\$3.61	\$0.00	\$1.38	\$1.29	\$0.00	\$1.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.82	\$75.81	\$0.00	\$28.91	\$27.14	\$0.00	\$27.36	\$0.95	\$12.28	\$0.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	φ172.02		φυ.υυ	φ20.91	φ21.14	φ0.00	φ21.30	φ0.93	φ12.20	φυ.37
18	, , , <u> </u>	Ln 16 x Ln 17		1.4391 \$109.10								
	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		¢206 44		\$0.00	\$20.04	¢27.4.4	¢0.00	¢27.26	\$0.0F	¢40.00	¢0.27
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.11	\$109.10	\$0.00	\$28.91	\$27.14	\$0.00	\$27.36	\$0.95	\$12.28	\$0.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$24.22	\$6.53	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.33	\$115.63	\$0.00	\$29.13	\$27.14	\$0.00	\$44.83	\$0.95	\$12.28	\$0.37
								<u> </u>				

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$159.92

Facility Add-on Facility State-Provider: Montezuma Health & Rehab Specific wide Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Prvdr ID: 00142062A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4297 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 53.19% 5.5% Quarterly Medicaid CMI: 1.5432 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: 1.5704 Nurse Hours per On-Site Day/Quality Incentive: 3.0% 1.5216 3.19 Admin A&G -Property

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,201,066	\$2,346,348	\$0	\$405,197	\$521,394	\$0	\$757,888		\$170,239	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$70,074)	(\$4,853)	\$0	\$0	(\$1,471)	(\$2,403)	(\$50,902) (\$53,559)		(\$10,445)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$105,560		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,245
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,193,238	\$2,341,495	\$0	\$405,197	\$519,923	(\$2,403)	\$653,427	\$105,560	\$159,794	\$10,245
8	Total Nursing Facility Days As Filed Days = 24,299	FY19 Audited C/R Days	24,299									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$175.78	\$96.36	\$0.00	\$16.68	\$21.30	(with L&H)	\$26.89	\$5.57	\$8.44	\$0.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4297</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.40	\$0.00	\$16.68	\$21.30		\$26.89	\$5.57	\$8.44	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.96	\$67.40	\$0.00	\$16.68	\$21.30		\$26.89	\$5.57	10.58 <i>(FRV)</i>	\$0.54
	Quarterly Per Diem Rate Prior to Add-ons											
15	ş <u>—</u>	Ln 14 x Grwth Allwnc %	\$6.61	\$3.37	\$0.00	\$0.83	\$1.07	\$0.00	\$1.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.57	\$70.77	\$0.00	\$17.51	\$22.37	\$0.00	\$28.23	\$5.57	\$10.58	\$0.54
17		per Current Qtr End		<u>1.5704</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.94	\$111.14	\$0.00	\$17.51	\$22.37	\$0.00	\$28.23	\$5.57	\$10.58	\$0.54
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.11	\$6.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.07	\$9.97	\$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	\$224.01	\$121.11	\$0.00	\$17.73	\$22.78	\$0.00	\$45.70	\$5.57	\$10.58	\$0.54

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$155.18

Provider:	Avalon Hith. & Reha	b		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID:	00142084A			Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.5107	1.4759
		Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtrly BIMS score	40.00%	2.5%	Quarterly Medicaid CMI:	1.4589	1.5485
		MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per On-Site Day/Quality Incentive:	3.31	2.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.4835	1.5216

	MIDO & Nuise Ilis Data per Quarter Ending.	09/30/21 Nuise Hours per Oi	ii Olic Bayr Que	anty moontive.	3.31	2.070	Qitily Mcald	OWN W TOO	vgiit Options.		1.4055	1.5210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group	, ,		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,512,304	\$2,832,711	\$0	\$501,531	\$625,334	\$0	\$841,697		\$711,031	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$107,787)	(\$7,327)	\$0	\$0	(\$10,138)	(\$4,765)	(\$77,383)		(\$8,174)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$47,905)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$93,600		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$9,358
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,459,570	\$2,825,384	\$0	\$501,531	\$615,196	(\$4,765)	\$716,409	\$93,600	\$702,857	\$9,358
8	Total Nursing Facility Days As Filed Days = 29,370	FY19 Audited C/R Days	29,370									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,679		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$195.62	\$96.20	\$0.00	\$17.08	\$20.78	(with L&H)	\$24.39	\$4.32	\$32.42	\$0.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5107</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.68	\$0.00	\$17.08	\$20.78		\$24.39	\$4.32	\$32.42	\$0.43
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.84	\$63.68	\$0.00	\$17.08	\$20.78		\$24.39	\$4.32	11.16	\$0.43
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.29	\$3.18	\$0.00	\$0.85	\$1.04	\$0.00	\$1.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.13	\$66.86	\$0.00	\$17.93	\$21.82	\$0.00	\$25.61	\$4.32	\$11.16	\$0.43
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4835</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.46	\$99.19	\$0.00	\$17.93	\$21.82	\$0.00	\$25.61	\$4.32	\$11.16	\$0.43
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.09	\$4.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.55	\$104.18	\$0.00	\$18.15	\$22.23	\$0.00	\$43.08	\$4.32	\$11.16	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.84									

\$219.54

\$151.83

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

	vider: PruittHealth - Moultrie dr ID: 00142095A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add 1/1/2022 09/30/21 Nurse Hours per C	Qtrl	th Allowance: ly BIMS score		Add-on Percent 5.00% 1.0% 5.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5386 1.4637 1.4896	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
	OF MIX DAOED DATE OALOU!! ATIONO		а	b	С	d	е	f	g	g	h	i
CA	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,847,479	\$1,800,911	\$0	\$339,141	\$524,437	\$0	\$681,863		\$501,127	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$40,620)	(\$23,355)	\$0	\$0	\$0	\$0	\$9,470		(\$26,735)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$129,249)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$294,958		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,162
7	7	19 Audited C/R (As Adj. FY21 GLPL/T		\$1,777,556	\$0	\$339,141	\$524,437	\$0	\$562,084	\$294,958	\$474,392	\$31,162
8	Total Nursing Facility Days As Filed Days = 24,115	FY19 Audited C/R Days	24,115									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,366		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$174.17	\$73.71	\$0.00	\$14.06	\$21.75	(with L&H)	\$23.31	\$15.23	\$24.50	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5386								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.91	\$0.00	\$14.06	\$21.75		\$23.31	\$15.23	\$24.50	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	•	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.72	\$47.91	\$0.00	\$14.06	\$21.75		\$23.31	\$15.23	13.85 (FRV)	\$1.61
	Quarterly Per Diem Rate Prior to Add-ons										(17(4)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.36	\$2.40	\$0.00	\$0.70	\$1.09	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.08	\$50.31	\$0.00	\$14.76	\$22.84	\$0.00	\$24.48	\$15.23	\$13.85	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4896</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.71	\$74.94	\$0.00	\$14.76	\$22.84	\$0.00	\$24.48	\$15.23	\$13.85	\$1.61
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.75	\$0.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$23.13	\$5.03	\$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	\$190.84	\$79.97	\$0.00	\$14.98	\$23.25	\$0.00	\$41.95	\$15.23	\$13.85	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.31		1	I	ı	II.				
	,			-								

\$199.16

\$136.55

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Clinch Health Care Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142106A Growth Allowance: 5.00% Base Period Overall CMI: 1.4909 1.4759 1/1/2022 Qtrly BIMS score 30.77% 2.5% Quarterly Medicaid CMI: 1.6284 1.5485 Case Mix Per Diem Rate Effective Date: 1.5216 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: 2 0% Ortrly Meaid CMI w RUG Waht Options: 1 6592

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	r On-Site Day/Q	uality Incentive:	2.87	2.0%	Qrtrly Mcaid	CMI w RUG \	Wght Options:		1.6592	1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
				_	_	_	_					
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	1 "	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,424,862	\$1,797,814	\$0	\$350,072	\$397,964	\$0	\$610,640		\$268,372	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$28,770)	\$0	\$0	\$0	\$0	\$0	(\$9,683)		(\$19,087)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$22,895)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$56,973		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,645
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,454,815	\$1,797,814	\$0	\$350,072	\$397,964	\$0	\$578,062	\$56,973	\$249,285	\$24,645
8	Total Nursing Facility Days As Filed Days = 26,662	FY19 Audited C/R Days	26,662									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,341		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$128.45	\$67.43	\$0.00	\$13.13	\$14.93	(with L&H)	\$21.68	\$1.94	\$8.50	\$0.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4909</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.23	\$0.00	\$13.13	\$14.93		\$21.68	\$1.94	\$8.50	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$105.11	\$45.23	\$0.00	\$13.13	\$14.93		\$21.68	\$1.94	7.36	\$0.84
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.75	\$2.26	\$0.00	\$0.66	\$0.75	\$0.00	\$1.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.86	\$47.49	\$0.00	\$13.79	\$15.68	\$0.00	\$22.76	\$1.94	\$7.36	\$0.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6592								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.17	\$78.80	\$0.00	\$13.79	\$15.68	\$0.00	\$22.76	\$1.94	\$7.36	\$0.84
20	Quarterly Per Diem Add-on Amounts	(coo Policy Manual)	Ø4 F0	60.50	#0.00	Ф0.00	PO 44	#0.00			\$0.00	
20		(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$1.97	\$0.53 \$1.97	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
		Ln 19 Col b x Stfng Add-on	\$1.97 \$1.58	\$1.97								
22 23		(Fixed Amount)	\$1.58	φ1.08					\$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	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$163.35	\$82.88	\$0.00	\$14.01	\$16.09	\$0.00	\$40.23	\$1.94	\$7.36	\$0.84
1				I	-		-					· · · · · · · · · · · · · · · · · · ·

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$109.69

Facility Add-on Facility State-Provider: Orchard View Rehabilitation Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142117A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3098 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 47.62% 5.5% Quarterly Medicaid CMI: 1.4982 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: 1.5245 Nurse Hours per On-Site Day/Quality Incentive: 3.0% 1.5216 5.72

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
c	ASE MIX BASED RATE CALCULATIONS											
-				_	_	_	_	_				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0%	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$14,802,206	\$8,297,295	\$0	\$1,343,073	\$1,468,429	\$0	\$1,655,384		\$2,038,025	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$9,874)	(\$104,966)	\$0	\$0	\$0	\$0	\$128,327		(\$33,235)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$178,715)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$244,401		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$39,468
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$14,897,486	\$8,192,329	\$0	\$1,343,073	\$1,468,429	\$0	\$1,604,996	\$244,401	\$2,004,790	\$39,468
8	Total Nursing Facility Days As Filed Days = 62,889	FY19 Audited C/R Days	62,889									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								46,768		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$249.44	\$130.27	\$0.00	\$21.36	\$23.35	(with L&H)	\$25.52	\$5.23	\$42.87	\$0.84
10	,	from 4 qtrs of FY19		<u>1.3098</u>								
11	, , ,	Ln 9 / Ln 10		\$99.46								
12	· ·	RS = Ln 11, AllOthr = Ln 9		\$99.46	\$0.00	\$21.36	\$23.35		\$25.52	\$5.23	\$42.87	\$0.84
13	, ,	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.33	\$84.91	\$0.00	\$21.36	\$23.35		\$25.52	\$5.23	38.12	\$0.84
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$7.77	\$4.25	\$0.00	\$1.07	\$1.17	\$0.00	\$1.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.10	\$89.16	\$0.00	\$22.43	\$24.52	\$0.00	\$26.80	\$5.23	\$38.12	\$0.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5245</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.86	\$135.92	\$0.00	\$22.43	\$24.52	\$0.00	\$26.80	\$5.23	\$38.12	\$0.84
20	Quarterly Per Diem Add-on Amounts	(coo Policy Manual)	¢1.00	\$0.00	\$0.00	¢0.22	\$0.44	\$0.00	¢0.27		00.00	
20		(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.00 \$7.48	\$0.00 \$7.48	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22		Ln 19 Col b x Stfng Add-on	\$4.08	\$4.08								
23	,	(Fixed Amount)	\$0.00	φ4.00					\$0.00			
24		Sum of Lns 20 thru 23	\$12.56	\$11.56	\$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	\$266.42	\$147.48	\$0.00	\$22.65	\$24.93	\$0.00	\$27.17	\$5.23	\$38.12	\$0.84

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$199.82

Facility Add-on Facility State-Provider: Summerhill Elderliving Home Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142139A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4504 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.4180 1.5485 38.46% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: Nurse Hours per On-Site Day/Quality Incentive: 1.4405 1.5216 5.23 3.0% Plant Admin A&G -Property

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1 All Facilities			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Bed Sizes			
	·											
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,148,238	\$5,901,167	\$0	\$1,263,796	\$1,289,857	\$0	\$1,372,860		\$320,558	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$107,120)	(\$658)	\$0	\$0	(\$4,808)	(\$7,883)	(\$7,731)		(\$86,040)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$142,238)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$235,416		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$90,683
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,224,979	\$5,900,509	\$0	\$1,263,796	\$1,285,049	(\$7,883)	\$1,222,891	\$235,416	\$234,518	\$90,683
8	Total Nursing Facility Days As Filed Days = 55,387	FY19 Audited C/R Days	55,387									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								49,289		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185.87	\$106.53	\$0.00	\$22.82	\$23.06	(with L&H)	\$22.08	\$4.78	\$4.76	\$1.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4504</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.45	\$0.00	\$22.82	\$23.06		\$22.08	\$4.78	\$4.76	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.24	\$73.45	\$0.00	\$22.66	\$23.06		\$22.08	\$4.78	17.37	\$1.84
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.05	\$3.67	\$0.00	\$1.13	\$1.15	\$0.00	\$1.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.29	\$77.12	\$0.00	\$23.79	\$24.21	\$0.00	\$23.18	\$4.78	\$17.37	\$1.84
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4405								
18	Qrtrly Routine Srvcs 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	\$206.26	\$111.09	\$0.00	\$23.79	\$24.21	\$0.00	\$23.18	\$4.78	\$17.37	\$1.84
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78	\$3.30		Ψ0.71	\$3.30	\$5.57		ψ0.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$24.52	\$6.64	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	·	Ln 19 + Ln 24	\$230.78	\$117.73	\$0.00		\$24.62	\$0.00	\$40.65	\$4.78	\$17.37	\$1.84
25	Quarterly Case Wilk Daseu Fei Dielli Käte	LII IƏ † LII Z4	⊅∠30.78	φ117./3	\$0.00	\$23.79	⊅∠4.0 ∠	\$0.00	\$40.00	\$4.78	\$17.37	Φ1.64

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$160.26

	ovider: Heritage Inn of Statesboro vdr ID: 00142161A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	Facility Score N/A 25.93% 2.55	Add-on Percent 5.00% 1.0% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.6645 1.4928 1.5163	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,554,156	\$2,196,329	\$0	\$489,240	\$477,822	\$0	\$752,536		\$638,229	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$117,469)	(\$35,362)	\$0	\$0	\$0	(\$7,555)	(\$37,954) (\$49,140)		(\$36,598)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$96,980		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,452
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/1	\$4,520,979	\$2,160,967	\$0	\$489,240	\$477,822	(\$7,555)	\$665,442	\$96,980	\$601,631	\$36,452
8	Total Nursing Facility Days As Filed Days = 28,558	FY19 Audited C/R Days	28,558									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,255		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.15	\$75.67	\$0.00	\$17.13	\$16.47	(with L&H)	\$23.30	\$4.56	\$28.31	\$1.71
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.6645</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.46	\$0.00	\$17.13	\$16.47		\$23.30	\$4.56	\$28.31	\$1.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	4.
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.74	\$45.46	\$0.00	\$17.13	\$16.47		\$23.30	\$4.56	8.11 (FRV)	\$1.71
	Quarterly Per Diem Rate Prior to Add-ons										(//(//	
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.12	\$2.27	\$0.00	\$0.86	\$0.82	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.86	\$47.73	\$0.00	\$17.99	\$17.29	\$0.00	\$24.47	\$4.56	\$8.11	\$1.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5163</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.50	\$72.37	\$0.00	\$17.99	\$17.29	\$0.00	\$24.47	\$4.56	\$8.11	\$1.71
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.72	\$0.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.45	\$1.45								
				1								l

\$17.10

\$20.80

\$167.30

\$112.65

\$182.99

\$124.42

\$2.70

\$75.07

\$0.00

\$0.00

\$0.22

\$18.21

\$0.41

\$17.70

\$17.10

\$17.47

\$41.94

\$0.00

\$4.56

\$0.00

\$8.11

\$0.00

\$1.71

\$0.00

\$0.00

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

23

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Nursecare of Buckhead Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00142183A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4328 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 32.88% 2.5% Quarterly Medicaid CMI: 1.7141 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.0% 1.7450 1.5216 3.79

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
					_							
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$14,607,840	\$6,604,002	\$0	\$1,245,462	\$1,459,932	\$0	\$2,281,842		\$3,016,602	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$257,793)	(\$33,537)	\$0	\$0	\$0	\$0	\$40,445		(\$264,701)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$317,800)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$433,198		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$300,1
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$14,765,624	\$6,570,465	\$0	\$1,245,462	\$1,459,932	\$0	\$2,004,487	\$433,198	\$2,751,901	\$300,1
8	Total Nursing Facility Days As Filed Days = 74,747	FY19 Audited C/R Days	74,747									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								65,552		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$204.08	\$87.90	\$0.00	\$16.66	\$19.53	(with L&H)	\$26.82	\$6.61	\$41.98	\$4.
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4328</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$16.66	\$19.53		\$26.82	\$6.61	\$41.98	\$4.5
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.27	\$61.35	\$0.00	\$16.66	\$19.53		\$26.82	\$6.61	11.72	\$4.5
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.22	\$3.07	\$0.00	\$0.83	\$0.98	\$0.00	\$1.34	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.49	\$64.42	\$0.00	\$17.49	\$20.51	\$0.00	\$28.16	\$6.61	\$11.72	\$4.5
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ψ130.40	1.7450	ψ0.00	ψ	Ψ20.01	ψ0.00	Ψ20.10	ψ3.01	Ψ11.72	Ψ-τ.
18		Ln 16 x Ln 17		\$112.41								
19		RS = Ln 18, AllOthr = Ln 16	\$201.48	\$112.41	\$0.00	\$17.49	\$20.51	\$0.00	\$28.16	\$6.61	\$11.72	\$4.5
.0	dualities, included on the more of the more		Ψ201.70	Ψ112.71	ψ0.00	ψ11.43	Ψ20.01	ψ0.00	Ψ20.10	ΨΟ.ΟΙ	Ψ11.72	Ψ4.
	Quarterly Per Diem Add-on Amounts											
20		(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.12	\$1.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.56	\$4.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.04	\$116.87	\$0.00	\$17.71	\$20.92	\$0.00	\$45.63	\$6.61	\$11.72	\$4.5

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$155.21

	Provider:	Pinewood Nursing	Ctr	Ad	d-on Data and P	ercentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility <u>Specific</u>	State- wide_
	Prvdr ID:	00142205A			Grow	th Allowance:	N/A	5.00%		Base Period	Overall CMI:		1.1741	1.4759
			Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtr	ly BIMS score	34.00%	2.5%		Quarterly N	Medicaid CMI:		1.2220	1.5485
			MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	On-Site Day/Qua	ality Incentive:	2.57	3.0%	Qrtrly Mcaid	CMI w RUG V	Vght Options:		1.2405	1.5216
L	ine #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
					а	b	С	d	е	f	q	q	h	i

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
'	Type of Facility within Peer Group	(See I oney Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(SSS) Siley mandaly		φοισσ	φο.σσ	φσ.22	φο		φσ.σ.			
	Base Period Per Diem Allowed Amounts						_					
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,531,953		\$0	\$337,582	\$439,902	\$0	\$522,833		\$759,598	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,326)	\$0	\$0	\$0	\$0	\$0	\$0		(\$38,326)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$29,398)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$48,024		
_	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R	#0 575 004	4. 470 000		****	A 400 000		0.400.405	0.40.00.4	# 704.070	\$62,971
/	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,575,224	\$1,472,038	\$0	\$337,582	\$439,902	\$0	\$493,435	\$48,024	\$721,272	\$62,971
8	Total Nursing Facility Days As Filed Days = 24,890	FY19 Audited C/R Days	24,890							47.004		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days Ln 7 / Ln 8 Col a	\$156.60	\$59.14	\$0.00	\$13.56	\$17.67	(with L&H)	\$19.82	17,934 \$2.68	\$40.22	\$3.51
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 qtrs of FY19	φ100.00	1.1741	\$0.00	\$13.30	\$17.07	(WILIT L&TT)	\$19.62	\$∠.08	\$4U.22	\$3.51
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.37	\$0.00	\$13.56	\$17.67		\$19.82	\$2.68	\$40.22	\$3.51
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	940.22 N/A	фз.51
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.86	\$50.37	\$0.00	\$13.56	\$17.67		\$19.82	\$2.68	8.25	\$3.51
14	Base Fellou Case Mix Aujusteu Alloweu Fel Dielli	Lesser of Lit 12 of Lit 13	φ115.00	φ50.57	φ0.00	φ13.30	φ17.07		\$19.02	φ2.00	(FRV)	φ3.51
	Quarterly Per Diem Rate Prior to Add-ons										,	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.07	\$2.52	\$0.00	\$0.68	\$0.88	\$0.00	\$0.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.93	\$52.89	\$0.00	\$14.24	\$18.55	\$0.00	\$20.81	\$2.68	\$8.25	\$3.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2405</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$133.65	\$65.61	\$0.00	\$14.24	\$18.55	\$0.00	\$20.81	\$2.68	\$8.25	\$3.51
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.64	\$1.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.24	\$4.14	\$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	\$155.89	\$69.75	\$0.00	\$14.46	\$18.96	\$0.00	\$38.28	\$2.68	\$8.25	\$3.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$104.09		1	1	1		1	1		ı

\$199.89

\$137.09

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

	ovider: Oakview Health & Rehab Center odr ID: 00142238A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	Facility Score N/A 32.38% 2.95	Add-on Percent 5.00% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Nght Options:		Facility <u>Specific</u> 1.4815 1.3568 1.3785	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
-		(See Folicy Maridal)		φυ.55	φ0.00	φ0.22	φυ.41		φυ.57			
_	Base Period Per Diem Allowed Amounts	A - El- EVA0 C/D	#0.000.000	#4.745.045	Φ0	#004.074	#4 000 077	Φ0	#4 400 047		# 4 400 440	# 0
5 6	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY19 C/R - FY19 GL/PL Rpt FY19 C/R Audit Adjstmts	\$9,200,220 (\$178,259)		\$0 \$0	\$881,271 \$0	\$1,008,077 \$0	\$0 (\$1,468)			\$1,128,140 (\$43,599)	\$0
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(\$170,259)	φ0	φυ	φυ	φυ	(Φ1,400)	(\$79,755)		(\$43,399)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$157,040		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$46,918
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$9,146,164	\$4,745,815	\$0	\$881,271	\$1,008,077	(\$1,468)	\$1,223,970	\$157,040	\$1,084,541	\$46,918
8	Total Nursing Facility Days As Filed Days = 51,635	FY19 Audited C/R Days	51,635									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								45,457		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$180.51	\$91.91	\$0.00	\$17.07	\$19.49	(with L&H)	\$23.70	\$3.45	\$23.86	\$1.03
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4815								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.04	40.00	0.47.07			400.70	00.45	# 00.00	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.04	\$0.00	\$17.07	\$19.49		\$23.70	\$3.45	\$23.86	\$1.03
13 14	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$143.06	\$84.91 \$62.04	\$0.00 \$0.00	\$22.66 \$17.07	\$25.85 \$19.49		\$27.76 \$23.70	\$0.00 \$3.45	N/A 16.28	\$1.03
14	Base Period Case Mix Adjusted Allowed Per Diem	Lessel of Lif 12 of Lif 13	φ143.00	\$02.04	\$0.00	Φ17.07	\$19.49		φ23.70	φ3.43	(FRV)	\$1.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.11	\$3.10	\$0.00	\$0.85	\$0.97	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.17	\$65.14	\$0.00	\$17.92	\$20.46	\$0.00	\$24.89	\$3.45	\$16.28	\$1.03
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3785								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$173.83	\$89.80 \$89.80	\$0.00	\$17.92	\$20.46	\$0.00	\$24.89	\$3.45	\$16.28	\$1.03
19	Quarterly Medicaid CMA Allowed Per Diem	NO = LIT 10, AllOUII = LIT 10	φ173.03	\$09.00	\$0.00	\$17.92	φ20.46	φυ.υυ	φ 24. 09	φ3.43	φ10.20	φ1.03
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69					047.40			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10 \$22.57	ΦE 47	ም ስ ስስ	ው	₽0.44		\$17.10 \$17.47	#0.00	#0.00	#0.0 0
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	\$197.40	\$95.27	\$0.00	\$18.14	\$20.87	\$0.00	\$42.36	\$3.45	\$16.28	\$1.03

\$135.23

\$205.13

\$141.02

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Provider: Oak View Home - Waverly Hall Prvdr ID: 00142249A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022		th Allowance: ly BIMS score	Facility Score N/A 27.27% 2.63	Add-on Percent 5.00% 1.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2607 1.2168 1.2359	State- wide 1.4759 1.5485 1.5216
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL	Rpt \$5,495,656	\$2,757,041	\$0	\$533,300	\$650,659	\$0	\$1,237,682		\$316,974	\$0
Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$478,009)	(\$28,619)	\$0	\$614	\$0	(\$6,081)	(\$421,811) (\$53,300)		(\$22,112)	
As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$107,380		
As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R	N. T	40 700 100		4500.044	# 050.050	(00.004)	# 700 57 4	* 40 7 .000	***	\$26,188
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 34,362	19 Audited C/R (As Adj. FY21 GLF FY19 Audited C/R Days	34,362	\$2,728,422	\$0	\$533,914	\$650,659	(\$6,081)	\$762,571	\$107,380	\$294,862	\$26,188
Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,920		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.71	\$79.40	\$0.00	\$15.54	\$18.76	(with L&H)	\$22.19	\$3.71	\$10.20	\$0.91
10 Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.2607</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.98								
Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.98	\$0.00		\$18.76		\$22.19	\$3.71	\$10.20	\$0.91
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	• • • • • • • • • • • • • • • • • • • •	\$84.91	\$0.00		\$25.85		\$27.76	\$0.00	N/A	
Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.34	\$62.98	\$0.00	\$15.54	\$18.76		\$22.19	\$3.71	10.25 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons										(17.0)	
15 Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.98	\$3.15	\$0.00	\$0.78	\$0.94	\$0.00	\$1.11	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.32	\$66.13	\$0.00	\$16.32	\$19.70	\$0.00	\$23.30	\$3.71	\$10.25	\$0.91
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2359</u>								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.73								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.92	\$81.73	\$0.00	\$16.32	\$19.70	\$0.00	\$23.30	\$3.71	\$10.25	\$0.91
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.63	\$1.63								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.08	\$2.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00

\$177.00

\$119.93

\$178.41

\$120.98

\$84.71

\$0.00

\$16.54

\$20.11

\$0.00

\$40.77

\$3.71

\$10.25

\$0.91

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: The Oaks Nursing Home, Inc. Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00142271A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.6628 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 56.41% 5.5% Quarterly Medicaid CMI: 1.6251 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6573 3.0% 1.5216 3.80

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(and Deliay Manual)			1	2	4	1	_			
'	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(See Folicy Maridar)		φυ.55	φ0.00	φυ.ΖΖ	φυ.+1		φυ.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,270,149	\$1,837,155	\$0	\$342,820	\$483,574	\$0	\$527,453		\$79,147	;
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$26,021)	(\$1,360)	\$0	\$0	\$0	\$0	\$0		(\$24,661)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$37,258)	1		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$44,590		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,9
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,283,372	\$1,835,795	\$0	\$342,820	\$483,574	\$0	\$490,195	\$44,590	\$54,486	\$31,9°
8	Total Nursing Facility Days As Filed Days = 21,030	FY19 Audited C/R Days	21,030									
_	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	•	•						21,095	•	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.09	\$87.29	\$0.00	\$16.30	\$22.99	(with L&H)	\$23.31	\$2.11	\$2.58	\$1.5
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.6628</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.50							_	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.50	\$0.00	\$16.30	\$22.99		\$23.31	\$2.11	\$2.58	\$1.5
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	•	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.71	\$52.50	\$0.00	\$16.30	\$22.99		\$23.31	\$2.11	14.99 (FRV)	\$1.5
	Quarterly Per Diem Rate Prior to Add-ons										(1150)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.77	\$2.63	\$0.00	\$0.82	\$1.15	\$0.00	\$1.17	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.48	\$55.13	\$0.00	\$17.12	\$24.14	\$0.00	\$24.48	\$2.11	\$14.99	\$1.5
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6573								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.72	\$91.37	\$0.00	\$17.12	\$24.14	\$0.00	\$24.48	\$2.11	\$14.99	\$1.5
	Quarterly Per Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.03	\$5.03	ψυ.υυ	Ψυ.ΖΖ	Ψυ.41	ψυ.υυ	ψυ.57		Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.14					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.40	\$8.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
	<u> </u>		-				-					
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.12	\$99.67	\$0.00	\$17.34	\$24.55	\$0.00	\$41.95	\$2.11	\$14.99	\$1.5

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$138.77

	ovider: Oconee Health & Rehab vdr ID: 00142293A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: by BIMS score	Facility Score N/A 25.00% 3.08	Add-on Percent 5.00% 1.0% 3.0%			Overall CMI:		Facility <u>Specific</u> 1.4030 1.3403 1.3633	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rp	\$3,047,965	\$1,495,217	\$0	\$332,133	\$389,420	\$0	\$538,198		\$292,997	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$29,333)	\$0	\$0	\$0	\$0	(\$3,890)	(\$9,987) (\$27,040)		(\$15,456)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$52,910		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,325
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/	\$3,058,827	\$1,495,217	\$0	\$332,133	\$389,420	(\$3,890)	\$501,171	\$52,910	\$277,541	\$14,325
8	Total Nursing Facility Days As Filed Days = 16,661	FY19 Audited C/R Days	16,661									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,569		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$192.69	\$89.74	\$0.00	\$19.93	\$23.14	(with L&H)	\$30.08	\$4.57	\$23.99	\$1.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.4030</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.96	\$0.00		\$23.14		\$30.08	\$4.57	\$23.99	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00		\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.67	\$63.96	\$0.00	\$19.93	\$23.14		\$27.76	\$4.57	11.07 <i>(FRV)</i>	\$1.24
	Quarterly Per Diem Rate Prior to Add-ons										(17(0)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.75	\$3.20	\$0.00	\$1.00	\$1.16	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.42	\$67.16	\$0.00	\$20.93	\$24.30	\$0.00	\$29.15	\$4.57	\$11.07	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3633								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.82	\$91.56	\$0.00	\$20.93	\$24.30	\$0.00	\$29.15	\$4.57	\$11.07	\$1.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			

\$21.93

\$204.75

\$140.74

\$208.01

\$143.18

\$4.20

\$95.76

\$0.00

\$0.00

\$0.22

\$21.15

\$0.41

\$24.71

\$0.00

\$0.00

\$17.10

\$46.25

\$0.00

\$4.57

\$0.00

\$11.07

\$0.00

\$1.24

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: PruittHealth - Old Capitol Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142304A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3231 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 39.02% 2.5% Quarterly Medicaid CMI: 1.3045 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.70 5.0% 1.3254 1.5216

	MDO & Nuise File Data per Quarter Enting.	VO/SO/21 Nuise Hours per	On One Day/Q	dunty modified.	2.70	3.070	Grany Micaid	O 11 1100 1	right Options.		1.0204	1.5210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 111 200 01200	7111 200 01200	7 III 200 01200	7 117 200 01200	7111 200 01200	7 111 200 01200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,158,357	\$3,411,485	\$0	\$590,051	\$766,318	\$0	\$1,030,363		\$360,140	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$91,926)	(\$38,228)	\$0	\$0	\$0	\$0	(\$4,766)		(\$48,932)	
Ū	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(\$0.,020)	(\$33,223)			4 5		(\$270,891)		(\$.0,002)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt							,	\$615,542		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R								, , , , ,		\$7,309
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,418,391	\$3,373,257	\$0	\$590,051	\$766,318	\$0	\$754,706	\$615,542	\$311,208	\$7,309
8	Total Nursing Facility Days As Filed Days = 44,238	FY19 Audited C/R Days	44,238		·							
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	•							35,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.31	\$76.25	\$0.00	\$13.34	\$17.32	(with L&H)	\$17.06	\$17.36	\$8.77	\$0.21
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3231								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.63	\$0.00	\$13.34	\$17.32		\$17.06	\$17.36	\$8.77	\$0.21
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.24	\$57.63	\$0.00	\$13.34	\$17.32		\$17.06	\$17.36	8.32	\$0.21
	,										(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.27	\$2.88	\$0.00	\$0.67	\$0.87	\$0.00	\$0.85	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.51	\$60.51	\$0.00	\$14.01	\$18.19	\$0.00	\$17.91	\$17.36	\$8.32	\$0.21
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3254</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.20	\$80.20	\$0.00	\$14.01	\$18.19	\$0.00	\$17.91	\$17.36	\$8.32	\$0.21
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.01	\$2.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.65	\$6.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.85	\$86.75	\$0.00	\$14.23	\$18.60	\$0.00	\$35.38	\$17.36	\$8.32	\$0.21
	, ,		Ţ.55.5 6	733	1 45.50	,	Ţ.5. 30		,,,,,,,		75.52	+

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$122.81

Provider: PruittHealth - Ocilla			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID: 00142315A			Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.5355	1.4759
	Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtrly BIMS score	16.33%	0.0%	Quarterly Medicaid CMI:	1.5439	1.5485
M	IDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per On-Site Day/Quality Incentive:	4.33	5.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5732	1.5216

Description Description		MDO & Nuise Fils Data per Quarter Ending.	09/30/21 Nuise Hours per C	on one bay was	anty infocritive.	4.55	3.078	Qitily Would	CIVII W IXOG V	vgiit Optiono.		1.5752	1.3210
CASE MIX BASED RATE CALCULATIONS 1		Description		Totals			Dietary		Operatns	and	GL/PL	and	
Cost Center Peer Group: Series Process Does Policy Moracell Peer Group: Series Process Does Series Regiment with Pre-Group: Series Process Does Series Regiment Pre-Group: Series Process Does Series Regiment Pre-Group: Series Process Does Series Regiment Pre-Group: Series Process Does Series Regiment Pre-Group: Series Regiment P				а	b	С	d	е	f	g	g	h	i
Cost Center Peer Group: Series Process Does Policy Moracell Peer Group: Series Process Does Series Regiment with Pre-Group: Series Process Does Series Regiment Pre-Group: Series Process Does Series Regiment Pre-Group: Series Process Does Series Regiment Pre-Group: Series Process Does Series Regiment Pre-Group: Series Regiment P	CA	ASE MIX BASED RATE CALCULATIONS											
Page of Pacific Plane Cong. Page of Page o	<u> </u>												
## And Seed Search Serger (Control Processing Control	1	•	(see Policy Manual)			· •	_	1	1 All Excilition	'			
2 Peer Groups Standards: Authorizer See Nets Markan) See Petric		,, , , , , , , , , , , , , , , , , , ,					"						
2 Peer Groups Standards: Autoplier Gee-Petry Patricus) Gee-Petry Patricus Gee-Petry Pa		Peer Group Standards & Efficiency Measure Limits											
Base Period Port Diam Allowed Amounts Sac Size Size Size Size Size Size Size Size	2	Peer Group Standards: Percentile	(see Policy Manual)										
Base Period Per Diem Allowed Amounts	3		, , , , , , , , , , , , , , , , , , , ,										
A Filed Crost Center Costs (Rourne & Spacial Syras Combined)	4	Emclericy Measure Maximums (see line 20 for actual)	(see Policy Manual)		φ <i>0.53</i>	\$0.00	φυ.22	φυ.41		φ0.37			
A Adjustments and Reallocations to Cost Center Costs (CLPL) As Adjusted Cost Center Costs (CLPL) As Adjusted Cost Center Costs (CLPL) As Adjusted Cost Center Costs (CLPL) As Adjusted Cost Center Costs (CLPL) As Adjusted Cost Center Costs (Tases and Insurance) As Adjusted Cost Center Costs (Tases And Tases and Insurance) As Adjusted Cost Center Costs (Tases And Tases		Base Period Per Diem Allowed Amounts											
As Adjusted Cost Center Costs: (GLPL) As Adjusted Cost Center Costs: (GLPL) As Adjusted Cost Center Costs: (GLPL) As Adjusted Cost Center Costs: (GLPL) As Adjusted Cost Center Costs: (Tisses and insurance) As Adjusted Cost Center Costs: (Tisses and insurance) As Adjusted Cost Center Costs: (Tisses and insurance) As Adjusted Cost Center Costs: (Tisses and insurance) As Adjusted Cost Center Costs: (Tisses and insurance) As Adjusted Cost Center Costs: (Tisses and insurance) As Adjusted Cost Center Costs: (Tisses and Insurance) As Adjusted Cost Center Costs: (Tisses and Insurance) As Adjusted Cost Center Costs: (GLPL) As Adjusted Cost Center Costs: (Global Costs Center Costs: (Global Costs) As Adjusted Cost Center Costs: (Global Costs) As Adjusted Cost Center Costs: (Global Costs) As A	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,824,163	\$1,946,022	\$0	\$325,027	\$526,874	\$0	\$688,180		\$338,060	\$0
As Adjusted Cost Center Costs ((Su-PL) As Adjusted Cost Center Costs ((Su-PL) As Adjusted Start Guard Costs (Invested Adjustments) 7. Cost Center Costs (Invested Adjustments) 8. Total Nursing Facility Days GL-PL Ins. Rpt 17. Total Nursing Facility Days GL-PL Ins. Rpt 18. Not Per Diems prior to Case Mix Adjustmit to Routine Srvcs 19. Net Per Diems prior to Case Mix Adjustmit to Routine Srvcs 19. Net Per Diems prior to Case Mix Adjustmit to Routine Srvcs 19. Net Per Diems Adjusted Allowed Per Diem (Invested Per Diem Add-on Amounts) 19. Base Period Facility Case Mix Index of Medicala Residents 19. Per Diem Sandards (Afrier Statewished CMA) Net Per Diem (Invested Per Diem (Invested Per Diem Machine Srvcs) 19. Per Diem Sandards (Afrier Statewished CMA) Net Per Diem (Invested Per Die	6	·	FY19 C/R Audit Adjstmts	(\$37,138)	(\$24,943)	\$0	\$0	(\$724)	\$0			(\$22,524)	
As Adjusted Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of PY21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of PY21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of PY21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of PY21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of PY21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of PY21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of PY21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of PY21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of PY21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of PY21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of PY21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of PY21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of PY21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of PY21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of Py21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of Py21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of Py21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of Py21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of Py21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of Py21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of Py21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of Py21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of Py21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of Py21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of Py21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of Py21 CIR Cost Center Costs (Taws and Insurance) As Adjusted Crit (Parks of Py21 CIR Cost Cent		•	As Adjusted FY19 GL/PL Rpt							(\$157,442)			
Cost Center Costs After Audit Adjustments		As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$358,452		
8 Total Nursing Facility Days As Field Days = 23,877 Total Nursing Facility Days GL-PL Ins. Rpt FY21 Audited CIR Days		·	•										
Total Nursing Facility Days GL-PL Ins. Rpt PFV21 Audited CR Days In 7 / Ln 8 Col a \$173.02 \$80.46 \$0.00 \$13.61 \$22.04 (with L8H) \$22.69 \$17.50 \$15.41 \$1.31 Base Period Facility Cape Mix Adjested (CMA) Net Per Diem Routine Srvcs Case Mix Adjested (CMA) Net Per Diem In 9 / Ln 10 \$52.40 \$0.00 \$13.61 \$22.04 \$22.04 \$22.04 \$22.09 \$17.50 \$15.41 \$1.31 Per Diem Standards (Asker Statewisk) CMA Processing Srvcs) Per Piem Standards (Asker Statewisk) CMA Processing Srvcs) Per Piem Rate Prior to Add-ons Growth Allowance Percentage = \$0.00% Growth Allowance Percentage = \$0.00% Cuarterly Per Diem Rate Prior to Add-ons Circly Routine Srvcs Case Mix Indiget (CMA) Net Per Diem Lesser of Ln 12 or Ln 13 \$139.63 \$52.40 \$0.00 \$13.61 \$22.04 \$22.69 \$17.50 \$15.41 \$1.31 Per Diem Rate Prior to Add-ons Growth Allowance Percentage = \$0.00% Cuarterly Per Diem Rate Prior to Add-ons Circly Routine Srvcs Case Mix Indiget (CMA) Net Per Diem (Late State	7	•			\$1,921,079	\$0	\$325,027	\$526,150	\$0	\$541,791	\$358,452	\$315,536	\$26,863
9 Net Per Diams prior to Case Mix Adjistmit to Routine Sirves	8		•	23,877									
Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 Ln 9 / Ln 10 S52.40 S0.00 S13.61 S22.04 S22.69 \$17.50 \$15.31 S131			,										
11 Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem				\$173.02	· ·	\$0.00	\$13.61	\$22.04	(with L&H)	\$22.69	\$17.50	\$15.41	\$1.31
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs R5 = Ln 11, AllOthr = Ln 9 \$52.40 \$0.00 \$13.61 \$22.04 \$22.69 \$17.50 \$15.41 \$1.31 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 NA 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$139.63 \$52.40 \$0.00 \$13.61 \$22.04 \$22.69 \$17.50 \$10.08 \$1.31 15 Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grivith Alliwine % \$5.53 \$2.62 \$0.00 \$0.68 \$1.10 \$0.00 \$1.13 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$145.16 \$55.02 \$0.00 \$14.29 \$23.14 \$0.00 \$23.82 \$17.50 \$10.08 \$1.31 17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Cir End \$1.5732 \$10.00 \$1.4.17 \$1.5732 \$10.00 \$23.82 \$17.50 \$10.08 \$1.31 18 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$176.70 \$86.56 \$0.00 \$14.29 \$23.14 \$0.00 \$23.82 \$17.50 \$10.08 \$1.31 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x.75, up to max, or o) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem \$0.00			·		· · · · · · · · · · · · · · · · · · ·								
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) Per Peer Group Limits Sas Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$139.63 \$52.40 \$0.00 \$13.61 \$22.04 \$22.69 \$17.50 \$10.08 \$1.31		, ,											
Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$139.63 \$52.40 \$0.00 \$13.61 \$22.04 \$22.69 \$17.50 10.08 \$1.31		•	,			· ·	· ·	· ·		· ·	·	·	\$1.31
Cuarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwnc % \$5.53 \$2.62 \$0.00 \$0.68 \$1.10 \$0.00 \$1.13 N/A					· ·	· ·	· ·			· ·			
Counterly Per Diem Rate Prior to Add-ons Combination	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.63	\$52.40	\$0.00	\$13.61	\$22.04		\$22.69	\$17.50		\$1.31
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17 Quarterly Facility Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 S86.56 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$176.70 \$86.56 \$0.00 \$14.29 \$23.14 \$0.00 \$23.82 \$17.50 \$10.08 \$1.31		Quarterly Per Diem Rate Prior to Add-ons										(FKV)	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$86.56 \$0.00 \$14.29 \$23.14 \$0.00 \$23.82 \$17.50 \$10.08 \$1.31	15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.53	\$2.62	\$0.00	\$0.68	\$1.10	\$0.00	\$1.13	N/A	N/A	N/A
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.16	\$55.02	\$0.00	\$14.29	\$23.14	\$0.00	\$23.82	\$17.50	\$10.08	\$1.31
Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$176.70 \$86.56 \$0.00 \$14.29 \$23.14 \$0.00 \$23.82 \$17.50 \$10.08 \$1.31	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5732</u>								
Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.00 \$0.	18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.56								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) SIMS Add-on Per Diem = 0.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 Quarterly Case Mix Based Per Diem Rate (see Policy Manual) \$1.53 \$0.53 \$0.00 \$17.10 \$17.10 \$17.10 \$17.10 \$17.47 \$0.00	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.70	\$86.56	\$0.00	\$14.29	\$23.14	\$0.00	\$23.82	\$17.50	\$10.08	\$1.31
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) SIMS Add-on Per Diem = 0.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 Quarterly Case Mix Based Per Diem Rate (See Policy Manual) \$1.53 \$0.53 \$0.00		Quarterly Per Diem Add-on Amounts											
BIMS Add-on Per Diem = 0.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.00	20	•	(see Policv Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.33 \$4.33 \$4.33 \$4.33 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.96 \$4.86 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 \$0.00 25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$199.66 \$91.42 \$0.00 \$14.51 \$23.55 \$0.00 \$41.29 \$17.50 \$10.08 \$1.31			, , ,			φ0.00	Ψ0.22	Ψο. 11	Ψ0.00	φο.στ		ψ0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10				-	-								
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.96 \$4.86 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$199.66 \$91.42 \$0.00 \$14.51 \$23.55 \$0.00 \$41.29 \$17.50 \$10.08 \$1.31		•			, ,,,,,					\$17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$199.66 \$91.42 \$0.00 \$14.51 \$23.55 \$0.00 \$41.29 \$17.50 \$10.08 \$1.31		<u> </u>	·		\$4.86	\$0.00	\$0.22	\$0.41	\$0.00	· ·	\$0.00	\$0.00	\$0.00
00 Overteds Day Diag For Data for Data the same Days		·	Ln 19 + Ln 24			-			· · · · · · · · · · · · · · · · · · ·				
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Lfl 25 - Lfl 23) * 0.75 \$136.92	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.92		I	I	1			<u> </u>		

\$234.23

\$162.85

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Palemon Gaskins Nursing Home Specific wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142326A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.2352 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 50.00% Quarterly Medicaid CMI: 1.0966 5.5% 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.1099 1.5216 5.20 Plant A&G -Admin Property Routine Special Laundry & Taxes and Line Totals Dietary Operatns and GL/PL and Sources / Description Services Services Houskpng Insurance Related Calculations & Maint General Insurance

			а	D	С	a	е	Ī	9	g	n	<u> </u>
<u>C</u>	ASE 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 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts			-								
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,236,615	\$992,917	\$0	\$507,620	\$116,577	\$228,961	\$423,578		(\$33,038)	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$508)	\$2,845	\$0	(\$54,392)	(\$17,108)	' '	' '		\$98,975	
U	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(\$300)	Ψ2,040	ΨΟ	(ψ04,002)	(ψ17,100)	(Ψ7, Ψ1Ψ)	(\$24,451)		ψ30,373	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt							(, , , , ,	\$12,560		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R								, ,		\$2,963
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,227,179	\$995,762	\$0	\$453,228	\$99,469	\$221,547	\$375,713	\$12,560	\$65,937	\$2,963
8	Total Nursing Facility Days As Filed Days = 10,179	FY19 Audited C/R Days	10,179									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								9,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$219.63	\$97.83	\$0.00	\$44.53	\$31.54	(with L&H)	\$36.91	\$1.36	\$7.14	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.2352</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.20	\$0.00	\$44.53	\$31.54		\$36.91	\$1.36	\$7.14	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.28	\$79.20	\$0.00	\$32.43	\$25.85		\$27.76	\$1.36	15.36 (FRV)	\$0.32
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.26	\$3.96	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.54	\$83.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.36	\$15.36	\$0.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.1099</u>								
18	Qrtrly Routine Srvcs 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	\$199.68	\$92.30	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.36	\$15.36	\$0.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.08	\$5.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$25.48	\$8.38	\$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	\$225.16	\$100.68	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$1.36	\$15.36	\$0.32
			I	I .	1	1		I	1		ı	1

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$156.05

Facility Add-on Facility State-Provider: PruittHealth - Palmyra Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00142337A Base Period Overall CMI: 1.4564 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 37.50% 2.5% Quarterly Medicaid CMI: 1.5570 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5860 MDS & Nurse Hrs Data per Quarter Ending: 5.0% 1.5216 3.44

	MDO & Nuise His Data per Quarter Enaing.	14di3C Flours pc	1 On Oile Day/Q	daily incontive.	5.44	3.070	Qitiiy Wcala	OWN W IXOO	rvgrit Options.		1.5000	1.0210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 200 0.200	7 200 0.200	7 200 0.200	7 200 0.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,683,208	\$7,503,830	\$0	\$1,049,893	\$1,374,447	\$0	\$1,859,708		\$895,330	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$183,943)	(\$151,463)	\$0	\$0	(\$6,390)	\$0	\$45,025		(\$71,115)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	,	, ,	·		,		(\$474,240)		(, , ,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$1,001,633		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$60,422
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,087,080	\$7,352,367	\$0	\$1,049,893	\$1,368,057	\$0	\$1,430,493	\$1,001,633	\$824,215	\$60,422
8	Total Nursing Facility Days As Filed Days = 79,681	FY19 Audited C/R Days	79,681									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								54,779		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$175.00	\$92.27	\$0.00	\$13.18	\$17.17	(with L&H)	\$17.95	\$18.28	\$15.05	\$1.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4564</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.36	\$0.00	\$13.18	\$17.17		\$17.95	\$18.28	\$15.05	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.83	\$63.36	\$0.00	\$13.18	\$17.17		\$17.95	\$18.28	9.79	\$1.10
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Lo 44 v Couth Allium 0/	05.50	00.47	# 0.00	#0.00	#0.00	# 0.00	00.00	N1/0	N 1/A	N1/A
15		Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$5.59	\$3.17	\$0.00	\$0.66	\$0.86	\$0.00	\$0.90	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,		\$146.42	\$66.53	\$0.00	\$13.84	\$18.03	\$0.00	\$18.85	\$18.28	\$9.79	\$1.10
17	, , <u> </u>	per Current Qtr End		1.5860								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0405.44	\$105.52	***	640.04	#40.00	***	040.05	040.00	#0.70	64.40
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.41	\$105.52	\$0.00	\$13.84	\$18.03	\$0.00	\$18.85	\$18.28	\$9.79	\$1.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$26.55	\$8.45	\$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	\$211.96	\$113.97	\$0.00	\$14.06	\$18.44	\$0.00	\$36.32	\$18.28	\$9.79	\$1.10
	-										-	

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$146.15

MONTH: 7/1/2021 FINAL

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

Provider Name PARKWOOD DEV. CTR.	Provider Nui 00142348A	mber	RS-SNF 10	RS-ICF 10	SP-SERV 10	Dietary 8	Lnd-Hse 6	Opr-Mnt 6	Adm-Genrl 6		Prop Rel 2	
CERTIFIED BEDS MEDICAID DAYS	110 40202		SNF 0	ICF 40,202			COST	CENTERS		2021 (Audited)	2021 (Audited)	2021 (Audited)
Descriptions	Total	Total	Routine	Routine	Special	Dietary	Laundry/	Operations/	Admin/	A&G-GL-PL	Prop.	Tax/
REP HST COST	SNF	ICF 6,708,296	Srvc SNF 0	Srvc ICF 1,398,677	Services 2,235,655	583,001	Housekpng 512,392	Maintence 472,527	General 1,005,598	Insurance	Related 406,303	Ins 94,143
HIST COST ADJ												
1399		(2,235,655)			(2,235,655)							
1199		2,235,655		2,235,655								
1699		(472,527)						(472,527)				
1599		472,527					472,527					
1899		-									-	
1999		-										
1200		-	0	(64,805)								
1400		-				-						
1500		(8,484)					(8,484)					
1700		64,805							64,805			
1800		-									-	
1898		-									-	
TOTAL HIST ADJ		(8,484)	0	2,170,850	(2,235,655)	-	464,043	(472,527)	64,805		-	-
NET HST COST		7,252,791	0	3,569,527	-	583,001	976,435	-	1,070,403	552,979	406,303	94,143
PROJ COST ADJ											-	
2800		-									-	
2000		-	0			-	-		-		-	
TOTAL PROJ ADJS		-	0	-	-	-	-		-		-	
TOTAL HST/PROJ		7,252,791	0	-	-	583,001	976,435		1,070,403	552,979	406,303	94,143
REP PAT DAYS		41,859	0	40,213		41,859	41,859		41,859			
PAT DAY ADJS		-		-								
ADJ PAT DAYS		41,859		41,859	-	41,859	41,859		41,859			
TOTAL PT. DAYS 2021										38,091	38,091	38,091
NET PER DIEM		175.77		85.28	-	13.93	23.33		25.57	14.52	10.67	2.47
STAND PER DIEM		177.29		85.28	-	13.93	23.33		25.57	14.52	14.66	
NURSING HOME PROVIDE	R FEE	17.10									(FRV)	
ALLOW PER DIEM		179.76		85.28	-	13.93	23.33		25.57	14.52	14.66	2.47
GTH 5.00%		7.41		4.26	-	0.70	1.17		1.28		-	-
INCEN PER DIEM		1.53		0.53	-	0.22	0.41		0.37			
TOTAL PER DIEM		205.80										
BED HOLD & LEAVE DAY F	PER DIEM	141.52										

Facility Facility Add-on Statewide **WellStar Paulding Nursing Center** Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00142359A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.0155 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 42.57% 2.5% Quarterly Medicaid CMI: 1.0585 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** 1.0703 MDS & Nurse Hrs Data per Quarter Ending: 1.5216 4.59 4.0% Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Hosp Based 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 (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$8,537,572 \$1,387,621 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$23,688,557 \$0 \$2,741,819 \$1,790,564 \$4,061,240 \$5,169,741 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$104,429) (\$121,128) \$0 \$0 \$8,600 \$11.097 (\$2,998)As Adjusted FY19 GL/PL Rpt (\$133,757) As Adjusted Cost Center Costs (GL/PL) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$130,331 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$0 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$23,580,702 \$8,416,444 \$2,741,819 \$1,396,221 \$1,801,661 \$3,927,483 \$130,331 \$5,166,743 \$0 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 61,971 61,971 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 42.862 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$418.61 \$135.81 \$0.00 \$44.24 \$51.60 (with L&H) \$63.38 \$3.04 \$120.54 \$0.00 10 from 4 qtrs of FY19 Base Period Facility Case Mix Index for All Residents 1.0155 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$133.74 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$133.74 \$0.00 \$44.24 \$51.60 \$63.38 \$3.04 \$120.54 \$0.00 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$32.43 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$184.29 \$84.91 \$0.00 \$32.43 \$25.85 \$27.76 \$3.04 10.30 \$0.00 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$8.55 \$4.25 \$0.00 \$1.62 \$1.29 \$0.00 \$1.39 5.00% N/A N/A Ln 14 + Ln 15 \$0.00 16 CMA Allowed Per Diem (After Growth Allowance Add-on) \$192.84 \$89.16 \$0.00 \$34.05 \$27.14 \$29.15 \$3.04 \$10.30 \$0.00 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.0703 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$95.43 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$199.11 \$95.43 \$0.00 \$34.05 \$27.14 \$0.00 \$29.15 \$3.04 \$10.30 \$0.00 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.39 \$2.39 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) \$3.82 \$3.82 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 \$6.21 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$6.21 \$0.00 \$0.00

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$205.32

\$153.99

\$101.64

\$0.00

\$34.05

\$27.14

\$0.00

\$29.15

\$3.04

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$10.30

\$0.00

Facility Add-on Facility State-Provider: The Lodge Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142381A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.6945 1.4759 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.7588 1.5485 Case Mix Per Diem Rate Effective Date: 28.89% 1.0% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.7918 1.5216 4.83 Plant A&G -Admin Property Routine Special Laundry & Taxes and Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance Related Calculations & Maint General Insurance С CASE MIY BASED DATE CALCUL ATIONS

<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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%			
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,919,406	\$3,371,040	\$0	\$718,778	\$772,731	\$0	\$811,412		\$245,445	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$4,941	\$0	\$0	\$0	\$0	\$0	\$113,973		(\$109,032)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$103,581)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$148,646		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$3,471
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,972,883	\$3,371,040	\$0	\$718,778	\$772,731	\$0	\$821,804	\$148,646	\$136,413	\$3,471
8	Total Nursing Facility Days As Filed Days = 27,994	FY19 Audited C/R Days	27,994									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,311		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$216.60	\$120.42	\$0.00	\$25.68	\$27.60	(with L&H)	\$29.36	\$6.98	\$6.40	\$0.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6945</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.06	\$0.00	\$25.68	\$27.60		\$29.36	\$6.98	\$6.40	\$0.16
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.09	\$71.06	\$0.00	\$22.66	\$25.85		\$27.76	\$6.98	35.62	\$0.16
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.36	\$3.55	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.45	\$74.61	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$6.98	\$35.62	\$0.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7918</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.53	\$133.69	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$6.98	\$35.62	\$0.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.98	\$5.88	\$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	\$279.51	\$139.57	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$6.98	\$35.62	\$0.16

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$196.81

Facility Facility Add-on Statewide Provider: Pelham Parkway Nursing Home Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00142425A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.2868 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 30.86% 2.5% Quarterly Medicaid CMI: 1.1924 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.2094 1.5216 4.30 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Hosp Based 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 (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$7,090,507 \$3,361,354 \$0 \$953,840 \$541,826 \$535,321 \$1,270,192 \$427,974 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$22,316) \$0 (\$4,390)(\$13,589) \$0 \$0 (\$4,337)\$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$23,108)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$39,254 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$13,288 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$7,097,625 \$3,361,354 \$953,840 \$537,436 \$530,984 \$1,247,084 \$39,254 \$414,385 \$13,288 8 FY19 Audited C/R Days 38,233 **Total Nursing Facility Days** As Filed Days = 38,233 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 35.116 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$186.73 \$87.92 \$0.00 \$24.95 \$27.94 (with L&H) \$32.62 \$1.12 \$11.80 \$0.38 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.2868 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$68.33 RS = Ln 11, AllOthr = Ln 9 \$68.33 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$0.00 \$24.95 \$27.94 \$32.62 \$1.12 \$11.80 \$0.38 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$32.43 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$161.60 \$68.33 \$0.00 \$24.95 \$25.85 \$27.76 \$1.12 13.21 \$0.38 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$7.35 \$3.42 \$0.00 \$1.25 \$1.29 \$0.00 \$1.39 N/A 5.00% N/A Ln 14 + Ln 15 \$0.00 16 CMA Allowed Per Diem (After Growth Allowance Add-on) \$168.95 \$71.75 \$0.00 \$26.20 \$27.14 \$29.15 \$1.12 \$13.21 \$0.38 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.2094 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$86.77 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$183.97 \$86.77 \$0.00 \$26.20 \$27.14 \$0.00 \$29.15 \$1.12 \$13.21 \$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) \$0.75 \$0.53 \$0.00 \$0.22 \$0.00 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.17 2.5% (to Routine Srvs) \$2.17 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$2.60 \$2.60 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10

24

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$22.62

\$206.59

\$142.12

\$0.00

\$0.00

\$5.30

\$92.07

\$0.22

\$26.42

\$0.00

\$27.14

\$0.00

\$0.00

\$17.10

\$46.25

\$0.00

\$1.12

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$13.21

\$0.00

\$0.38

Facility Add-on Facility State-Provider: PruittHealth -Jasper Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142436A Growth Allowance: 5.00% Base Period Overall CMI: 1.5223 1.4759 1/1/2022 Qtrly BIMS score 27.50% Quarterly Medicaid CMI: 1.6664 Case Mix Per Diem Rate Effective Date: 1.0% 1.5485

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours pe	r On-Site Day/Q	e Day/Quality Incentive: 3.39			Qrtrly Mcaid	CMI w RUG \	Wght Options:		1.6998	1.5216
ine #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	_	1			
'	Type of Facility within Peer Group	(see Policy Maridal)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
,	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,932,238	\$1,938,198	\$0	\$342,738	\$544,238	\$0	\$806,976		\$300,088	(
3	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$44,308)	(\$58,810)	\$0	\$0	\$0	\$0	\$52,247		(\$37,745)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$113,924)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$258,122		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$11,3
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,043,442	\$1,879,388	\$0	\$342,738	\$544,238	\$0	\$745,299	\$258,122	\$262,343	\$11,3°
3	Total Nursing Facility Days As Filed Days = 19,203	FY19 Audited C/R Days	19,203									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,241		
)	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$213.72	\$97.87	\$0.00	\$17.85	\$28.34	(with L&H)	\$38.81	\$14.97	\$15.22	\$0.6
0	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5223								
1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.29								
2	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.29	\$0.00	\$17.85	\$28.34		\$38.81	\$14.97	\$15.22	\$0.6
3	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
4	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.86	\$64.29	\$0.00	\$17.85	\$25.85		\$27.76	\$14.97	17.48	\$0.6
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
5	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.78	\$3.21	\$0.00	\$0.89	\$1.29	\$0.00	\$1.39	N/A	N/A	N/
6	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.64	\$67.50	\$0.00	\$18.74	\$27.14	\$0.00	\$29.15	\$14.97	\$17.48	\$0.6
7	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6998	*****		*	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V	******	******	, , ,
8	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.74								
9	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.88	\$114.74	\$0.00	\$18.74	\$27.14	\$0.00	\$29.15	\$14.97	\$17.48	\$0.6
	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	
1	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.88	\$6.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.88	\$8.56	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
5	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.76	\$123.30	\$0.00	\$18.96	\$27.14	\$0.00	\$46.25	\$14.97	\$17.48	\$0.6
-					1			1	1	<u> </u>		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$173.75

	ovider: Harborview Health Systems - Pierce	Ado	I-on Data and P	ercentages rth Allowance:	Facility Score N/A	Add-on Percent 5.00%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.4998	State- wide 1.4759
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022 09/30/21 Nurse Hours per 0	Qtr	ly BIMS score	26.42% 5.56	1.0% 3.0%	Qrtrly Mcaid	Quarterly N	Medicaid CMI: Vght Options:		1.7311 1.7632	1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes		1 All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,598,718	\$2,716,857	\$0	\$461,030	\$654,636	\$0	\$849,943		\$916,252	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$46,459)		\$0	(\$1,870)	(\$2,992)	(\$3,760)			(\$26,247)	**
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	,			,	,	,	(\$62,698)		,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$92,429		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$109,872
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,691,862	\$2,716,857	\$0	\$459,160	\$651,644	(\$3,760)	\$775,655	\$92,429	\$890,005	\$109,872
8	Total Nursing Facility Days As Filed Days = 26,179	FY19 Audited C/R Days	26,179									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,606		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$226.26	\$103.78	\$0.00	\$17.54	\$24.75	(with L&H)	\$29.63	\$4.28	\$41.19	\$5.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4998</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.20	\$0.00	\$17.54	\$24.75		\$29.63	\$4.28	\$41.19	\$5.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.55	\$69.20	\$0.00	\$17.54	\$24.75		\$27.76	\$4.28	17.93 (FRV)	\$5.09
	Quarterly Per Diem Rate Prior to Add-ons										(11(1)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.97	\$3.46	\$0.00	\$0.88	\$1.24	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.52	\$72.66	\$0.00	\$18.42	\$25.99	\$0.00	\$29.15	\$4.28	\$17.93	\$5.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7632								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.97	\$128.11	\$0.00	\$18.42	\$25.99	\$0.00	\$29.15	\$4.28	\$17.93	\$5.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.84	\$3.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.38	\$5.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$252.35	\$133.76	\$0.00	\$18.64	\$26.40	\$0.00	\$46.25	\$4.28	\$17.93	\$5.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.44						•			•
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$263.29									

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

\$184.64

Facility Facility Add-on Statewide Provider: Pine Knoll Nursing and Rehab Center Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00142458A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.6616 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 32.81% 2.5% Quarterly Medicaid CMI: 1.6280 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.6594 1.5216 2.84 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$7,206,075 \$3,716,827 \$0 \$772,862 \$696,545 \$0 \$1,275,235 \$744,606 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$49,808) \$0 \$0 \$0 \$0 (\$13,448) \$0 (\$36,360)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$10,987) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$12,462 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$41,351 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$7,199,093 \$3,716,827 \$772,862 \$696,545 \$1,250,800 \$12,462 \$708,246 \$41,351 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 39,987 39,987 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 34.574 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$183.02 \$92.95 \$0.00 \$19.33 \$17.42 (with L&H) \$31.28 \$0.36 \$20.48 \$1.20 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.6616 11 Ln 9 / Ln 10 \$55.94 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$31.28 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$55.94 \$0.00 \$19.33 \$17.42 \$0.36 \$20.48 \$1.20 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$130.70 Base Period Case Mix Adjusted Allowed Per Diem \$55.94 \$0.00 \$19.33 \$17.42 \$27.76 \$0.36 8.69 \$1.20 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.03 \$2.80 \$0.00 \$0.97 \$0.87 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$136.73 \$58.74 \$0.00 \$20.30 \$18.29 \$0.00 \$29.15 \$0.36 \$8.69 \$1.20 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.6594 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$97.47 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$175.46 \$97.47 \$0.00 \$20.30 \$18.29 \$0.00 \$29.15 \$0.36 \$8.69 \$1.20 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.44 2.5% (to Routine Srvs) \$2.44 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$2.92 \$2.92 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10

24

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$23.62

\$199.08

\$136.49

\$0.00

\$0.00

\$5.89

\$103.36

\$0.22

\$20.52

\$0.41

\$18.70

\$0.00

\$0.00

\$17.10

\$46.25

\$0.00

\$0.36

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$8.69

\$0.00

\$1.20

Facility Add-on Facility State-Provider: Cross View Care Center Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142502A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3288 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 31.25% 2.5% Quarterly Medicaid CMI: 1.5931 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6232 MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.5216 3.05

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
•	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Folicy Maridar)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
_	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,590,947	\$1,629,031	\$0	\$349,374	\$349,528	\$0	\$575,197		\$687,817	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$36,371)	\$0	\$0	\$0	(\$1,442)	(\$1,283)	(\$9,035)		(\$24,611)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$25,743)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$61,316		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$20,77
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,610,928	\$1,629,031	\$0	\$349,374	\$348,086	(\$1,283)	\$540,419	\$61,316	\$663,206	\$20,77
8	Total Nursing Facility Days As Filed Days = 24,878	FY19 Audited C/R Days	24,878									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,910		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.72	\$65.48	\$0.00	\$14.04	\$13.94	(with L&H)	\$21.72	\$2.68	\$28.95	\$0.9
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3288								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0.00	\$14.04	\$13.94		\$21.72	\$2.68	\$28.95	\$0.9
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.18	\$49.28	\$0.00	\$14.04	\$13.94		\$21.72	\$2.68	8.61	\$0.9
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.95	\$2.46	\$0.00	\$0.70	\$0.70	\$0.00	\$1.09	N/A	N/A	N//
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.13	\$51.74	\$0.00	\$14.74	\$14.64	\$0.00	\$22.81	\$2.68	\$8.61	\$0.9
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ110.13	1.6232	ψ0.00	Ψιτ.ιτ	ψ14.04	ψ0.00	Ψ22.01	Ψ2.00	Ψ0.01	Ψ0.5
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.37	\$83.98	\$0.00	\$14.74	\$14.64	\$0.00	\$22.81	\$2.68	\$8.61	\$0.9
											·	
	Quarterly 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.52	\$2.52					***			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10				•-		\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.62	\$89.13	\$0.00	\$14.96	\$15.05	\$0.00	\$40.28	\$2.68	\$8.61	\$0.9

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$115.89

Facility Add-on Facility State-Provider: Pinewood Manor Nursing Home Specific wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142513A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.2613 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 54.76% 5.5% 1.4280 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: Nurse Hours per On-Site Day/Quality Incentive: 3.0% 1.4519 1.5216 4.12 Plant Admin A&G -Property Routine Special Laundry & Taxes and

6 Audit Adjustments and Reallocations to Cost Center Costs (SUPL) As Adjusted Cost Center Costs (SUPL) As Adjusted Cost Center Costs (SUPL) As Adjusted Cost Center Costs (SUPL) As Adjusted Cost Center Costs (SUPL) As Adjusted Cost Center Costs (SUPL) As Adjusted Cost Center Costs (Suple) As Adjusted Cost Center Costs (Suple) As Adjusted Cost Center Costs (Suple) As Adjusted Cost Center Costs (Suple) As Adjusted Cost Center Costs (Suple) As Adjusted Cost Center Costs (Suple) As Adjusted C	Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Insurance
Cost Center Poet Groups				а	b	С	d	е	f	g	g	h	i
Cost Center Poet Groups	C	ASE MIX BASED RATE CALCULATIONS											
Process Proc	<u> </u>												
Peer Size Price minimal free Price Oncor All Peer Sizes Al Peer Sizes	1		(see Policy Manual)		1 ^// Facilities		1			'			1
2 Performacy Standarders Furnamental Support Performacy Standarders Furnamental Support Performacy Standarders Furnamental Support Performacy Standarders Furnamental Support Performacy Standarders Furnamental Support Performacy Standarders Furnamental Support Performacy Standarders Furnamental Support Performacy Standarders Furnamental Support Performacy Standarders Furnamental Support Performacy Standarders Furnamental Support Performacy Standarders Standar							1 '		1				
Second S		Peer Group Standards & Efficiency Measure Limits											
Base Period Per Diem Allowed Amounts Same Period Per Diem Allowed Amounts Same Period Per Diem Allowed Amounts Same Period Per Diem Allowed Amounts Same Period Per Diem Allowed Amounts Same Period Per Diem Allowed Amounts Same Period Per Diem Allowed Amounts Same Period Per Diem Allowed Amounts Same Period Per Diem Allowed Amounts Same Period Per Diem Allowed Amounts Same Period Per Diem Allowed Amounts Same Period	2					1	1			1			1
Base Period Per Diem Allowed Amounts A a Field Pyre CR-Pyre OutPL Rat S. 5,28,674 \$2,597,761 \$0 \$694,972 \$354,269 \$327,954 \$393,106 \$435,612 \$5 \$64,401,401,401,401,401 \$6,401,401,401,401,401,401,401,401,401,401	3	,								1			1
Second Content Costs (Reculture A Special Snock Centent Costs) (Reculture A Special Snock Centent Costs) (Reculture A Special Snock Centent Costs) (Reculture A A Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Centent Costs (RUPL) As Adjusted Cost Center Costs (RUPL	4	, ,	(see Policy Manual)		φ <i>0.</i> 53	\$0.00	φ0.22	φυ.41		\$0.37			
Fig. 2014 Adjustments and Realisocations to Cost Center Costs (a).Psi Ax Adjusted	_		A 51 J5440 0/D 5440 0//DLD	45 000 074	*** *** *** ** ** ** ** 		0004.070	* 054.000	0007.054	***		* 405.040	00
As Adjusted Cost Center Costs (GLPL) As Adjusted Crost Center Costs (GLPL) As Adjusted Crost Center Costs (Taws and insurance) As Adjusted Crost Center Costs (Taws and insura	-	· · · · · ·	· '							· '			\$0
As Adjusted Cost Center Costs (GLIPL) As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted Cost Center Costs and Insurance Costs and Insurance Costs and Insurance Costs and Insurance Costs and Insurance Costs and Insurance Costs and Insurance Costs and Insurance Costs and Insurance Costs and Insurance Costs and Insurance Costs and Insurance Costs and Insurance Costs and Insurance Costs and Insurance Costs and Insurance	6	,	·	(\$13,557)	\$0	\$0	\$0	\$0	\$0	1		(\$13,557)	1
As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted PCRI Cost Setter Audit Adjustments Total Nursing Facility Days As Field Days = 34.536 Total Nursing Facility Days As Field Days = 34.536 FY19 Audited CR Days FY10 Audited CR Da		,								(\$25,853)			1
FY19 Audited CR (As Asi, FY21 GLPL/T8)											\$50,456		
8 Total Nursing Facility Days As Filed Days = 34,636 Total Nursing Facility Days GL-PL Ins. Rpt FY21 Audted C/R Days Total Nursing Facility Days GL-PL Ins. Rpt FY21 Audted C/R Days 9 Net Per Diems prior to Case Mix Adjistnt to Routine Stross 1.0 1.0 8.56.72 1.0 8.63 \$15.82 \$15.82 \$0.3 1.0 8.63 \$15.82 \$15.82 \$0.3 1.0 8.63 \$15.82 \$	_	,	·										
Total Nursing Facility Days GL-PL Ins. Rpt FY21 Audited CR Days Net Per Diems prior to Case Mix Adjust not Routine Strycs Ln 7/Ln 8 Cot a S158.95 S74.71 S0.00 S19.78 S19.70 S26.34 S1.89 S15.82 S0.1 Routine Strycs Case Mix Adjust (DMA) Net Per Diem Ln 9/Ln 10 S50.23 Routine Strycs Case Mix Adjust (DMA) Net Per Diem Ln 9/Ln 10 S50.23 Per Diem Standards (After Staiewide CMA for Routine Strycs Reserved Ln 12 or Ln 13 Per Diem Standards (After Staiewide CMA for Routine Strycs Reserved Ln 12 or Ln 13 S137.60 S50.23 S0.00 S19.78 S19.70 S26.34 S1.89 S15.82 S0.1 Per Diem Standards (After Staiewide CMA for Routine Strycs Reserved Ln 12 or Ln 13 S137.60 S50.23 S0.00 S19.78 S19.70 S26.34 S1.89 S15.82 S0.00 N/A Bases Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 S137.60 S50.23 S0.00 S19.78 S19.70 S26.34 S1.89 S15.82 S0.00 N/A N/A N/A N/A N/A N/A N/A N	•	,			\$2,587,761	\$0	\$684,972	\$354,269	\$327,954	\$912,253	\$50,456	\$422,055	\$18,973
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Ln 7 / Ln 8 Col a \$158.95 \$74.71 \$0.00 \$19.78 \$19.70 (with L&H) \$26.34 \$1.89 \$15.82 \$0.70 \$10.88 per Perior Facility Case Mix Index for All Residents from 4 gtrs of Pf 19 Ln 9 / Ln 10 \$59.23 \$1.80 \$1.89 \$15.82 \$0.70 \$1.82 \$1.89 \$15.82 \$0.70 \$1.8	8		·	34,636									1
Base Period Facility Case Mix Adjusted (CMA) Net Per Diem La y La 10													
11 Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem Ln 9/Ln 10 \$59,23 12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs		,		\$158.95		\$0.00	\$19.78	\$19.70	(with L&H)	\$26.34	\$1.89	\$15.82	\$0.71
12 Net Per Diems after Case Mix Adjistrnt to Routine Srvcs			·										1
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)		, , ,						_					1
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$137.60 \$59.23 \$0.00 \$19.78 \$19.70 \$26.34 \$1.89 9.95 \$0.70 \$1.80		,	,							1		·	\$0.71
Counterly Per Diem Rate Prior to Add-ons CFRV		· · · · · · · · · · · · · · · · · · ·	· ·										1
Counterly Per Diem Rate Prior to Add-ons Converting the Counterly Section Counterly Sectio	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.60	\$59.23	\$0.00	\$19.78	\$19.70		\$26.34	\$1.89		\$0.71
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem 5.5% (to Routine Srvs) 21 BIMS Add-on Per Diem 5.5% (to Routine Srvcs) 22 Nurse Staff Hrs / Quality Add-on Per Diem 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Augusterly Per Diem Add-on Amounts 26 Augusterly Per Diem Add-on Per Diem 3.0% (to Routine Srvcs) 27 Augusterly Per Diem Add-on Per Diem 3.0% (to Routine Srvcs) 28 Augusterly Per Diem Add-on Per Diem 3.0% (to Routine Srvcs) 29 Augusterly Per Diem Add-on Per Diem 3.0% (to Routine Srvcs) 30 Augusterly Per Diem Add-on Per Diem 3.0% (to Routine Srvcs) 31 Augusterly Per Diem Add-on Amounts 32 Augusterly Per Diem Add-on Amounts 33 Augusterly Per Diem Add-on Amounts 34 Augusterly Per Diem Add-on Amounts 35 Augusterly Per Diem Add-on Amounts 36 Augusterly Per Diem Add-on Amounts 36 Augusterly Per Diem Add-on Amounts 37 Augusterly Per Diem Add-on Amounts 38 Augusterly Per Diem Add-on Amounts 39 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 30 Augusterly Per Diem Add-on Amounts 31 Augusterly Per Diem Add-on Amounts 31 Augusterly Per Diem Add-on Amounts 31 Augusterly Per Diem Add-on Amounts 31 Augusterly Per Diem Add-on Amounts 31 Augusterly Per Diem Add-on Amounts 31 Augusterly Per Diem Add-on Amounts 31		Quarterly Per Diem Rate Prior to Add-ons										(//(//	
17 Quarterly Facility Case Mix Index for Medicaid Residents	15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.26	\$2.96	\$0.00	\$0.99	\$0.99	\$0.00	\$1.32	N/A	N/A	N/A
18	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.86	\$62.19	\$0.00	\$20.77	\$20.69	\$0.00	\$27.66	\$1.89	\$9.95	\$0.71
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$171.96 \$90.29 \$0.00 \$20.77 \$20.69 \$0.00 \$27.66 \$1.89 \$99.95 \$0.70 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ((Stnd - Alwd) x.75, up to max, or 0) 21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee (Fixed Amount) Sum of Lns 20 thru 23 \$20.53 \$30.53 \$30.00 \$30.22 \$30.41 \$30.00 \$30.00 \$30.22 \$30.41 \$30.00 \$30.	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4519</u>								1
Quarterly Per Diem Add-on Amounts Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$4.97 \$4.97 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.71 \$2.71 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$26.31 \$8.21 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.29								1
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.96	\$90.29	\$0.00	\$20.77	\$20.69	\$0.00	\$27.66	\$1.89	\$9.95	\$0.71
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$4.97 \$4.97 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.71 \$2.71 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$26.31 \$8.21 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.71 \$2.71 \$2.71 \$2.71 \$17.10 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$26.31 \$8.21 \$0.00 \$0.02 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	1
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.97	\$4.97								
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$26.31 \$8.21 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00	22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.71	\$2.71								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$198.27 \$98.50 \$0.00 \$20.99 \$21.10 \$0.00 \$45.13 \$1.89 \$9.95 \$0.20	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.31	\$8.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.27	\$98.50	\$0.00	\$20.99	\$21.10	\$0.00	\$45.13	\$1.89	\$9.95	\$0.71

Quarterly Per Diem Rate for Bed Hold and Leave Days

26

\$135.88

Facility Facility Add-on Statewide Provider: Lillian G. Carter Nursing Center Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00142524A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4810 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 50.00% 5.5% Quarterly Medicaid CMI: 1.5176 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.5461 1.5216 2.72 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$5,499,817 \$3,031,718 \$0 \$533,251 \$621,444 \$0 \$794,157 \$519,247 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$67,170) (\$36,162) \$0 \$0 (\$7,737)(\$33,253)\$0 \$9.982 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$53,040)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$105,950 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$32,568 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$5,518,125 \$2,995,556 \$533,251 \$621,444 (\$7,737) \$751,099 \$105,950 \$485,994 \$32,568 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 32,814 32,814 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 27.064 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$172.20 \$91.29 \$0.00 \$16.25 \$18.70 (with L&H) \$22.89 \$3.91 \$17.96 \$1.20 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4810 11 Ln 9 / Ln 10 \$61.64 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$61.64 \$0.00 \$16.25 \$18.70 \$22.89 \$3.91 \$17.96 \$1.20 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$135.27 Base Period Case Mix Adjusted Allowed Per Diem \$61.64 \$0.00 \$16.25 \$18.70 \$22.89 \$3.91 10.68 \$1.20 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$5.97 \$3.08 \$0.00 \$0.81 \$0.94 \$0.00 \$1.14 5.00% N/A N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$141.24 \$64.72 \$0.00 \$17.06 \$19.64 \$24.03 \$3.91 \$10.68 \$1.20 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.5461 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$100.06 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$176.58 \$100.06 \$0.00 \$17.06 \$19.64 \$0.00 \$24.03 \$3.91 \$10.68 \$1.20 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$5.50 \$5.50 5.5% (to Routine Srvs)

Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)

22

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$3.00

\$17.10

\$27.13

\$203.71

\$139.96

\$3.00

\$9.03

\$109.09

\$0.00

\$0.00

\$0.22

\$17.28

\$0.41

\$20.05

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$10.68

\$0.00

\$1.20

\$17.10

\$17.47

\$41.50

\$0.00

\$3.91

\$0.00

\$0.00

Facility Add-on Facility State-Provider: The Place at Martinez Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00142535A Base Period Overall CMI: 1.3771 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.3446 1.5485 36.36% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.3643 3.0% 1.5216 4.91

	WIDO & National Policy addition Entaining. 00/30/21		On One Day/Q	daily incontive.	4.51	3.070	Withy Wiodia	OWI W IXOO Y	right Options.		1.00+0	1.3210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
ြင	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 200 0.200	7 117 200 0.200	7 117 200 01200	7 200 0.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,398,274	\$2,559,865	\$0	\$571,515	\$560,551	\$0	\$1,097,674		\$608,669	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$50,776)	\$0	\$0	\$0	\$0	\$0	\$0		(\$50,776)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	,						(\$230,664)		(, , ,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$407,626		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$89,264
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,613,724	\$2,559,865	\$0	\$571,515	\$560,551	\$0	\$867,010	\$407,626	\$557,893	\$89,264
8	Total Nursing Facility Days As Filed Days = 28,304	FY19 Audited C/R Days	28,304									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,683		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$207.57	\$90.44	\$0.00	\$20.19	\$19.80	(with L&H)	\$30.63	\$17.97	\$24.60	\$3.94
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.3771</u>								
11		Ln 9 / Ln 10		\$65.68								
12		RS = Ln 11, AllOthr = Ln 9		\$65.68	\$0.00	\$20.19	\$19.80		\$30.63	\$17.97	\$24.60	\$3.94
13		per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.67	\$65.68	\$0.00	\$20.19	\$19.80		\$27.76	\$17.97	11.33	\$3.94
	, in the second										(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$6.67	\$3.28	\$0.00	\$1.01	\$0.99	\$0.00	\$1.39	N/A	N/A	N/A
16	, ,	Ln 14 + Ln 15	\$173.34	\$68.96	\$0.00	\$21.20	\$20.79	\$0.00	\$29.15	\$17.97	\$11.33	\$3.94
17	, , , , <u> </u>	per Current Qtr End		1.3643								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.46	\$94.08	\$0.00	\$21.20	\$20.79	\$0.00	\$29.15	\$17.97	\$11.33	\$3.94
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.43	\$5.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.89	\$99.78	\$0.00	\$21.42	\$21.20	\$0.00	\$46.25	\$17.97	\$11.33	\$3.94

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$153.59

Facility Add-on Facility State-Provider: Pleasant View Nursing Center Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00142546A Base Period Overall CMI: 1.2713 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 29.36% Quarterly Medicaid CMI: 1.2527 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.0% 1.2725 1.5216 2.44

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C/	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(aca Policy Manual)		1	1	2	4	1	1			
'	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
•	Emolotoy Weddare Waximamo (See line 2010) dedari	(See Foliey Maridal)		ψ0.00	φυ.σσ	ΨΟ.ΣΣ	ψ0.47		φο.στ			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,027,994	\$2,522,440	\$0	\$456,126	\$539,463	\$0	\$982,765		\$527,200	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$44,783)	\$0	\$0	\$0	\$0	\$0	(\$14,745)		(\$30,038)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$32,064)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$80,018		
_	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R	AF 007 004	00 500 440	•	0.450.400	2500 400		4005.050	000.040	# 407 400	\$56,76
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,087,934	\$2,522,440	\$0	\$456,126	\$539,463	\$0	\$935,956	\$80,018	\$497,162	\$56,76
8	Total Nursing Facility Days As Filed Days = 40,599	FY19 Audited C/R Days	40,599							00.000		
^	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days Ln 7 / Ln 8 Col a	£400.00	CCO 40	#0.00	£44.00	£42.00	(i4- 911)	фор от	38,223	# 40.04	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 qtrs of FY19	\$126.29	\$62.13	\$0.00	\$11.23	\$13.29	(with L&H)	\$23.05	\$2.09	\$13.01	\$1.4
10 11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.2713 \$48.87								
	Net Per Diems after Case Mix Adjstat to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.87	\$0.00	\$11.23	\$13.29		\$23.05	\$2.09	\$13.01	\$1.4
12 13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$46.67 \$84.91	\$0.00	\$11.23	\$13.29		\$23.05	\$0.00	\$13.01 N/A	φ1.4
14	, ,	Lesser of Ln 12 or Ln 13	\$109.71	\$48.87	\$0.00	\$11.23	\$13.29		\$27.76	\$2.09	9.69	\$1.4
14	Base Period Case Mix Adjusted Allowed Per Diem	Lessel of Ell 12 of Ell 13	\$109.71	φ 4 0.0 <i>1</i>	\$0.00	\$11.23	\$13.29		\$23.00	φ2.09	9.09 (FRV)	φ1.4
	Quarterly Per Diem Rate Prior to Add-ons										,	
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$4.81	\$2.44	\$0.00	\$0.56	\$0.66	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.52	\$51.31	\$0.00	\$11.79	\$13.95	\$0.00	\$24.20	\$2.09	\$9.69	\$1.4
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2725</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$128.50	\$65.29	\$0.00	\$11.79	\$13.95	\$0.00	\$24.20	\$2.09	\$9.69	\$1.4
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.65	\$0.65			*		, , , , ,		*- 32	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.65	\$0.65								
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	\$19.93	\$1.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$148.43	\$67.12	\$0.00	\$12.01	\$14.36	\$0.00	\$41.67	\$2.09	\$9.69	\$1.4

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$98.50

	ovider: Cedar Valley Nursing and Rehab Center odr ID: 00142557A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add: 1/1/2022 09/30/21 Nurse Hours per C	Qtrl	th Allowance: y BIMS score	Facility Score N/A 40.00% 2.84	Add-on Percent 5.00% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4833 1.4938 1.5199	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	s Filed FY19 C/R - FY19 GL/PL Rpt	\$5,312,328	\$2,436,008	\$0	\$616,246	\$574,559	\$0	\$990,756		\$694,759	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$92,842)	(\$38,102)	\$0	(\$1,151)	\$0	(\$3,373)	(\$15,934) (\$9,005)		(\$34,282)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$10,215		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,640
7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Audited C/R (As Adj. FY21 GLPL/T	\$5,256,336	\$2,397,906	\$0	\$615,095	\$574,559	(\$3,373)	\$965,817	\$10,215	\$660,477	\$35,640
8	Total Nursing Facility Days As Filed Days = 32,065 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	32,065							27,936		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.18	\$74.78	\$0.00	\$19.18	\$17.81	(with L&H)	\$30.12	\$0.37	\$23.64	\$1.28
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.4833</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.41	\$0.00	\$19.18	\$17.81		\$30.12	\$0.37	\$23.64	\$1.2
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.72	\$50.41	\$0.00	\$19.18	\$17.81		\$27.76	\$0.37	9.91 <i>(FRV)</i>	\$1.28
	Quarterly Per Diem Rate Prior to Add-ons										(11(0)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.76	\$2.52	\$0.00	\$0.96	\$0.89	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.48	\$52.93	\$0.00	\$20.14	\$18.70	\$0.00	\$29.15	\$0.37	\$9.91	\$1.2
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5199</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.00	\$80.45	\$0.00	\$20.14	\$18.70	\$0.00	\$29.15	\$0.37	\$9.91	\$1.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.01	\$2.01	•						-	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.95	\$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	\$182.68	\$85.40	\$0.00	\$20.36	\$19.11	\$0.00	\$46.25	\$0.37	\$9.91	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.19			I	I	l	1			I

\$203.23

\$139.60

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Presbyterian Home, Quitman, Inc. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142579A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3897 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 49.66% 5.5% Quarterly Medicaid CMI: 1.2621 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.88 2.0% 1.2820 1.5216

Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(and Deliny Manual)		4	1	2	4					
Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(see Folicy Wartuar)		ψ0.00	φ0.00	ψ0.22	ψυ. 41		φυ.στ			
Base Period Per Diem Allowed Amounts											
As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$13,276,566	\$6,855,622		' ' '	\$1,573,365	\$0	' ' '		\$1,131,308	\$
Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$73,043)	(\$4,540)	\$0	\$0	\$0	\$413	(\$5,070)		(\$63,846)	
As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,627)			
As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$100,151		
As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R					4					\$28,89
7 Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,283,943	\$6,851,082	\$0	\$1,638,487	\$1,573,365	\$413	\$2,024,087	\$100,151	\$1,067,462	\$28,89
8 Total Nursing Facility Days As Filed Days = 63,776	FY19 Audited C/R Days	63,776							50.000		
Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	4000 50	0407.40		405.00	* 04.00	(; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	004.74	59,903	447.00	
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$209.50	\$107.42	\$0.00	\$25.69	\$24.68	(with L&H)	\$31.74	\$1.67	\$17.82	\$0.4
Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.3897</u>								
Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.29							.	
Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.29	\$0.00	\$25.69	\$24.68		\$31.74	\$1.67	\$17.82	\$0.4
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.51	\$77.29	\$0.00	\$22.66	\$24.68		\$27.76	\$1.67	19.97 (FRV)	\$0.4
Quarterly Per Diem Rate Prior to Add-ons										(/ / / / /	
15 Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.61	\$3.86	\$0.00	\$1.13	\$1.23	\$0.00	\$1.39	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.12	\$81.15	\$0.00	\$23.79	\$25.91	\$0.00	\$29.15	\$1.67	\$19.97	\$0.4
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2820								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.03								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.00	\$104.03	\$0.00	\$23.79	\$25.91	\$0.00	\$29.15	\$1.67	\$19.97	\$0.4
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.72	\$5.72			•					
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
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	\$8.74	\$8.33	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.74	\$112.36	\$0.00	\$23.79	\$26.32	\$0.00	\$29.15	\$1.67	\$19.97	\$0.4
,		,	, : : =:5		,=	+			*	¥1333	+

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$160.31

Provider:	Bryant Health & Rehab. Ctr, Inc		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID:	00142601A		Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.4820	1.4759
	Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtrly BIMS score	28.26%	1.0%	Quarterly Medicaid CMI:	1.5521	1.5485
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per On-Site Day/Quality Incentive:	2.64	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5825	1.5216

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per C	on-Site Day/Qua	anty incentive:	2.64	3.0%	Qrtriy Mcald	CIVII W RUG V	vgnt Options:		1.5825	1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
G	ASE MIX BASED RATE CALCULATIONS											
<u> </u>	NOE MIX BACED HATE GAEGGEATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing		All Facilities	1 All Facilities All Bed Sizes			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,606,412	\$1,606,784	\$0	\$337,498	\$411,611	\$0	\$586,641		\$663,878	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$25,368)	\$0	\$0	\$0	\$0	\$0	(\$10,696)		(\$14,672)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$36,935)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$95,751		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,601
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,668,461	\$1,606,784	\$0	\$337,498	\$411,611	\$0	\$539,010	\$95,751	\$649,206	\$28,601
8	Total Nursing Facility Days As Filed Days = 24,688	FY19 Audited C/R Days	24,688									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,952		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$154.18	\$65.08	\$0.00	\$13.67	\$16.67	(with L&H)	\$21.83	\$4.57	\$30.99	\$1.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4820</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.91	\$0.00	\$13.67	\$16.67		\$21.83	\$4.57	\$30.99	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.70	\$43.91	\$0.00	\$13.67	\$16.67		\$21.83	\$4.57	9.68	\$1.37
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.80	\$2.20	\$0.00	\$0.68	\$0.83	\$0.00	\$1.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.50	\$46.11	\$0.00	\$14.35	\$17.50	\$0.00	\$22.92	\$4.57	\$9.68	\$1.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5825</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.36	\$72.97	\$0.00	\$14.35	\$17.50	\$0.00	\$22.92	\$4.57	\$9.68	\$1.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.73	\$0.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$21.55	\$3.45	\$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	\$164.91	\$76.42	\$0.00	\$14.57	\$17.91	\$0.00	\$40.39	\$4.57	\$9.68	\$1.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.86							-	-	

\$179.58

\$121.86

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

6 Audit Adjustments and Reallocations to Cost Center Costs (ALPL) As Adjusted Crost Center Costs (GLPL) As Adjusted Crost Center Costs (GLPL) As Adjusted PY9 GLPL Rpt As Adjusted PY9 GLPL Rpt As Adjusted Crost Center Costs (Taxwa and Insurance) As Adjusted Crost Center Costs (Taxwa and Insurance) As Adjusted Crost Center Costs (Taxwa and Insurance) As Adjusted PY9 GLPL Rpt As Adjusted PY9 GLPL Rpt As Adjusted Crost Center Costs (Taxwa and Insurance) As Adjusted Crost Center Costs (Taxwa and Insurance) As Adjusted PY9 GLPL Rpt		vider: Providence Healthcare of Thomaston dr ID: 00142612A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022		owth Allowance: etrly BIMS score	Facility Score N/A 44.44% 2.94	Add-on <u>Percent</u> 5.00% 2.5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3919 1.3829 1.4067	State- wide 1.4759 1.5485 1.5216
Case Pallery Manual)	ine #	Description		Totals			Dietary	,	Operatns	and	GL/PL	and	Taxes and Insurance
Cost Center Pear Groups (see Picky Menual) Fig. 2				а	b	С	d	е	f	g	g	h	i
A Processing summy Proced Cincips A Processing	CAS	SE MIX BASED RATE CALCULATIONS											
2 Peer Group Standarder-Review Peer Spring Standarder-Review Peer Spring Standarder-Review Peer Spring Standarder-Review Peer Spring Standarder-Review Peer Spring Standarder-Review Peer Spring Standarder-Review Peer Peer Spring Standarder-Review Peer Peer Spring Standarder-Review Peer Peer Spring Standarder-Review Peer Peer Spring Standarder-Review Peer Peer Spring Standarder-Review Peer Peer Spring Standarder-Review Peer Peer Spring Standarder-Peer S	1 (Type of Facility within Peer Group	(see Policy Manual)				Free Standing		All Facilities	All Facilities			
A a Filed Crost Center Costs (Noutine & Special Since Combined)	2 3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
A Adjusted PTIS CRIANCE Adjustments and Reallocations to Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted PTIS GLPL Rpt As Adjusted PTIS GLPL Rpt As Adjusted PTIS GLPL Rpt As Adjusted Cost Center Costs (GLPL) As Adjusted PTIS GLPL Rpt As Adjusted PTIS G	E	Base Period Per Diem Allowed Amounts											
As Adjusted Cost Center Costs: (GLPL) As Adjusted Cost Center Costs: (GLPL) As Adjusted Cost Center Costs: (GLPL) As Adjusted Cost Center Costs: (GLPL) As Adjusted Cost Center Costs: (Taxes and insurance) As Adjusted Cost Center Costs: (Taxes a	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,902,418	\$2,262,099	\$0	\$436,697	\$542,561	\$0	\$800,631		\$860,430	\$0
As Adjusted Crost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments FY19 Audited Cirk (As Adj. FY21 GLPL/T&l) Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Fixed Days = 30,556 Total Nursing Facility Days As Fixed Days = 30,556 Total Nursing Facility Days GL-PL Ins. Rpt Total Nursing Facility Days GL-PL Ins. Rpt FY19 Audited Cirk Days FY21 Audited Cirk Days		•	•	(\$48,413)	\$0	\$0	\$0	(\$1,647)	(\$1,552)	, , ,		(\$23,701)	
Total Nursing Facility Days GL-PL Ins. Rpt		As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$110,694		
Total Nursing Facility Days		As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,644
Total Nursing Facility Days GL-PL Ins. Rpt		•	, , ,		\$2,262,099	\$0	\$436,697	\$540,914	(\$1,552)	\$726,160	\$110,694	\$836,729	\$19,644
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srves Ln 7 / Ln 8 Col a \$167.47 \$74.03 \$0.00 \$14.29 \$17.65 \$23.76 \$4.32 \$32. 10 Base Period Facility Case Mix Index for All Residents from 4 gins of FY19 Ln 9 / Ln 10 \$53.19 \$0.00 \$14.29 \$17.65 \$23.76 \$4.32 \$32. 11 Routine Srves Case Mix Adjistmt to Routine Srves RS = Ln 11, AllOthr = Ln 9 \$53.19 \$0.00 \$14.29 \$17.65 \$23.76 \$4.32 \$32. 12 Net Per Diems after Case Mix Adjistmt to Routine Srves RS = Ln 11, AllOthr = Ln 9 \$53.19 \$0.00 \$14.29 \$17.65 \$23.76 \$4.32 \$32. 13 Per Diem Standards (After Statewide CMA for Routine Srves) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N. 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$122.73 \$53.19 \$0.00 \$14.29 \$17.65 \$23.76 \$4.32 \$32. 15 Growth Allowance Per Diem Add-on Add-ons Lesser of Ln 12 or Ln 13 \$122.73 \$53.19 \$0.00 \$14.29 \$17.65 \$23.76 \$4.32 \$32. 16 CMA Allowed Per Diem (Atter Growth Allowance Add-on) Ln 14 x Grwth Allowed Per Diem (Atter Growth Allowance Add-on) Ln 14 x Ln 15 \$128.17 \$55.85 \$0.00 \$15.00 \$18.53 \$0.00 \$24.95 \$4.32 \$38. 17 Quarterly Facility Case Mix Index for Medicaid CMA) Net Per Diem Ln 6 x Ln 17 \$78.56 \$78.56 \$0.00 \$15.00 \$18.53 \$0.00 \$24.95 \$4.32 \$38. 18 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$150.88 \$78.56 \$0.00 \$15.00 \$18.53 \$0.00 \$24.95 \$4.32 \$38. 18 Quarterly Per Diem Add-on Amounts Ln 19 Col b x CPS Add-on \$1.96	8		,	30,556									
10 Base Period Facility Case Mix Algist (CMA) Net Per Diem Ln 9 / Ln 10 S53.19 S53.	0		,	¢167.47	\$74.02	\$0.00	\$14.20	¢17.65	(with 1841)	¢22.76	· ·	\$22.65	\$0.77
Routine Srvcs Case Mix Adjistnt (DMA) Net Per Diem L9 / Ln 10 \$53.19 \$0.00 \$14.29 \$17.65 \$23.76 \$4.32 \$32.		·		\$107.47		φυ.υυ	\$14.29	\$17.03	(WILL LOTT)	\$23.70	φ4.32	φ32.03	φ0.77
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$53.19 \$0.00 \$14.29 \$17.65 \$23.76 \$4.32 \$32. 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N. 14 Base Period Case Mix Adjisted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$122.73 \$53.19 \$0.00 \$14.29 \$17.65 \$23.76 \$4.32 \$32. 15 Growth Allowance Percentage = \$5.00% Ln 14 x Grwth Allownch Warden Add-on) Ln 14 + Ln 15 \$128.17 \$55.85 \$0.00 \$1.50 \$18.53 \$0.00 \$24.95 \$4.32 \$8. 17 Quarterly Per Diem (After Growth Allowance Add-on) Ln 16 x Ln 17 \$78.56 \$1.50 \$15.00 \$18.53 \$0.00 \$24.95 \$4.32 \$8. 18 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$150.88 \$78.56 \$0.00 \$1.50 \$18.53 \$0.00 \$24.95 \$4.32 \$8. Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem \$2.5% (to Routine Srvs) Ln 19 Col b x Sfing Add-on \$1.57 \$1.57 \$1.57 \$1.57 \$1.50 \$1.50 \$1.747 \$0.00 \$0.00 \$0.00 \$1.747 \$0.00 \$0.0		•	,										
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits S84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 NR Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$122.73 \$53.19 \$0.00 \$14.29 \$17.65 \$23.76 \$4.32 8.8 Quarterly Per Diem Rate Prior to Add-ons		· · · · ·				\$0.00	\$14.29	\$17.65		\$23.76	\$4.32	\$32.65	\$0.77
Caparterly Per Diem Rate Prior to Add-ons Caparterly Per Diem Rate Prior to Add-ons		·	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
Counterly Per Diem Rate Prior to Add-ons Crowth Allowance Percentage = 5.00%	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.73	\$53.19	\$0.00	\$14.29	\$17.65		\$23.76	\$4.32	8.75	\$0.77
15 Growth Allowance Percentage = 5.00% Ln 14 x Growth Allowance \$5.44 \$2.66 \$0.00 \$0.71 \$0.88 \$0.00 \$1.19 N/A N	Ι,	Quarterly Per Diam Pate Prior to Add. one										(FRV)	
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$128.17 \$55.85 \$0.00 \$15.00 \$18.53 \$0.00 \$24.95 \$4.32 \$8. 17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$78.56 18 Quarterly Medicaid CMA Allowed Per Diem Ln 16 x Ln 17 \$78.56 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$150.88 \$78.56 \$0.00 \$15.00 \$18.53 \$0.00 \$24.95 \$4.32 \$8. Quarterly Per Diem Add-on Amounts Case Mix Adjstd (CMA) Net Per Diem RS = Ln 18, AllOthr = Ln 16 \$150.88 \$78.56 \$0.00 \$15.00 \$18.53 \$0.00 \$24.95 \$4.32 \$8. Quarterly Per Diem Add-on Amounts Case Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.20 \$0.00 \$		•	Ln 14 x Grwth Allwnc %	\$5.44	\$2.66	\$0.00	\$0.71	\$0.88	\$0.00	\$1.19	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$78.56 18 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$150.88 \$78.56 \$0.00 \$15.00 \$18.53 \$0.00 \$24.95 \$4.32 \$8. 20 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem (Istnd - Alwd] x.75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$18.53 \$0.00 \$0.37 \$		<u> </u>	Ln 14 + Ln 15				·					\$8.75	\$0.77
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$78.56 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$150.88 \$78.56 \$0.00 \$15.00 \$18.53 \$0.00 \$24.95 \$4.32 \$8. \$8. \$0.00 \$15.00 \$18.53 \$0.00 \$24.95 \$4.32 \$8. \$8. \$0.00 \$15.00 \$18.53 \$0.00 \$18.53 \$0.00 \$18.53 \$0.00 \$18.53 \$0.00 \$18.53 \$0.00 \$18.53 \$0.00 \$18.53 \$0.00 \$18.53 \$0.00 \$18.53	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4067								
Quarterly 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 \$0.22 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.96 \$1.96 22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$1.57 \$1.57 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.16 \$4.06 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.56								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.20 \$0.41 \$0.00 \$0.37 \$0.20 \$0.41 \$0.00 \$0.37 \$0.30 \$0	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.88	\$78.56	\$0.00	\$15.00	\$18.53	\$0.00	\$24.95	\$4.32	\$8.75	\$0.77
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.20 \$0.20 \$0.41 \$0.00 \$0.37 \$0.20 \$0.41 \$0.00 \$0.37 \$0.40		Quarterly Per Diem Add-on Amounts											
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.96 \$1.96 22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$1.57 \$1.57 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.16 \$4.06 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00		•	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$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 \$22.16 \$4.06 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00			Ln 19 Col b x CPS Add-on					•					
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.16 \$4.06 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.57	\$1.57								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.16	\$4.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$173.04 \$82.62 \$0.00 \$15.22 \$18.94 \$0.00 \$42.42 \$4.32 \$8.	25 0	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.04	\$82.62	\$0.00	\$15.22	\$18.94	\$0.00	\$42.42	\$4.32	\$8.75	\$0.77

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$116.96

(Ln 25 - Ln 23) * 0.75

Provider: Providence Healthcare of Sparta	Add-on Data and Percentages S	Score	Percent	Case Mix Index (CMI) Data	Specific_	State- wide
Prvdr ID: 00142623A	Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.4233	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022	Qtrly BIMS score #	#N/A	#N/A	Quarterly Medicaid CMI:	Stwde	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse	se Hours per On-Site Day/Quality Incentive: 2	2.84	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5216	1.5216

	MDS & Nuise His Data per Quarter Ending.	09/30/21 Nuise Hours per C	on one bay que	anty moontho.	2.04	2.076	Qrany modia	CIVII W IXOG V	vgiit Optiono.		1.5210	1.3210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	İ
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(and Deliev Manual)		1	1	2	1	4	1			
'	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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%			
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	(222 22)		, , , , ,	, , , , ,	, -	, -		,			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,219,709	¢1 /32 116	\$0	\$315,854	\$354,238	\$0	\$589,800		\$527,701	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$26,045)	\$1,432,116	\$0	\$315,854	\$354,238	\$0 \$0	\$589,800		(\$26,045)	φυ
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(\$26,045)	φυ	φυ	φυ	ΦΟ	φυ	(\$49,142)		(\$20,045)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt							(4.0,1.2)	\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R								Ψ*		\$0
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,144,522	\$1,432,116	\$0	\$315,854	\$354,238	\$0	\$540,658	\$0	\$501,656	\$0
8	Total Nursing Facility Days As Filed Days = 20,548	FY19 Audited C/R Days	20,548	. , ,	·	, ,		·	, ,	,	. ,	
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,784		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.83	\$69.70	\$0.00	\$15.37	\$17.24	(with L&H)	\$26.31	\$0.00	\$28.21	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4233								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.97	\$0.00	\$15.37	\$17.24		\$26.31	\$0.00	\$28.21	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.68	\$48.97	\$0.00	\$15.37	\$17.24		\$26.31	\$0.00	9.79	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.40	\$2.45	\$0.00	\$0.77	\$0.86	\$0.00	\$1.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.08	\$51.42	\$0.00	\$16.14	\$18.10	\$0.00	\$27.63	\$0.00	\$9.79	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5216</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.90	\$78.24	\$0.00	\$16.14	\$18.10	\$0.00	\$27.63	\$0.00	\$9.79	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = #N/A (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$170.09	\$80.33	\$0.00	\$16.36	\$18.51	\$0.00	\$45.10	\$0.00	\$9.79	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.74							<u> </u>		

\$216.82

\$149.79

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

	ovider: Greene Point Healthcare ovdr ID: 00142634A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	A 1/1/2022 09/30/21	Q	owth Allowance: atrly BIMS score	Facility Score N/A 34.15% 3.04	Add-on <u>Percent</u> 5.00% 2.5% 3.0%			I Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4171 1.2511 1.2691	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,480,404	\$1,840,911	\$0	\$356,494	\$438,569	\$0	\$560,055		\$284,375	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$27,048)	\$0	\$0	\$0	(\$791)	(\$1,016)	(\$6,717)		(\$18,524)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$26,845)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$52,845		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,556
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,496,912	\$1,840,911	\$0	\$356,494	\$437,778	(\$1,016)	\$526,493	\$52,845	\$265,851	\$17,556
8	Total Nursing Facility Days As Filed Days = 16,373	FY19 Audited C/R Days	16,373									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,146		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$215.25	\$112.44	\$0.00	\$21.77	\$26.68	(with L&H)	\$32.16	\$3.49	\$17.55	\$1.16
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.4171</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.35	\$0.00	\$21.77	\$26.68		\$32.16	\$3.49	\$17.55	\$1.16
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.41	\$79.35	\$0.00	\$21.77	\$25.85		\$27.76	\$3.49	13.03 (FRV)	\$1.16
	Quarterly Per Diem Rate Prior to Add-ons										(11(0)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.74	\$3.97	\$0.00	\$1.09	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.15	\$83.32	\$0.00	\$22.86	\$27.14	\$0.00	\$29.15	\$3.49	\$13.03	\$1.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2691								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.57	\$105.74	\$0.00	\$22.86	\$27.14	\$0.00	\$29.15	\$3.49	\$13.03	\$1.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64	ψ0.00	ψυ.ΖΖ	ψ0.00	Ψ0.00	Ψ0.00		ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	45					\$17.10			
		. ,	1 7	I		1		I	1 +			

25

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$226.23

\$156.85

\$112.08

\$0.00

\$23.08

\$27.14

\$0.00

\$46.25

\$3.49

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$13.03

\$1.16

Provider:	Warrenton Health and Rehabilitation Center		Ado	d-on Data and P	ercentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide_
Prvdr ID:	00142645A			Grow	rth Allowance:	N/A	5.00%		Base Period	d Overall CMI:		1.4793	1.4759
	Case Mix Per Diem Rate Effective Date:	1/1/2022		Qtr	ly BIMS score	58.82%	5.5%		Quarterly I	Medicaid CMI:		1.3171	1.5485
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per	On-Site Day/Qua	ality Incentive:	3.38	3.0%	Qrtrly Mcaid	CMI w RUG \	Wght Options:		1.3378	1.5216
		_			Routine	Special		Laundry &	Plant	Admin	A&G -	Property	Taxes and

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per C	on-Site Day/Qua	ility incentive.	3.38	3.0%	Qittiy Mcald	CIVII W RUG V	vgrit Options.		1.3378	1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C/	ASE MIX BASED RATE CALCULATIONS											
<u> </u>	NOE WIN BASED HATE GALGGEATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,799,600	\$1,627,680	\$0	\$401,036	\$472,346	\$0	\$598,188		\$700,350	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$43,805)	\$0	\$0	\$0	(\$1,013)	\$0	\$0		(\$42,792)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$31,186)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,724,609	\$1,627,680	\$0	\$401,036	\$471,333	\$0	\$567,002	\$0	\$657,558	\$0
8	Total Nursing Facility Days As Filed Days = 23,804	FY19 Audited C/R Days	23,804									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,839		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.40	\$68.38	\$0.00	\$16.85	\$19.80	(with L&H)	\$23.82	\$0.00	\$31.55	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4793</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.22	\$0.00	\$16.85	\$19.80		\$23.82	\$0.00	\$31.55	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.60	\$46.22	\$0.00	\$16.85	\$19.80		\$23.82	\$0.00	8.91	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.33	\$2.31	\$0.00	\$0.84	\$0.99	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.93	\$48.53	\$0.00	\$17.69	\$20.79	\$0.00	\$25.01	\$0.00	\$8.91	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3378							·	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$64.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$137.32	\$64.92	\$0.00	\$17.69	\$20.79	\$0.00	\$25.01	\$0.00	\$8.91	\$0.00
	Overdenk Ben Birm Add on America											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	¢4 E0	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
20	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$3.57	\$0.53	φυ.υυ	φυ.22	φυ.41	φυ.υυ	φυ.37		Φ0.00	
21	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivs)	Ln 19 Col b x Stfng Add-on	\$3.57 \$1.95	\$3.57 \$1.95								
23	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$17.10	का.च्य					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.15	\$6.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
								· · · · · · · · · · · · · · · · · · ·				
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$161.47	\$70.97	\$0.00	\$17.91	\$21.20	\$0.00	\$42.48	\$0.00	\$8.91	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$108.28									

\$196.09

\$134.24

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

	rovider: Orchard Health and Rehab	Ado	d-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pr	vdr ID: 00142656A	4/4/0000		th Allowance:	N/A	5.00%			d Overall CMI:		1.1653	1.4759
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022 09/30/21 Nurse Hours per C		ly BIMS score ality Incentive:	42.03% 3.22	2.5% 3.0%	Qrtrly Mcaid	CMI w RUG \	Medicaid CMI: Wght Options:		1.2835 1.3031	1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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			
_	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,305,924	\$2,448,863	\$0	\$462,021	\$449,686	\$0	\$763,821		\$181,533	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$34,284)	\$0	\$0	\$0	(\$102)	(\$7,459)	(\$11,782)		(\$14,941)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$61,889)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$109,415		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$23,789
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,342,955	\$2,448,863	\$0	\$462,021	\$449,584	(\$7,459)	\$690,150	\$109,415	\$166,592	\$23,789
8	Total Nursing Facility Days As Filed Days = 30,346	FY19 Audited C/R Days	30,346									
•	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	0445.05	# 00.70	# 0.00	045.00	04457		# 00 7 4	24,741	00.70	40.00
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.35	\$80.70	\$0.00	\$15.23	\$14.57	(with L&H)	\$22.74	\$4.42	\$6.73	\$0.96
10 11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adistd (CMA) Net Per Diem	from 4 qtrs of FY19 Ln 9 / Ln 10		1.1653 \$69.25								
12	Net Per Diems after Case Mix Adjstat to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.25	\$0.00	\$15.23	\$14.57		\$22.74	\$4.42	\$6.73	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	φ0.73 N/A	φ0.90
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.39	\$69.25	\$0.00	\$15.23	\$14.57		\$22.74	\$4.42	9.22	\$0.96
• •			Ψ.00.00	ψουσ	φοισσ	V.0.20	\$1.110		Ψ=	,	(FRV)	ψ0.00
	Quarterly Per Diem Rate Prior to Add-ons							_				
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.09	\$3.46	\$0.00	\$0.76	\$0.73	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.48	\$72.71	\$0.00	\$15.99	\$15.30	\$0.00	\$23.88	\$4.42	\$9.22	\$0.96
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End Ln 16 x Ln 17		1.3031								
18 19	Quarterly Medicaid CMA Allowed Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.52	\$94.75 \$94.75	\$0.00	\$15.99	\$15.30	\$0.00	\$23.88	\$4.42	\$9.22	\$0.96
10	,	110 21110,711101111 21110	Ψ104.02	ψοτινο	ψ0.00	ψ10.00	ψ10.00	ψ0.00	Ψ20.00	Ψ1.12	Ψ0.22	ψ0.50
	Quarterly Per Diem Add-on Amounts	, 5 ii 11 ii	A.						4			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$2.37	\$2.37								
22 23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee	(Fixed Amount)	\$2.84 \$17.10	\$2.84					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.84	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.36	\$100.49	\$0.00	\$16.21	\$15.71	\$0.00	\$41.35	\$4.42	\$9.22	\$0.96
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.45	\$100.43	Ψ0.00	Ψ10.21	ψ.σ., 1	Ψ0.00	Ψ-1.00	Ψ1.72	ΨΟ.ΣΣ	Ψ0.50
20	Qualiterry Fet Dietit Kate for Deu Holu affü Leave Days	(61123-61123) 0.73	φ1∠0.45									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$191.99									

\$131.17

(Ln 27 - Ln 23) * 0.75

Facility Add-on Facility State-Provider: Heritage Inn of Sandersville Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00142678A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.5154 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 40.38% 2.5% Quarterly Medicaid CMI: 1.6040 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: 1.6309 Nurse Hours per On-Site Day/Quality Incentive: 1.5216 3.32 3.0% Admin A&G -Property

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	eroperty and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,549,097	\$1,846,036	\$0	\$368,881	\$410,464	\$0	\$568,885		\$354,831	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$40,764)	\$0	\$0	\$0	(\$890)	(\$4,523)	(\$8,535) (\$31,720)		(\$26,816)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$62,920		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,544
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,567,077	\$1,846,036	\$0	\$368,881	\$409,574	(\$4,523)	\$528,630	\$62,920	\$328,015	\$27,544
8	Total Nursing Facility Days As Filed Days = 21,531	FY19 Audited C/R Days	21,531									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,097		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$169.36	\$85.74	\$0.00	\$17.13	\$18.81	(with L&H)	\$24.55	\$3.48	\$18.13	\$1.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5154</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.58	\$0.00	\$17.13	\$18.81		\$24.55	\$3.48	\$18.13	\$1.52
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.85	\$56.58	\$0.00	\$17.13	\$18.81		\$24.55	\$3.48	11.78 (FRV)	\$1.52
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.86	\$2.83	\$0.00	\$0.86	\$0.94	\$0.00	\$1.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.71	\$59.41	\$0.00	\$17.99	\$19.75	\$0.00	\$25.78	\$3.48	\$11.78	\$1.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6309								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.19	\$96.89	\$0.00	\$17.99	\$19.75	\$0.00	\$25.78	\$3.48	\$11.78	\$1.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.96	\$5.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.15	\$102.75	\$0.00	\$18.21	\$20.16	\$0.00	\$43.25	\$3.48	\$11.78	\$1.52
		1										

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$138.04

Facility Add-on Facility State-Provider: Jesup Health Care Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142689A Growth Allowance: 5.00% Base Period Overall CMI: 1.8109 1.4759 1/1/2022 Qtrly BIMS score 21.88% Quarterly Medicaid CMI: 1.8247 1.5485 Case Mix Per Diem Rate Effective Date: 1.0% 1.5216 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: 3 72 4 0% Ortrly Meaid CMI w RUG Waht Options: 1 8612

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	r On-Site Day/Q	uality Incentive:	3.72	4.0%	Qrtrly Mcaid	CMI w RUG \	Nght Options:		1.8612	1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
_												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	1 "	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,658,705	\$1,772,610	\$0	\$350,767	\$406,864	\$0	\$765,650		\$362,814	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$11,172)	\$0	\$0	\$0	\$0	\$0	\$0		(\$11,172)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$28,574)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$16,669		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,862
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,653,490	\$1,772,610	\$0	\$350,767	\$406,864	\$0	\$737,076	\$16,669	\$351,642	\$17,862
8	Total Nursing Facility Days As Filed Days = 22,304	FY19 Audited C/R Days	22,304									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,731		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168.27	\$79.47	\$0.00	\$15.73	\$18.24	(with L&H)	\$33.05	\$0.94	\$19.83	\$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.8109</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.88	\$0.00	\$15.73	\$18.24		\$33.05	\$0.94	\$19.83	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.50	\$43.88	\$0.00	\$15.73	\$18.24		\$27.76	\$0.94	7.94	\$1.01
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.28	\$2.19	\$0.00	\$0.79	\$0.91	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.78	\$46.07	\$0.00	\$16.52	\$19.15	\$0.00	\$29.15	\$0.94	\$7.94	\$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.8612</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.46	\$85.75	\$0.00	\$16.52	\$19.15	\$0.00	\$29.15	\$0.94	\$7.94	\$1.01
	Constants Day Bians Add an Amazonta											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
20	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.53	φυ.υυ	φυ.22	Φυ.41	φυ.υυ	φυ.υυ		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Sivs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
23	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φυ.40					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
				-								·
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.01	\$90.57	\$0.00	\$16.74	\$19.56	\$0.00	\$46.25	\$0.94	\$7.94	\$1.01
I	1			I								

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$124.43

	Provider: Cobblestone Rehab and Healthcare Center Prvdr ID: 00142711A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	10.00%	Add-on <u>Percent</u> 5.00% 0.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5191 1.2129 1.2277	State-wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE 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			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,985,466	\$1,867,187	\$0	\$299,741	\$517,369	\$0	\$792,963		\$508,206	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$58,318)	(\$11,154)	\$0	\$0	\$0	\$0	(\$5,692) (\$6,561)		(\$41,472)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$4,674		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,296
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/		\$1,856,033	\$0	\$299,741	\$517,369	\$0	\$780,710	\$4,674	\$466,734	\$51,296
8	Total Nursing Facility Days As Filed Days = 20,277	FY19 Audited C/R Days	20,277									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,007		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$201.06	\$91.53	\$0.00	\$14.78	\$25.52	(with L&H)	\$38.50	\$0.27	\$27.44	\$3.02
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.5191</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.25	\$0.00	\$14.78	\$25.52		\$38.50	\$0.27	\$27.44	\$3.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.06	\$60.25	\$0.00	\$14.78	\$25.52		\$27.76	\$0.27	19.46 <i>(FRV)</i>	\$3.02
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.42	\$3.01	\$0.00	\$0.74	\$1.28	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.48	\$63.26	\$0.00	\$15.52	\$26.80	\$0.00	\$29.15	\$0.27	\$19.46	\$3.02
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2277</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	¢474.00	\$77.66	\$0.00	¢15 50	¢26.00	\$0.00	\$20.45	¢ 0.07	¢40.46	#2.02
19	Quarterly Medicaid CMA Allowed Per Diem	K3 = LITTO, AllOUII = LITTO	\$171.88	\$77.66	\$0.00	\$15.52	\$26.80	\$0.00	\$29.15	\$0.27	\$19.46	\$3.02
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.53	\$0.00	\$0.22	\$0.25	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$20.43	\$2.86	\$0.00	\$0.22	\$0.25	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.31	\$80.52	\$0.00	\$15.74	\$27.05	\$0.00	\$46.25	\$0.27	\$19.46	\$3.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.41									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$201.97									
			1	i .								

\$138.65

(Ln 27 - Ln 23) * 0.75

Provider:	Blue Ridge Healthcare of Buchanan		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00142722A		Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.5297	1.4759
	Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtrly BIMS score	36.11%	2.5%	Quarterly Medicaid CMI:	1.4627	1.5485
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per On-Site Day/Quality Incentive:	1.56	0.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.4892	1.5216
					ı			

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per C	on-Site Day/Qua	anty incentive:	1.50	0.0%	Qrtriy Mcald	CIVII W RUG I	vgnt Options:		1.4892	1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>	NOT WITH BASED HATE GALGGEATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
				All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes	All Deu Sizes	All Ded Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Netterline Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,399,801	\$1,717,784	\$0	\$276,115	\$327,871	\$0	\$782,351		\$295,680	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$244,602)	(\$4,087)	\$0	\$0	\$0	\$0	(\$213,990)		(\$26,525)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$114,461)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$92,686		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,972
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,156,396	\$1,713,697	\$0	\$276,115	\$327,871	\$0	\$453,900	\$92,686	\$269,155	\$22,972
8	Total Nursing Facility Days As Filed Days = 19,879	FY19 Audited C/R Days	19,879									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,870		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.96	\$86.21	\$0.00	\$13.89	\$16.49	(with L&H)	\$22.83	\$5.19	\$15.06	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5297</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.36	\$0.00	\$13.89	\$16.49		\$22.83	\$5.19	\$15.06	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.80	\$56.36	\$0.00	\$13.89	\$16.49		\$22.83	\$5.19	11.75	\$1.29
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.47	\$2.82	\$0.00	\$0.69	\$0.82	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.27	\$59.18	\$0.00	\$14.58	\$17.31	\$0.00	\$23.97	\$5.19	\$11.75	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4892								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.22	\$88.13	\$0.00	\$14.58	\$17.31	\$0.00	\$23.97	\$5.19	\$11.75	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.83	\$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	\$183.05	\$90.86	\$0.00	\$14.80	\$17.72	\$0.00	\$41.44	\$5.19	\$11.75	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.46		1							

\$202.11

\$138.76

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: The Retreat Nursing Home Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142733A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.1153 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.3056 1.5485 34.62% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.3274 1.5216 4.71 3.0% A&G -Plant Admin Property Taxes and

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	į
C	ASE MIX BASED RATE CALCULATIONS											
				_			_					
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Hosp Based	1 All Facilities	All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
•	, , , , , , , , , , , , , , , , , , ,	(See Folloy Walldal)		ψυ.ου	ψ0.00	ψ0.22	ψο.41		φο.στ			
_	Base Period Per Diem Allowed Amounts	A ET LEWA O'B EWA O' BLD :		00 045 704		2005.055	****	*********	A 577.040		# 200.000	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,233,896	\$2,215,734	\$0	\$695,255	\$214,035	\$291,637	\$577,313		\$239,922	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$154,420)	(\$325,275)	\$0	\$57,393	\$1,004	\$45,558	\$186,200		(\$119,300)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$22,448)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$15,820		
-	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	£4.070.040	04 000 450		Ф750 040	#045.000	********	6744.005	#45.000	# 400.000	\$0 \$0
7	Cost Center Costs After Audit Adjustments	, ,	\$4,072,849	\$1,890,459	\$0	\$752,648	\$215,039	\$337,195	\$741,065	\$15,820	\$120,622	\$0
8	Total Nursing Facility Days As Filed Days = 19,518	FY19 Audited C/R Days FY21 Audited C/R Days	19,518							40.704		
0	Total Nursing Facility Days GL-PL Ins. Rpt	•	\$200 CO	toe oe	* 0.00	\$20 FG	¢20.20	(mith 1 911)	#27.07	19,704	PC 10	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$208.60	\$96.86	\$0.00	\$38.56	\$28.29	(with L&H)	\$37.97	\$0.80	\$6.12	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1153								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.84	* 0.00	#00.50	#00.00		#07.07	#0.00	#0.40	#0.00
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.84	\$0.00	\$38.56	\$28.29		\$37.97	\$0.80	\$6.12	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	0400.70	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76		N/A	# 0.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.73	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.80	8.98 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.28	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.80	\$8.98	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3274								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.47	\$118.35	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.80	\$8.98	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$23.61	\$6.51	\$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	\$242.08	\$124.86	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$0.80	\$8.98	\$0.00
	1		1	I	1	1	1	1	1	1		1

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$168.74

	ovider: Ridgewood Manor Nursing Home vdr ID: 00142744A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022		th Allowance: ly BIMS score	Facility Score N/A 43.86% 2.15	Add-on <u>Percent</u> 5.00% 2.5% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3614 1.2238 1.2401	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL R	pt \$6,924,621	\$3,661,992	\$0	\$632,885	\$947,149	\$0	\$1,450,445		\$232,150	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$8,280)	(\$27,962)	\$0	\$0	(\$4,935)	(\$3,345)	\$27,962 (\$113,774)		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$51,996		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,318
7		19 Audited C/R (As Adj. FY21 GLPL	, , , , , , , , , , , , , , , , , , , ,	\$3,634,030	\$0	\$632,885	\$942,214	(\$3,345)	\$1,364,633	\$51,996	\$232,150	\$10,318
8	Total Nursing Facility Days As Filed Days = 36,074 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	36,074							25,728		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$193.58	\$100.74	\$0.00	\$17.54	\$26.03	(with L&H)	\$37.83	\$2.02	\$9.02	\$0.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3614</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.00	\$0.00	\$17.54	\$26.03		\$37.83	\$2.02	\$9.02	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.43	\$74.00	\$0.00	\$17.54	\$25.85		\$27.76	\$2.02	9.86 (FRV)	\$0.40
	Quarterly Per Diem Rate Prior to Add-ons										(FKV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.26	\$3.70	\$0.00	\$0.88	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.69	\$77.70	\$0.00	\$18.42	\$27.14	\$0.00	\$29.15	\$2.02	\$9.86	\$0.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2401</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.35	\$96.36	\$0.00	\$18.42	\$27.14	\$0.00	\$29.15	\$2.02	\$9.86	\$0.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
1		0 (1 00 1 00	***									

\$22.19

\$205.54

\$141.33

\$213.81

\$147.53

\$4.87

\$101.23

\$0.00

\$0.00

\$0.22

\$18.64

\$0.00

\$27.14

\$17.10

\$46.25

\$0.00

\$0.00

\$0.00

\$2.02

\$0.00

\$9.86

\$0.00

\$0.40

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

24 Total Quarterly Per Diem Add-on Amounts

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

	rrovider: Harborview Health Systems - Satilla Prvdr ID: 00142755A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtrl	th Allowance: y BIMS score	Facility Score N/A 11.48% 4.50	Add-on <u>Percent</u> 5.00% 0.0% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5263 1.8589 1.8944	State-wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
	AGE MIN DAGED DATE ON OUR ATIONS		а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE 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			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,967,120	\$2,920,664	\$0	\$525,305	\$681,818	\$0	\$913,027		\$926,306	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$65,878)	\$1,349	\$0	\$0	(\$9,254)	(\$9,855)	(\$11,135) (\$64,718)		(\$36,983)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$138,917		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$74,651
7	Cost Center Costs After Audit Adjustments	9 Audited C/R (As Adj. FY21 GLPL/T	\$6,050,092	\$2,922,013	\$0	\$525,305	\$672,564	(\$9,855)	\$837,174	\$138,917	\$889,323	\$74,651
8	Total Nursing Facility Days As Filed Days = 33,099	FY19 Audited C/R Days	33,099									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,283		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$187.12	\$88.28	\$0.00	\$15.87	\$20.02	(with L&H)	\$25.29	\$4.74	\$30.37	\$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5263</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$15.87	\$20.02		\$25.29	\$4.74	\$30.37	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.92	\$57.84	\$0.00	\$15.87	\$20.02		\$25.29	\$4.74	13.61 <i>(FRV)</i>	\$2.55
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.94	\$2.89	\$0.00	\$0.79	\$1.00	\$0.00	\$1.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.86	\$60.73	\$0.00	\$16.66	\$21.02	\$0.00	\$26.55	\$4.74	\$13.61	\$2.55
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8944</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.18	\$115.05	\$0.00	\$16.66	\$21.02	\$0.00	\$26.55	\$4.74	\$13.61	\$2.55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30					.			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	_	_			_	\$17.10	<u>.</u> .	_	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.93	\$2.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.11	\$117.88	\$0.00	\$16.88	\$21.43	\$0.00	\$44.02	\$4.74	\$13.61	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.01									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$248.65									

\$173.66

(Ln 27 - Ln 23) * 0.75

Facility Add-on Facility State-Provider: **Etowah Landing Care and Rehab** Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142766A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4598 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 30.77% 2.5% Quarterly Medicaid CMI: 1.6035 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.0% 1.6331 1.5216 2.79

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
_	Coat Contax Book Crouns	(aca Daliau Manual)		4	1	2	4	1	_			
'	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
-	Linciency inteasure maximums (see line 20 for actuar)	(See Folicy Maridar)		φυ.υυ	φ0.00	φυ.ΖΖ	φυ.41		φυ.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,363,329	\$2,745,529	\$0	\$490,185	\$484,581	\$0	\$1,029,864		\$613,170	9
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$32,378)	(\$24,376)	\$0	\$0	\$0	\$0	\$9,944		(\$17,946)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$63,317)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$207,141		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$47,31
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,522,089	\$2,721,153	\$0	\$490,185	\$484,581	\$0	\$976,491	\$207,141	\$595,224	\$47,31
8	Total Nursing Facility Days As Filed Days = 32,145	FY19 Audited C/R Days	32,145									
_	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	.	•			•			29,460	*	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$174.19	\$84.65	\$0.00	\$15.25	\$15.07	(with L&H)	\$30.38	\$7.03	\$20.20	\$1.6
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.4598</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.99			•				*	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.99	\$0.00	\$15.25	\$15.07		\$30.38	\$7.03	\$20.20	\$1.6
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	•	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.88	\$57.99	\$0.00	\$15.25	\$15.07		\$27.76	\$7.03	9.17 <i>(FRV</i>)	\$1.6
	Quarterly Per Diem Rate Prior to Add-ons										(1150)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.80	\$2.90	\$0.00	\$0.76	\$0.75	\$0.00	\$1.39	N/A	N/A	N//
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.68	\$60.89	\$0.00	\$16.01	\$15.82	\$0.00	\$29.15	\$7.03	\$9.17	\$1.6
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6331</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.23	\$99.44	\$0.00	\$16.01	\$15.82	\$0.00	\$29.15	\$7.03	\$9.17	\$1.6
	Quarterly Per Diam Add on America											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
20	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49	φυ.υυ	φυ.22	φυ.41	φυ.υυ	φυ.υυ		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$1.99	\$1.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ1.55					\$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	\$0.0
			-									
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.97	\$104.45	\$0.00	\$16.23	\$16.23	\$0.00	\$46.25	\$7.03	\$9.17	\$1.€

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$137.90

Facility Add-on Facility State-Provider: Roberta Health Care Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142777A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.6310 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 32.69% 2.5% Quarterly Medicaid CMI: 1.6628 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6928 MDS & Nurse Hrs Data per Quarter Ending: 2.72 3.0% 1.5216

	MDO & Nuise File Data per Quarter Enting.	VS/SO/21 Nuise Flours per	On One Dayra	daily incontive.	2.12	3.070	Qitily Would	OWN W IXOO V	vgiit Options.		1.0020	1.5210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u>U</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All Bed Gizes	All Ded Oizes	All Dea Gizes	All Ded Gizes	All Bod Oi203	All Bod Oi203			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,592,159	\$2,153,240	\$0	\$429,566	\$480,053	\$0	\$863,552		\$665,748	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$31,756)	\$0	\$0	\$0	(\$1,124)	(\$1,178)	\$0		(\$29,454)	,
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	,				,	,	(\$16,450)		,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$43,750		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,735
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,645,438	\$2,153,240	\$0	\$429,566	\$478,929	(\$1,178)	\$847,102	\$43,750	\$636,294	\$57,735
8	Total Nursing Facility Days As Filed Days = 31,395	FY19 Audited C/R Days	31,395									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,018		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$152.83	\$68.59	\$0.00	\$13.68	\$15.22	(with L&H)	\$26.98	\$1.68	\$24.46	\$2.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6310</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$42.05	\$0.00	\$13.68	\$15.22		\$26.98	\$1.68	\$24.46	\$2.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.83	\$42.05	\$0.00	\$13.68	\$15.22		\$26.98	\$1.68	8.00	\$2.22
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	¢4.00	¢2.40	* 0.00	₽0.60	\$0.76	* 0.00	¢4.25	NI/A	NI/A	NI/A
15	Growth Allowance Percentage = 5.00% CMA Allowed Por Diom (After Crowth Allowance Add on)	Ln 14 + Ln 15	\$4.89 \$114.72	\$2.10 \$44.15	\$0.00	\$0.68	\$0.76 \$15.08	\$0.00 \$0.00	\$1.35	N/A \$1.68	N/A \$8.00	N/A \$2.22
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$114.72	\$44.15	\$0.00	\$14.36	\$15.98	φυ.υυ	\$28.33	φ1.08	\$8.00	\$2.22
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	·		1.6928 \$74.74								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$145.31	\$74.74 \$74.74	\$0.00	\$14.36	\$15.98	\$0.00	\$28.33	\$1.68	\$8.00	\$2.22
19	Quarterry intedicate Civia Allowed Fet Dieffi	NO = LITTO, AIIOUIII = LITTO	φ145.3T	\$14.14	φυ.υυ	φ14.30	\$15.98	φυ.υυ	φ20.33	\$1.00	φο.υυ	Φ Ζ.ΖΖ
	Quarterly 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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.87	\$1.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.74	\$4.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.05	\$79.38	\$0.00	\$14.58	\$16.39	\$0.00	\$45.80	\$1.68	\$8.00	\$2.22
					l			I	l			

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$113.21

Facility Add-on Facility State-Provider: Twin Fountains Home Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00142843A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.0956 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 31.94% 2.5% Quarterly Medicaid CMI: 1.0472 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.0612 1.5216 3.00

	MDO & Nuise File Data per Quarter Enting.	VO/30/21 Nuise Hours pe	. On one bayra	dainy moonings.	3.00	3.070	Qitily Would	OWI W IXOO	vgiit Options.		1.0012	1.0210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u>U</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All Ded Gizes	All Ded Oizes	All Dea Gizes	All Ded Gizes	All Ded Oizes	All Ded Gizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,443,125	\$3,547,894	\$0	\$697,484	\$741,670	\$634,855	\$4,944,294		\$876,928	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$68,855)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$49,751		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,424,021	\$3,547,894	\$0	\$697,484	\$741,670	\$634,855	\$4,875,439	\$49,751	\$876,928	\$0
8	Total Nursing Facility Days As Filed Days = 36,848	FY19 Audited C/R Days	36,848									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,430		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$316.37	\$96.28	\$0.00	\$18.93	\$37.36	(with L&H)	\$132.31	\$1.69	\$29.80	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.0956								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.88	\$0.00	\$18.93	\$37.36		\$132.31	\$1.69	\$29.80	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.97	\$84.91	\$0.00	\$18.93	\$25.85		\$27.76	\$1.69	11.83	\$0.00
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	ф 7 00	¢4.05	* 0.00	₽0.0 F	£4.20	¢0.00	¢4.20	NI/A	NI/A	NI/A
15	Growth Allowance Percentage = 5.00% CMA Allowed Por Diom (After Crowth Allowance Add on)	Ln 14 + Ln 15	\$7.88 \$179.95	\$4.25	\$0.00	\$0.95	\$1.29 \$27.14	\$0.00 \$0.00	\$1.39 \$20.15	N/A \$1.69	N/A \$11.83	N/A \$0.00
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$178.85	\$89.16	\$0.00	\$19.88	Φ∠1.14	\$0.00	\$29.15	φ1.09	φ11.83	φυ.υυ
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	·		1.0612								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$184.31	\$94.62 \$94.62	\$0.00	\$19.88	\$27.14	\$0.00	\$29.15	\$1.69	\$11.83	\$0.00
19	Quarterry intedicate Civia Allowed Fet Dieffi	NO = LIT 10, AIIOUII = LIT 10	\$104.31	\$94.02	φυ.υυ	φ19.68	\$∠1.14	\$0.00	φ∠9.15	\$1.09	\$11.63	φυ.υυ
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.53	\$5.21	\$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	\$206.84	\$99.83	\$0.00	\$20.10	\$27.14	\$0.00	\$46.25	\$1.69	\$11.83	\$0.00
					l			<u> </u>	l			

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$142.31

Facility Add-on Facility State-Provider: Winder Nursing, Inc. Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00142854A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3427 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 38.95% 2.5% Quarterly Medicaid CMI: 1.4761 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.27 3.0% 1.5027 1.5216

	MDO & Noise 1113 Data per Quarter Ending.	VS/SO/21 Nuise Hours per	On One Day/Q	dunty modified.	5.27	3.070	willy would	OWI W IXOO	right Options.		1.5027	1.5210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u>~</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 200 0.200	7 117 200 0.200	7 117 200 01200	7 11. 200 0.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,168,279	\$3,675,808	\$0	\$1,178,447	\$748,333	\$0	\$1,157,224		\$408,467	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$76,526)	\$0	\$0	\$0	\$0	\$0	(\$26,088)		(\$50,438)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	,				·		(\$140,102)		(, , ,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$175,294		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$54,173
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,181,118	\$3,675,808	\$0	\$1,178,447	\$748,333	\$0	\$991,034	\$175,294	\$358,029	\$54,173
8	Total Nursing Facility Days As Filed Days = 46,580	FY19 Audited C/R Days	46,580									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,368		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.48	\$78.91	\$0.00	\$25.30	\$16.07	(with L&H)	\$21.28	\$4.45	\$9.09	\$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3427								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.77	\$0.00	\$25.30	\$16.07		\$21.28	\$4.45	\$9.09	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.43	\$58.77	\$0.00	\$22.66	\$16.07		\$21.28	\$4.45	12.82	\$1.38
1											(FRV)	
4-	Quarterly Per Diem Rate Prior to Add-ons	La AA o Carath Allora 20/	\$5.00			04.40	*					.
15		Ln 14 x Grwth Allwnc %	\$5.93	\$2.94	\$0.00	\$1.13	\$0.80	\$0.00	\$1.06	N/A	N/A	N/A
16	, , ,	Ln 14 + Ln 15	\$143.36	\$61.71	\$0.00	\$23.79	\$16.87	\$0.00	\$22.34	\$4.45	\$12.82	\$1.38
17	, <u> </u>	per Current Qtr End		1.5027								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0474.00	\$92.73	***	#00.70	#40.07	***	# 00.04	64.45	# 40.60	M4.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.38	\$92.73	\$0.00	\$23.79	\$16.87	\$0.00	\$22.34	\$4.45	\$12.82	\$1.38
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.51	\$5.63	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.89	\$98.36	\$0.00	\$23.79	\$17.28	\$0.00	\$39.81	\$4.45	\$12.82	\$1.38

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$135.59

Facility Facility Add-on Statewide Dade Health and Rehab Center Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Provider: Prvdr ID: 00142865A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.2608 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 48.84% 5.5% Quarterly Medicaid CMI: 1.7610 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** 1.7933 MDS & Nurse Hrs Data per Quarter Ending: 2.74 3.0% 1.5216 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Description Services Services Houskpng Insurance Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$1,789,341 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$3,349,231 \$0 \$351,820 \$382,714 \$0 \$512,134 \$313,222 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts \$10,517 \$0 \$0 \$0 \$22,277 (\$11,760) \$0 \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$86,955)As Adjusted FY21 GL/PL Rpt \$110,492 As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$10,789 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$3,394,074 \$1,789,341 \$351,820 \$382,714 \$447,456 \$110,492 \$301,462 \$10,789 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 20,579 20,579 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 16,805 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$169.54 \$86.95 \$0.00 \$17.10 \$18.60 (with L&H) \$21.74 \$6.57 \$17.94 \$0.64 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.2608 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$68.96 \$17.94 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$68.96 \$0.00 \$17.10 \$18.60 \$21.74 \$6.57 \$0.64 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$143.51 Base Period Case Mix Adjusted Allowed Per Diem \$68.96 \$0.00 \$17.10 \$18.60 \$21.74 \$6.57 9.90 \$0.64 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.33 \$3.45 \$0.00 \$0.86 \$0.93 \$0.00 \$1.09 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$149.84 \$72.41 \$0.00 \$17.96 \$19.53 \$0.00 \$22.83 \$6.57 \$9.90 \$0.64 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.7933 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$129.85 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$207.28 \$129.85 \$0.00 \$17.96 \$19.53 \$0.00 \$22.83 \$6.57 \$9.90 \$0.64 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00

Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)

5.5% (to Routine Srvs)

21

22

23

24

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$7.14

\$3.90

\$17.10

\$29.67

\$236.95

\$164.89

\$7.14

\$3.90

\$11.57

\$141.42

\$0.00

\$0.00

\$0.22

\$18.18

\$0.41

\$19.94

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$9.90

\$0.00

\$0.64

\$17.10

\$17.47

\$40.30

\$0.00

\$6.57

\$0.00

\$0.00

Line	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022 09/30/21 Nurse Hours pe	Gro Q	Percentages bwth Allowance: htrly BIMS score uality Incentive:	Score N/A 41.03% 2.70	5.00% 2.5% 3.0%		Quarterly N	MOVERAL CMI: Medicaid CMI: Wedicaid CMI: Wight Options:		<u>Specific</u> 1.1672 1.4772 1.5050	wide 1.4759 1.5485 1.5216
#	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,794,924	\$1,486,794	\$0	\$208,055	\$253,992	\$0	\$491,242		\$354,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$78,416)	\$0	\$0	\$0	\$0	\$0	\$0		(\$78,416)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$43,639		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$52,369
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,812,516	\$1,486,794	\$0	\$208,055	\$253,992	\$0	\$491,242	\$43,639	\$276,425	\$52,369
8	Total Nursing Facility Days As Filed Days = 15,609	FY19 Audited C/R Days	15,609									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								14,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$181.90	\$95.25	\$0.00	\$13.33	\$16.27	(with L&H)	\$31.47	\$3.00	\$18.98	\$3.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.1672</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.61							•	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.61	\$0.00	\$13.33	\$16.27		\$31.47	\$3.00	\$18.98	\$3.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits Lesser of Ln 12 or Ln 13	0457.00	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	#0.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 of En 13	\$157.22	\$81.61	\$0.00	\$13.33	\$16.27		\$27.76	\$3.00	11.65 (FRV)	\$3.60
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.95	\$4.08	\$0.00	\$0.67	\$0.81	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.17	\$85.69	\$0.00	\$14.00	\$17.08	\$0.00	\$29.15	\$3.00	\$11.65	\$3.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5050</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.44	\$128.96	\$0.00	\$14.00	\$17.08	\$0.00	\$29.15	\$3.00	\$11.65	\$3.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$3.22	\$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$25.35	\$7.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.79	\$136.58	\$0.00	\$14.22	\$17.49	\$0.00	\$46.25	\$3.00	\$11.65	\$3.60

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$161.77

Facility Add-on Facility State-Provider: Sears Manor Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00142898A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4253 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 27.91% Quarterly Medicaid CMI: 1.6763 1.5485 1.0% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 4.57 3.0% 1.7067 1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
4	Cont Contar Pear Groups	(aca Dalia: Marris II)		_	1		_	1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0%	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		φυ.σ3	φυ.υυ	\$0.22	φυ.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,245,026	\$2,840,536	\$0	\$664,681	\$639,734	\$0	\$728,189		\$371,886	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$69,915)	(\$4,087)	\$0	\$0	\$1,150	\$1,326	(\$3,740)		(\$64,564)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$84,513)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$86,191		
ĺ	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$52,73
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,229,527	\$2,836,449	\$0	\$664,681	\$640,884	\$1,326	\$639,936	\$86,191	\$307,322	\$52,73
8	Total Nursing Facility Days As Filed Days = 27,029	FY19 Audited C/R Days	27,029									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,338		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.95	\$104.94	\$0.00	\$24.59	\$23.76	(with L&H)	\$23.68	\$3.86	\$13.76	\$2.3
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4253</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.63	\$0.00	\$24.59	\$23.76		\$23.68	\$3.86	\$13.76	\$2.3
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.84	\$73.63	\$0.00	\$22.66	\$23.76		\$23.68	\$3.86	10.89	\$2.3
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	•	Ln 14 x Grwth Allwnc %	\$7.18	\$3.68	\$0.00	\$1.13	\$1.19	\$0.00	\$1.18	N/A	N/A	N/A
16	-	Ln 14 + Ln 15	\$168.02	\$77.31	\$0.00	\$23.79	\$24.95	\$0.00	\$24.86	\$3.86	\$10.89	\$2.3
17	, ,	per Current Qtr End		1.7067	*		, ,			,	, , ,	
18		Ln 16 x Ln 17		\$131.94								
19		RS = Ln 18, AllOthr = Ln 16	\$222.65	\$131.94	\$0.00	\$23.79	\$24.95	\$0.00	\$24.86	\$3.86	\$10.89	\$2.3
	Quarterly Per Diem Add-on Amounts	(con Dalla, M.	* 4.0:	***	***	40.00		***	** **		*	
20		(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$1.32	\$1.32								
22	· —	Ln 19 Col b x Stfng Add-on	\$3.96	\$3.96					 .			
23		(Fixed Amount)	\$17.10						\$17.10		.	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.69	\$5.81	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.34	\$137.75	\$0.00	\$23.79	\$25.36	\$0.00	\$42.33	\$3.86	\$10.89	\$2.3

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$171.93

Facility Add-on Facility State-Provider: Seminole Manor Nursing Home Specific wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142909A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.1518 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 27.50% Quarterly Medicaid CMI: 1.1279 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.71 3.0% 1.1426 1.5216 Plant A&G -Admin Property Routine Special Laundry & Taxes and Line Totals Dietary Operatns and GL/PL and Sources / Description Services Services Houskpng Insurance

#	Description	Calculations		Services	Services		Поизкрпу	& Maint	General	Insurance	Related	Ilisulance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
							_					
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			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 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	(ccc : cno, mance,		75.55	,,,,,,	, , , ,	,,,,,,		, , , ,			
5		As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,967,550	\$2,289,682	\$0	\$699,078	\$543,620	\$458,236	\$599,083		\$377,851	\$0
	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	'		' ' '				' '	' '			"
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$24,108)	(\$118,864)	\$0	\$0	(\$10,025)	(\$8,450)	\$118,864 (\$7,220)	,	(\$5,633)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt							(41,==1)	\$11,038		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$13,280
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,960,540	\$2,170,818	\$0	\$699,078	\$533,595	\$449,786	\$710,727	\$11,038	\$372,218	
8	Total Nursing Facility Days As Filed Days = 22,114	FY19 Audited C/R Days	22,114									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,968		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.29	\$98.16	\$0.00	\$31.61	\$44.47	(with L&H)	\$32.14	\$0.53	\$17.75	\$0.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.1518								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.22	\$0.00	\$31.61	\$44.47		\$32.14	\$0.53	\$17.75	\$0.63
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.47	\$84.91	\$0.00	\$31.61	\$25.85		\$27.76	\$0.53	10.18	\$0.63
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.51	\$4.25	\$0.00	\$1.58	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.98	\$89.16	\$0.00	\$33.19	\$27.14	\$0.00	\$29.15	\$0.53	\$10.18	\$0.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.1426</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.69	\$101.87	\$0.00	\$33.19	\$27.14	\$0.00	\$29.15	\$0.53	\$10.18	\$0.63
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.40	\$4.08	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.09	\$105.95	\$0.00	\$33.41	\$27.14	\$0.00	\$46.25	\$0.53	\$10.18	\$0.63
		1	1	1	1	1	1	1	1	1	I	1

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$155.24

		& Rehab	<u>Ad</u>			Facility Score	Add-on Percent	Cas	•	•		Facility Specific	State- <u>wide</u> 1.4759
Line #	00142931A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022 09/30/21 Nurse Hours per	Qtr	ly BIMS score	34.95%	2.5% 3.0%	Qrtrly Mcaid	Quarterly I	Medicaid CMI:		1.5477 1.5753	1.5485 1.5216
	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				а	b	С	d	е	f	g	g	h	i
		CULATIONS	(see Policy Manual)		1	1	2	1	1	1			
	ASE M	ovdr ID: 00142931A Description	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: Description ASE MIX BASED RATE CALCULATIONS	Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per Description Sources / Calculations ASE MIX BASED RATE CALCULATIONS	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: Description Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: Sources / Calculations Totals a ASE MIX BASED RATE CALCULATIONS	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: Description Sources / Calculations Sources / Calculations Routine Services a b ASE MIX BASED RATE CALCULATIONS	Totals Services Add-on Data and Percentages Score	Vista Park Health & Rehab Out 1D: Vista Park Health & Rehab Out 1D: Out 2931A Case Mix Per Diem Rate Effective Date: 1/1/2022	Add-on Data and Percentages Score Percent Case Mix Per Diem Rate Effective Date: 1/1/2022 Outrly BIMS score MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: 3.14 3.0% Outrly Model Services Services Services Services Outrly BIMS score ASE MIX BASED RATE CALCULATIONS Add-on Data and Percentages Score Percent Case Mix Per Diem Rate Effective Date: 1/1/2022 Outrly BIMS score 34.95% 2.5% 34.	Add-on Data and Percentages On Percent On Part Provider: Vista Park Health & Rehab Indeed Find Fig. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Add-on Data and Percentages On Data and On	Vista Park Health & Rehab Out 12931A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: O9/30/21 Nurse Hours per On-Site Day/Quality Incentive: A Services Percent Case Mix Index (CMI) Data Growth Allowance: N/A 5.00% Base Period Overall CMI: A4.95% 3.4.95% 3.4.95% 3.14 3.0% Outrly Medicaid CMI: Quarterly Medicaid CMI: Quarterly Medicaid CMI: A5.00% Outrly Medi	Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific Out ID: 00142931A Case Mix Per Diem Rate Effective Date: 1/1/2022 Gtrly BIMS score MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: 3.14 3.0% Grevices Percent Case Mix Index (CMI) Data Specific Out ID: 1.5444 1.5444 1.5447 1.5477 1.5753 Description Description Description ASE MIX BASED RATE CALCULATIONS Add-on Data and Percentages Score Percent Out ID: N/A 5.00% Base Period Overall CMI: 1.5444 3.0% Gruth Allowance: N/A 5.00% Guarterly Medicaid CMI: 1.5477 3.14 3.0% Gritly Meaid CMI w RUG Wght Options: 1.5753 Totals Routine Services Services Services Services Calculations A Special Services Dietary Dietary Dietary Dietary Dietary Related Plant Operatins And General Insurance Related Property and Related Related Property ASE MIX BASED RATE CALCULATIONS

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(333 33)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
_		(See 1 oiley Mandal)		φυ.σσ	φυ.συ	φυ.ΖΖ	φυ. 4 τ		φο.στ			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,021,578		\$0	\$972,947	\$885,640	\$0	+ /- /		\$1,163,396	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$124,744)	\$18,069	\$0	(\$18,069)	(\$292)	(\$323)			(\$61,407)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$88,790)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$174,720		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$60,967
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$9,043,731	\$4,672,673	\$0	\$954,878	\$885,348	(\$323)	\$1,193,479	\$174,720	\$1,101,989	\$60,967
8	Total Nursing Facility Days As Filed Days = 50,934	FY19 Audited C/R Days	50,934									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								41,410		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$183.60	\$91.74	\$0.00	\$18.75	\$17.38	(with L&H)	\$23.43	\$4.22	\$26.61	\$1.47
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5444</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.40	\$0.00	\$18.75	\$17.38		\$23.43	\$4.22	\$26.61	\$1.47
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.99	\$59.40	\$0.00	\$18.75	\$17.38		\$23.43	\$4.22	22.34	\$1.47
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.95	\$2.97	\$0.00	\$0.94	\$0.87	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.94	\$62.37	\$0.00	\$19.69	\$18.25	\$0.00	\$24.60	\$4.22	\$22.34	\$1.47
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5753								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.82	\$98.25	\$0.00	\$19.69	\$18.25	\$0.00	\$24.60	\$4.22	\$22.34	\$1.47
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46	ψ0.00	Ψ0.22	Ψ071	ψ0.00	ψ0.01		Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.40	\$2.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.90					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.04	\$5.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	,											
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.86	\$104.19	\$0.00	\$19.91	\$18.66	\$0.00	\$42.07	\$4.22	\$22.34	\$1.47
				1								

\$146.82

\$227.87

\$158.07

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Facility Add-on State-<u>Specific</u> wide Ross Memorial Health Care Center Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Provider: Prvdr ID: 00142942A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3419 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 46.94% 5.5% Quarterly Medicaid CMI: 1.3064 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.3282 1.5216 4.06 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$3,504,097 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$5,959,312 \$0 \$663,741 \$757,274 \$0 \$742,141 \$292,059 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$31,427) \$0 \$0 \$0 \$12,485 \$15.140 \$0 (\$59,052)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$70,549)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$60,353 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$91,368 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$6,009,057 \$3,519,237 \$663,741 \$757,274 \$0 \$684,077 \$60,353 \$233,007 \$91,368 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 28,843 28,843 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 24.946 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$210.42 \$122.01 \$0.00 \$23.01 \$26.26 (with L&H) \$23.72 \$2.42 \$9.34 \$3.66 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.3419 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$90.93 RS = Ln 11, AllOthr = Ln 9 \$23.01 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$90.93 \$0.00 \$26.26 \$23.72 \$2.42 \$9.34 \$3.66 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$176.91 Base Period Case Mix Adjusted Allowed Per Diem \$84.91 \$0.00 \$22.66 \$25.85 \$23.72 \$2.42 13.69 \$3.66 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$7.86 \$4.25 \$0.00 \$1.13 \$1.29 \$0.00 \$1.19 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$184.77 \$89.16 \$0.00 \$23.79 \$27.14 \$24.91 \$2.42 \$13.69 \$3.66 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.3282 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$118.42 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$214.03 \$118.42 \$0.00 \$23.79 \$27.14 \$0.00 \$24.91 \$2.42 \$13.69 \$3.66 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$6.51 5.5% (to Routine Srvs) \$6.51 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$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 \$27.53 \$10.06 \$0.00 \$0.00 \$0.00 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$241.56 \$128.48 \$0.00 \$23.79 \$27.14 \$0.00 \$42.38 \$2.42 \$13.69 \$3.66

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$168.35

Facility Add-on Facility State-Provider: PruittHealth - Shepherd Hills, LLC Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00142964A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3977 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 27.55% Quarterly Medicaid CMI: 1.3743 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.95 5.0% 1.3971 1.5216

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
4	Cost Center Peer Groups	(aca Daliau Marrus I)		_	1	2	4	1				
'	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Emolericy ineasure maximums (see line 20 for actual)	(See Folicy Maridar)		φυ.υυ	φ0.00	φυ.ΖΖ	φυ.+1		ψ0.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,007,444	\$3,520,886	\$0	\$471,143	\$808,257	\$0	\$950,478		\$256,680	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$96,819)	(\$74,609)	\$0	\$0	(\$507)	(\$32,303)	\$64,100		(\$53,500)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$212,226)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$486,905		
_	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$47,04
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,232,353	\$3,446,277	\$0	\$471,143	\$807,750	(\$32,303)	\$802,352	\$486,905	\$203,180	\$47,04
8	Total Nursing Facility Days As Filed Days = 38,382	FY19 Audited C/R Days	38,382									
_	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,759	^	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$164.38	\$89.79	\$0.00	\$12.28	\$20.20	(with L&H)	\$20.90	\$14.01	\$5.85	\$1.3
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.3977</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.24							^	
12	•	RS = Ln 11, AllOthr = Ln 9		\$64.24	\$0.00	\$12.28	\$20.20		\$20.90	\$14.01	\$5.85	\$1.3
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	0444.54	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.51	\$64.24	\$0.00	\$12.28	\$20.20		\$20.90	\$14.01	8.53 (FRV)	\$1.3
	Quarterly Per Diem Rate Prior to Add-ons										(11(0)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.88	\$3.21	\$0.00	\$0.61	\$1.01	\$0.00	\$1.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.39	\$67.45	\$0.00	\$12.89	\$21.21	\$0.00	\$21.95	\$14.01	\$8.53	\$1.3
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3971</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.17	\$94.23	\$0.00	\$12.89	\$21.21	\$0.00	\$21.95	\$14.01	\$8.53	\$1.3
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94	ψ0.00	Ψ0.22	Ψ011	Ψο.οο	Ψο.οτ		ψ5.50	
22		Ln 19 Col b x Stfng Add-on	\$4.71	\$4.71								
23		(Fixed Amount)	\$17.10	ψτ./ Ι					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.28	\$6.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
	,											
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.45	\$100.41	\$0.00	\$13.11	\$21.62	\$0.00	\$39.42	\$14.01	\$8.53	\$1.3

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$136.01

Provider:	Gold City Health and Rehabilitation Ctr		Ado	d-on Data and Pe	ercentages	Facility Score	Add-on Percent	Case	e Mix Index (0	CMI) Data		Facility Specific	State- wide	
Prvdr ID:	00142975A			Grow	th Allowance:	N/A	5.00%		Base Perio	d Overall CMI:		1.5927	1.4759	
	Case Mix Per Diem Rate Effective Date:	1/1/2022		Qtrl	y BIMS score	14.75%	0.0%		Quarterly	Medicaid CMI:		1.5367	1.5485	
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per (On-Site Day/Qua	lity Incentive:	1.97	1.0%	Qrtrly Mcaid	CMI w RUG	Wght Options:		1.5627	1.5216	
					Poutino	Special		Laundry 8	Plant	Admin	A&G -	Property	Tayor and	

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per O	n-Site Day/Qua	ality Incentive:	1.97	1.0%	Qrtrly Mcaid	CMI w RUG \	Wght Options:		1.5627	1.5216
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
					_	_						
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,134,341	\$2,455,017	\$0	\$354,865	\$355,888	\$0	\$770,366		\$198,205	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$31,109)	\$0	\$0	\$0	\$0	\$0	\$0		(\$31,109)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$42,193)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$30,623
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,091,662	\$2,455,017	\$0	\$354,865	\$355,888	\$0	\$728,173	\$0	\$167,096	\$30,623
8	Total Nursing Facility Days As Filed Days = 34,969	FY19 Audited C/R Days	34,969									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,865		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$118.72	\$70.21	\$0.00	\$10.15	\$10.18	(with L&H)	\$20.82	\$0.00	\$6.22	\$1.14
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5927</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.08	\$0.00	\$10.15	\$10.18		\$20.82	\$0.00	\$6.22	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$95.81	\$44.08	\$0.00	\$10.15	\$10.18		\$20.82	\$0.00	9.44	\$1.14
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.26	\$2.20	\$0.00	\$0.51	\$0.51	\$0.00	\$1.04	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$100.07	\$46.28	\$0.00	\$10.66	\$10.69	\$0.00	\$21.86	\$0.00	\$9.44	\$1.14
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	·	1.5627	·		·		,			
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$126.11	\$72.32	\$0.00	\$10.66	\$10.69	\$0.00	\$21.86	\$0.00	\$9.44	\$1.14
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	\$4.50	(0 52	\$0.00	¢0.00	¢0.44	¢ 0.00			20.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	Ln 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 22	BIMS Add-on Per Diem = 0.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00 \$0.72	\$0.00 \$0.72								
23	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$0.72 \$17.10	φυ./2					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$1.25	\$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	\$145.46	\$73.57	\$0.00	\$10.88	\$11.10	\$0.00	\$39.33	\$0.00	\$9.44	\$1.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$96.27									

\$156.21

\$104.33

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

	ovider: Signature HC - Marietta odr ID: 00142986A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	Facility Score N/A 26.37% 2.53	Add-on <u>Percent</u> 5.00% 1.0% 3.0%		Quarterly N	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.7059 1.7448 1.7790	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,522,573	\$5,202,123	\$0	\$815,884	\$756,452	\$0	\$2,241,124		\$2,506,990	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$117,320)	\$0	\$0	\$0	(\$1,969)	\$0	\$0 (\$154,928)		(\$115,351)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$242,651		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$136,387
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$11,629,363	\$5,202,123	\$0	\$815,884	\$754,483	\$0	\$2,086,196	\$242,651	\$2,391,639	\$136,387
8	Total Nursing Facility Days As Filed Days = 44,316 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	44,316							43,226		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$264.01	\$117.39	\$0.00	\$18.41	\$17.03	(with L&H)	\$47.08	\$5.61	\$55.33	\$3.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.7059</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.81	\$0.00	\$18.41	\$17.03		\$47.08	\$5.61	\$55.33	\$3.16
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.74	\$68.81	\$0.00	\$18.41	\$17.03		\$27.76	\$5.61	14.96 <i>(FRV)</i>	\$3.16
45	Quarterly Per Diem Rate Prior to Add-ons	La AA Carath Albana 0/	#0.00	CO 44	#0.00	#0.00	#0.05	Ф0.00	# 4.00	N1/A	N1/A	N1/A
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$6.60 \$162.34	\$3.44	\$0.00 \$0.00	\$0.92 \$19.33	\$0.85	\$0.00	\$1.39 \$20.15	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$162.34	\$72.25	\$0.00	\$19.33	\$17.88	\$0.00	\$29.15	\$5.61	\$14.96	\$3.16
	Quarterly Facility Case Mix Index for Medicaid Residents	•		1.7790								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$218.62	\$128.53 \$128.53	\$0.00	\$19.33	\$17.88	\$0.00	\$29.15	\$5.61	\$14.96	\$3.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.86	\$3.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			

\$23.41

\$242.03

\$168.70

\$242.14

\$168.78

\$5.68

\$134.21

\$0.00

\$0.00

\$0.22

\$19.55

\$0.41

\$18.29

\$17.10

\$46.25

\$0.00

\$0.00

\$0.00

\$5.61

\$0.00

\$14.96

\$0.00

\$3.16

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: PruittHealth - Fairburn, LLC Specific wide Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Prvdr ID: 00142997A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4512 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 25.00% Quarterly Medicaid CMI: 1.5985 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: Nurse Hours per On-Site Day/Quality Incentive: 1.6277 1.5216 3.29 5.0% Admin A&G -Property

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,546,249	\$3,120,372	\$0	\$453,883	\$599,066	\$0	\$959,155		\$413,773	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$88,850)	(\$65,032)	\$0	\$0	\$1,678	(\$30,629)	\$60,803 (\$155,307)		(\$55,670)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$356,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$58,313
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,716,405	\$3,055,340	\$0	\$453,883	\$600,744	(\$30,629)	\$864,651	\$356,000	\$358,103	\$58,313
8	Total Nursing Facility Days As Filed Days = 28,428	FY19 Audited C/R Days	28,428									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,659		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$211.30	\$107.48	\$0.00	\$15.97	\$20.05	(with L&H)	\$30.42	\$17.23	\$17.33	\$2.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4512</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.06	\$0.00	\$15.97	\$20.05		\$30.42	\$17.23	\$17.33	\$2.82
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.37	\$74.06	\$0.00	\$15.97	\$20.05		\$27.76	\$17.23	14.48 (FRV)	\$2.82
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.89	\$3.70	\$0.00		\$1.00	\$0.00	\$1.39		N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.26	\$77.76	\$0.00	\$16.77	\$21.05	\$0.00	\$29.15	\$17.23	\$14.48	\$2.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6277</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.07	\$126.57	\$0.00	\$16.77	\$21.05	\$0.00	\$29.15	\$17.23	\$14.48	\$2.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.33	\$6.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.86	\$8.13	\$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	\$253.93	\$134.70	\$0.00	\$16.99	\$21.46	\$0.00	\$46.25	\$17.23	\$14.48	\$2.82

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$177.62

	ovider:	Smith Medical Nu	rsing Care Center	Ad	d-on Data and P	ercentages vth Allowance:	Score N/A	Percent 5.00%	Case	e Mix Index (C	CMI) Data		Specific 0.9534	state- wide 1.4759	
	var ib.	0017000071	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022 09/30/21 Nurse Hours per	Qtr	ly BIMS score	36.36%	2.5% 0.0%	Qrtrly Mcaid	Quarterly I	Medicaid CMI: Wght Options:		0.9388 0.9480	1.5485 1.5216	
Line #		Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	

								Dlont	Admin	A 9 C	Droporty	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes		All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$1,656,122	\$728,797	\$0	\$232,131	\$184,060	\$0	\$485,984		\$25,150	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$47,658)	(\$1,300)	\$0	\$0	\$0	\$0	(\$27,888)		(\$18,470)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$43,869)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$74,360		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$18,709
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$1,657,664	\$727,497	\$0	\$232,131	\$184,060	\$0	\$414,227	\$74,360	\$6,680	\$18,709
8	Total Nursing Facility Days As Filed Days = 18,427	FY19 Audited C/R Days	18,427									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								14,616		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$91.38	\$39.48	\$0.00	\$12.60	\$9.99	(with L&H)	\$22.48	\$5.09	\$0.46	\$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		0.9534								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.41	# 0.00	040.00	Ф0.00		000.40	A = 00	00.40	0.1.00
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$41.41	\$0.00	\$12.60	\$9.99		\$22.48	\$5.09	\$0.46	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	# 404.00	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	# 4.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.30	\$41.41	\$0.00	\$12.60	\$9.99		\$22.48	\$5.09	11.45 (FRV)	\$1.28
	Quarterly Per Diem Rate Prior to Add-ons										(1717)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.32	\$2.07	\$0.00	\$0.63	\$0.50	\$0.00	\$1.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$108.62	\$43.48	\$0.00	\$13.23	\$10.49	\$0.00	\$23.60	\$5.09	\$11.45	\$1.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		0.9480								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$41.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$106.36	\$41.22	\$0.00	\$13.23	\$10.49	\$0.00	\$23.60	\$5.09	\$11.45	\$1.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	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	\$19.66	\$1.56	\$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	\$126.02	\$42.78	\$0.00	\$13.45	\$10.90	\$0.00	\$41.07	\$5.09	\$11.45	\$1.28
						•			•			

\$81.69

\$147.00

\$97.43

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Social Circle Nursing and Rehab Center Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00143041A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.5339 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.7088 1.5485 24.32% 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: Nurse Hours per On-Site Day/Quality Incentive: 1.7409 1.5216 2.83 2.0% Plant Admin A&G -Property

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	·											
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,412,106	\$2,267,751	\$0	\$439,924	\$522,291	\$0	\$728,586		\$453,554	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$83,823)	(\$30,677)	\$0	\$904	\$0	(\$24,399)	(\$11,202)		(\$18,449)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$5,854)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$6,640		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,108
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,355,177	\$2,237,074	\$0	\$440,828	\$522,291	(\$24,399)	\$711,530	\$6,640	\$435,105	\$26,108
8	Total Nursing Facility Days As Filed Days = 21,984	FY19 Audited C/R Days	21,984									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,838		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$200.41	\$101.76	\$0.00	\$20.05	\$22.65	(with L&H)	\$32.37	\$0.33	\$21.93	\$1.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5339								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.34	\$0.00	\$20.05	\$22.65		\$32.37	\$0.33	\$21.93	\$1.32
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.17	\$66.34	\$0.00	\$20.05	\$22.65		\$27.76	\$0.33	10.72	\$1.32
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.84	\$3.32	\$0.00	\$1.00	\$1.13	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.01	\$69.66	\$0.00		\$23.78	\$0.00	\$29.15	\$0.33	\$10.72	
17	Quarterly Facility <u>Case Mix Index for Medicaid Residents</u>	per Current Qtr End	V.00.0 1	1.7409	40.00	4265	Ψ20 0	40.00	V20	ψο.σσ	ψ.σ <u> </u>	Ų.1.0 <u>–</u>
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.62	\$121.27	\$0.00	\$21.05	\$23.78	\$0.00	\$29.15	\$0.33	\$10.72	\$1.32
	Quarterly Per Diem Add-on Amounts						•					
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.43	\$2.43					647.40			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		***	40.00	*	40.00	\$17.10		**	40.00
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.90	\$4.17	\$0.00		\$0.41	\$0.00	\$17.10		\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.52	\$125.44	\$0.00	\$21.27	\$24.19	\$0.00	\$46.25	\$0.33	\$10.72	\$1.32

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$159.32

Facility Add-on Facility State-Provider: PruittHealth - Griffin, LLC Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00143052A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4000 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 43.90% 2.5% Quarterly Medicaid CMI: 1.5560 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5835 MDS & Nurse Hrs Data per Quarter Ending: 6.0% 1.5216 3.73

Lin #	e Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
,,		Galationo	а	b	С	d	е	f	g	g	h	i
	ASE MIX BASED RATE CALCULATIONS											
					_	_						
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
7		(See Fulley Ivialitial)		φυ.υυ	φ0.00	φυ.ΖΖ	φυ.41		ψ0.57			
	Base Period Per Diem Allowed Amounts											
5	· · · · · · · · · · · · · · · · · · ·	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,885,382	\$2,086,080	\$0	\$309,870	\$495,875	\$0	\$646,140		\$347,417	\$
6	, , , , , , , , , , , , , , , , , , , ,	FY19 C/R Audit Adjstmts	(\$83,356)	(\$63,528)	\$0	\$0	\$0	(\$47,334)	\$65,180		(\$37,674)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$131,003)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$299,657		
_	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R	A					(0.7-00.1)				\$38,78
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,009,461	\$2,022,552	\$0	\$309,870	\$495,875	(\$47,334)	\$580,317	\$299,657	\$309,743	\$38,78
8	Total Nursing Facility Days As Filed Days = 21,065	FY19 Audited C/R Days	21,065									
_	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,315	^	
9		Ln 7 / Ln 8 Col a	\$197.00	\$96.01	\$0.00	\$14.71	\$21.29	(with L&H)	\$27.55	\$17.31	\$17.89	\$2.2
10	,	from 4 qtrs of FY19		<u>1.4000</u>								
11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ln 9 / Ln 10		\$68.58		04474	***		007.55	047.04	0.17.00	
12	·	RS = Ln 11, AllOthr = Ln 9		\$68.58	\$0.00	\$14.71	\$21.29		\$27.55	\$17.31	\$17.89	\$2.2
13		per Peer Group Limits	0 40400	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.29	\$68.58	\$0.00	\$14.71	\$21.29		\$27.55	\$17.31	9.61 <i>(FRV)</i>	\$2.2
	Quarterly Per Diem Rate Prior to Add-ons										(//(//	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.61	\$3.43	\$0.00	\$0.74	\$1.06	\$0.00	\$1.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.90	\$72.01	\$0.00	\$15.45	\$22.35	\$0.00	\$28.93	\$17.31	\$9.61	\$2.2
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5835</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.92	\$114.03	\$0.00	\$15.45	\$22.35	\$0.00	\$28.93	\$17.31	\$9.61	\$2.2
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.16		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$2.85	\$2.85		77:=2	¥				-	
22		Ln 19 Col b x Stfng Add-on	\$6.84	\$6.84								
23		(Fixed Amount)	\$17.10						\$17.10			
24		Sum of Lns 20 thru 23	\$28.11	\$10.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.26	\$0.00	\$0.00	\$0.0
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.03	\$124.25	\$0.00	\$15.67	\$22.76		\$46.19	\$17.31	\$9.61	\$2.2
	Quality Sase with Daseu i et Dietii Nate	LI IO CLII24	φ230.03	ψ124.23	φυ.υυ	\$15.07	φ22.76	φυ.υυ	ψ 4 0.19	φ17.31	φ 3 .01	Ψ2.2

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$165.70

Facility Add-on Facility State-Provider: Sparta Health & Rehab Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00143063A Growth Allowance: 5.00% Base Period Overall CMI: 1.2320 1.4759 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.2844 1.5485 Case Mix Per Diem Rate Effective Date: 13.95% 0.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: 3.07 3.0% Ortrly Meaid CMI w RUG Waht Options: 1 3051 1.5216

Description Description		MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	r On-Site Day/Q	uality Incentive:	3.07	3.0%	Qrtrly Mcaid	CMI w RUG \	Nght Options:		1.3051	1.5216
Control Paper Groups	Line #	Description		Totals			Dietary		Operatns	and	GL/PL	and	Taxes and Insurance
Cost Center Peer Groups Cost Center Costs (Center Peer Groups Sentiments Center Peer Gro				а	b	С	d	е	f	g	g	h	i
Cost Center Peer Groups Cost Center Costs (Center Peer Groups Sentiments Center Peer Gro	C	ASE MIX BASED RATE CALCULATIONS											
AF Pacilities AF Pacilitie	_												
Pear Cross Part Price Once Standard A. Effectionsy Measure Limits See Policy Manual See Policy Man	1	•	(see Policy Manual)		1 All Facilities			1 All Facilities	All Facilities	All Facilities			
2 Perc Procus Standarder, Fencembre (see Policy Martural) (see Policy					1		"						
2 Perc Procus Standarder, Fencembre (see Policy Martural) (see Policy		Peer Group Standards & Efficiency Measure Limits											
Base Period Path Dism Allowed Amounts Same Period Path Dism Allowed Amounts Same Period Path Dism Allowed Amounts Same Period Path Dism Allowed Amounts Same Period Path Dism Allowed Amounts Same Period Path Costs (Ensure & Special Sons Combined) As Field PY10 CM - FY10 GM- FY1	2	Peer Group Standards: Percentile	, , , , , , , , , , , , , , , , , , , ,		90.0%		1						
Base Period Per Diem Allowed Amounts	3		. ,		1		1						
S As Filed Cost Center Costs (Reverse & Spaces) Several Center Costs (Reverse & Spaces) Several Costs (Spaces) As Filed PTIS CR Auch Appendent PTIS CR Auc	4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Audit Adjustments and Realifocations to Cost Center Costs A Adjusted Cost Center Costs A Adjusted Cost Center Costs (GLPL) A Adjusted PYS CIPIR Rpt A Adjusted PYS CIPIR Rp		Base Period Per Diem Allowed Amounts											
As Adjusted Cost Center Costs (GUPL) As Adjusted PY19 GUPR RPt As Adjusted Cost Center Costs (GUPL) As Adjusted PY19 GUPR RPt As Adjusted Cost Center Costs (Faves and Insurance) As Adjusted Cost Center Costs (Faves and Insurance) As Adjusted PY19 GUPR RPt As Adjusted PY19 GUPR RPt As Adjusted Cost Center Costs (Faves and Insurance) As Adjusted Cost Center Costs (Faves And Insurance) As Adjusted Cost Center Costs (Faves and Insurance) As Adjusted Cost Center Costs (Faves and Insurance) As Adjusted Cost Center Costs (Faves And Insurance) As Adjusted Cost Center Costs (Faves And Insurance) As Adjusted Cost Center Costs (Faves And Insurance) As Adjusted Cost Center Costs (Faves And Insurance) As Adjusted Cost Center Costs (Faves And Insurance) As Adjusted Cost Center Costs (Faves And Insurance) As Adjusted Cost Center Costs (Faves And Insurance) As Adjusted Cost Center Costs (Faves And Insurance) As Adjusted Cost Center Costs (Faves And Insurance) As Adjusted Cost Center Costs (Faves And Insuran	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,784,122	\$1,904,126	\$0	\$445,378	\$428,939	\$0	\$605,623		\$400,056	\$0
As Adjusted Cost Center Costs (GLPL) As Adjusted FY21 GLPL Rel As Adjusted FY21 GLPL Rel As Adjusted FY21 GLPL Rel As Adjusted Cost Generic Costs (Taxes and Insurance) As Adjusted Cost Center Costs (Taxes and Insurance) FY19 Audited CR Pays Total Nursing Facility Days As Field Days = 25,143 Total Nursing Facility Days As Field Days = 25,143 Total Nursing Facility Days As Field Days = 25,143 Total Nursing Facility Days As Field Days = 25,143 FY19 Audited CR Days FY19	6	·	•	(\$35,349)	\$0	\$0	\$0	\$0	(\$5,149)			(\$20,371)	
As Adjusted Cost Center Costs (Tawas and Insurance) As Adjusted PY21 CIR 7 Cost Center Costs After Audit Adjustments FY19 Audited CR Days FY19 Audited CR Days FY21 Audited CR Days FY21 Audited CR Days FY22 Audited CR Days FY24 Audited CR Days FY24 Audited CR Days FY25 Audited CR Days FY25 Audited CR Days FY25 Audited CR Days FY26 Audited CR Days FY26 Audited CR Days FY26 Audited CR Days FY26 Audited CR Days FY26 Audited CR Days FY27 Audited CR Days FY28 Audited		As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$43,420)			
FY19 Audited CR (As Adj. FY21 GLPL/Tib) S3,811,899 S1,904,126 S0 S445,378 S428,939 S52,374 S85,080 S379,885 S21,475 Total Nursing Facility Days As Fled Days = 25,143 FY19 Audited CR Days FY21 Audited CR Days Total Nursing Facility Days GL-PL Ins. Rpt FY21 Audited CR Days FY21 Audited CR Days FY21 Audited CR Days Total Nursing Facility Days GL-PL Ins. Rpt Total Nursing Facility Days GL-PL Ins. Rpt FY21 Audited CR Days FY21 Audited CR Days FY21 Audited CR Days FY21 Audited CR Days Total Nursing Facility Days GL-PL Ins. Rpt Total Nursing Facility Days GL-PL Ins. Rpt FY21 Audited CR Days FY21 Audited CR Days Total Nursing Facility Days (L-PL Ins. Rpt Total Nursing Facility Days (L-PL Ins. Rpt Total Nursing Facility Days (L-PL Ins. Rpt Total Nursing Facility Days (L-PL Ins. Rpt Total Nursing Facility Days (L-PL Ins. Rpt Total Nursing Facility Days (L-PL Ins. Rpt Total Nursing Facility Days Total Nursing Facility Day		As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$85,088		
8 Total Nursing Facility Days As Filed Days = 25,143 Total Nursing Facility Days GL-PL Ins. Rpt 9 Net Per Diems prior to Case Mix Adjust to Routine Sives 1 Ln 7 / Ln 8 Coll a \$163,93 \$575,73 \$0.00 \$17.71 \$16,86 \$(with L&H)\$ \$21,97\$ \$5.54 \$24.72 \$1.40 \$1.00 \$,										\$21,458
Total Nursing Facility Days GL-PL Ins. Rpt PY21 Audited CR Days Not Per Diems prior to Case Mix Adjstmt to Routine Strycs Ln 7 / Ln 8 Co la \$163.93 \$75.73 \$0.00 \$17.71 \$16.86 (with L8H) \$21.97 \$5.54 \$24.72 \$1.00 \$1.0	7	,			\$1,904,126	\$0	\$445,378	\$428,939	(\$5,149)	\$552,374	\$85,088	\$379,685	\$21,458
9 Net Per Diem's prior to Case Mix Adjistmit to Routine Srvcs	8		·	25,143									
10 Base Period Facility Case Mix Index for All Residents			•										
Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem				\$163.93		\$0.00	\$17.71	\$16.86	(with L&H)	\$21.97	\$5.54	\$24.72	\$1.40
12 Net Per Diems after Case Mix Adjistrnt to Routine Srvcs			•										
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Case Mix Adjusted Allowed Per Diem 15 Growth Allowance Percentage = \$.00% 16 Growth Allowance Percentage = \$.00% 17 Quarterly Per Diem Rate Prior to Add-ons 18 Quarterly Facility Case Mix Index for Medicaid Residents 19 Quarterly Readility Case Mix Adjusted CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem [Sind-Alwd] x.75, up to max or 0) 21 Mix Staff Hrs / Quality Add-on Per Diem = \$.00% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Sum of Lns 20 thru 23 25 Sum of Lns 20 thru 23 26 Sum of Lns 20 thru 23 26 Sum of Lns 20 thru 23 27 Sum of Lns 20 thru 23 28 Sum of Lns 20 thru 23 28 Sum of Lns 20 thru 23 28 Sum of Lns 20 thru 23 28 Sum of Lns 20 thru 23 28 Sum of Lns 20 thru 23 28 Sum of Lns 20 thru 23 29 Sum of Lns 20 thru 23 20 Sum													
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$134.42 \$61.47 \$0.00 \$17.71 \$16.86 \$21.97 \$5.54 \$9.47 \$1.4 Cuarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = \$5.00% 16 CMA Allowance Percentage = \$5.00% 17 Quarterly Per Diem (After Growth Allowance Add-on) 18 Quarterly Routine Srvcs Case Mix Adjusted (CMA) Net Per Diem 18 Quarterly Reutine Srvcs Case Mix Adjust (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Per Diem Add-on Amounts Cuarterly Per Diem Add-on Amounts 19 Quarterly Per Diem Add-on Amounts Cuarterly Per Diem (Strd - Alwd) x.75, up to max, or 0) 19 BliMS Add-on Per Diem = \$0.0% (to Routine Srvcs) 10 Routine Strdf Hrs / Qualitry Add-on Per Diem = \$0.0% (to Routine Srvcs) 11 Pl Col b x CPS Add-on 12 Nurse Staff Hrs / Qualitry Add-on Per Diem = \$3.0% (to Routine Srvcs) 12 Nurse Staff Hrs / Qualitry Add-on Amounts 13 Nursing Home Provider Fee 14 Total Quarterly Per Diem Add-on Amounts 15 Sum of Lns 20 thru 23 \$2 Sun of Lns 20 thru 23 \$3 Sun of Lns 20 th		, i	,					_					\$1.40
Counterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allowance Percentage = 5.00% Ln 14 x Grwth Allowance Percentage = 5.00% Ln 14 x Grwth Allowance Percentage = 5.00% Ln 14 x Ln 15 S140.32 S64.54 \$0.00 \$18.60 \$17.70 \$0.00 \$23.07 \$5.54 \$9.47 \$1.17 Quarterly Facility Case Mix Algistd (CMA) Net Per Diem Ln 16 x Ln 17 S84.23		· · · · · · · · · · · · · · · · · · ·	·								· I		
Counterly Per Diem Rate Prior to Add-ons Corowth Allowance Percentage = \$5.00% Ln 14 x Grwth Allownce & \$5.90 \$3.07 \$0.00 \$0.89 \$0.84 \$0.00 \$1.10 N/A N/	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.42	\$61.47	\$0.00	\$17.71	\$16.86		\$21.97	\$5.54	-	\$1.40
1.0 1.0		Quarterly Per Diem Rate Prior to Add-ons										(1177)	
17 Quarterly Facility Case Mix Index for Medicaid Residents	15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.90	\$3.07	\$0.00	\$0.89	\$0.84	\$0.00	\$1.10	N/A	N/A	N/A
18	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.32	\$64.54	\$0.00	\$18.60	\$17.70	\$0.00	\$23.07	\$5.54	\$9.47	\$1.40
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$160.01 \$84.23 \$0.00 \$18.60 \$17.70 \$0.00 \$23.07 \$5.54 \$9.47 \$1.40 Quarterly Per Diem Add-on Amounts Quarterly Per Diem Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.00 \$0.00 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.53 \$2.53 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.16 \$3.06 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3051</u>								
Quarterly Per Diem Add-on Amounts Company of the provider Fee Company of the provider Fee <td>18</td> <td>Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem</td> <td>Ln 16 x Ln 17</td> <td></td> <td>\$84.23</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.23								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) [20] Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) [21] BIMS Add-on Per Diem = 0.0% (to Routine Srvs) [22] Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) [23] Nursing Home Provider Fee (Fixed Amount) [24] Total Quarterly Per Diem Add-on Amounts [27] Sum of Lns 20 thru 23 [28] Sun of Lns 20 thru 23 [29] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [21] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [21] Sun of Lns 20 thru 23 [22] Sun of Lns 20 thru 23 [23] Sun of Lns 20 thru 23 [24] Sun of Lns 20 thru 23 [25] Sun of Lns 20 thru 23 [26] Sun of Lns 20 thru 23 [27] Sun of Lns 20 thru 23 [28] Sun of Lns 20 thru 23 [28] Sun of Lns 20 thru 23 [29] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [21] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 24 [20] Sun of Lns 20 thru 25 [20] Sun of Lns 20 thru 25 [20] Sun of Lns 20 thru 25 [20] Sun	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.01	\$84.23	\$0.00	\$18.60	\$17.70	\$0.00	\$23.07	\$5.54	\$9.47	\$1.40
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) [20] Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) [21] BIMS Add-on Per Diem = 0.0% (to Routine Srvs) [22] Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) [23] Nursing Home Provider Fee (Fixed Amount) [24] Total Quarterly Per Diem Add-on Amounts [27] Sum of Lns 20 thru 23 [28] Sun of Lns 20 thru 23 [29] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [21] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [21] Sun of Lns 20 thru 23 [22] Sun of Lns 20 thru 23 [23] Sun of Lns 20 thru 23 [24] Sun of Lns 20 thru 23 [25] Sun of Lns 20 thru 23 [26] Sun of Lns 20 thru 23 [27] Sun of Lns 20 thru 23 [28] Sun of Lns 20 thru 23 [28] Sun of Lns 20 thru 23 [29] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 23 [21] Sun of Lns 20 thru 23 [20] Sun of Lns 20 thru 24 [20] Sun of Lns 20 thru 25 [20] Sun of Lns 20 thru 25 [20] Sun of Lns 20 thru 25 [20] Sun		Quarterly Per Diem Add-on Amounts											
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.00 \$0.00 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.53 \$2.53 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.16 \$3.06 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.53 \$2.53 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.16 \$3.06 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00						\$3.30	45.22		\$3.50			\$3.30	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10													
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.16 \$3.06 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00			_		, ,,					\$17.10			
					\$3.06	\$0.00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
20 Quantity Guest in Stein rate \$1.01 \$\psi_10.11 \psi_10.02 \psi_10.11 \psi_10.02 \psi_10.11 \psi_10.04 \psi_10.11 \psi_10.04 \psi_10.11 \qua			Ln 19 + I n 24					-					\$1.40
		additiony date with based i of blein hate	Lii 10 - Lii 27	φισι.ι/	φ01.29	φυ.υυ	\$10.0Z	φ10.11	φυ.υυ	ψ+υ.υ4	φυ.υ+	φ3.41	φ1.40

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$123.05

Facility Facility Add-on State-Provider: Fox Glove Court Care and Rehab <u>Specific</u> wide Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00143074A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5171 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 36.05% 2.5% Quarterly Medicaid CMI: 1.8363 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.8719 1.5216 3.04 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Description Services Services Houskpng Insurance Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$3,282,724 \$1,645,276 \$0 \$311,928 \$290,722 \$0 \$605,498 \$429,300 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$28,104) \$0 \$0 \$0 (\$28,104) \$0 \$0 \$0 As Adjusted FY19 GL/PL Rpt \$0 As Adjusted Cost Center Costs (GL/PL) As Adjusted FY21 GL/PL Rpt \$183,642 As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$95,064 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$3,533,326 \$1,645,276 \$311,928 \$290,722 \$0 \$605,498 \$183,642 \$401,196 \$95,064 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 20,784 20,784 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 35.67 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$156.36 \$79.16 \$0.00 \$15.01 \$13.99 (with L&H) \$29.13 \$5.15 \$11.25 \$2.67 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.5171 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$52.18 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$52.18 \$0.00 \$15.01 \$13.99 \$29.13 \$5.15 \$11.25 \$2.67 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$125.57 \$52.18 \$0.00 \$15.01 \$13.99 \$27.76 \$5.15 8.81 \$2.67 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$5.45 \$2.61 \$0.00 \$0.75 \$0.70 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$131.02 \$54.79 \$0.00 \$15.76 \$14.69 \$0.00 \$29.15 \$5.15 \$8.81 \$2.67 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.8719 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$102.56 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$178.79 \$102.56 \$0.00 \$15.76 \$14.69 \$0.00 \$29.15 \$5.15 \$8.81 \$2.67 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.56 \$2.56 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$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 \$23.90 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 \$6.17 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$202.69 \$108.73 \$0.00 \$15.98 \$15.10 \$0.00 \$46.25 \$5.15 \$8.81 \$2.67

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$139.19

Facility Facility Add-on Statewide Provider: Cartersville Heights Care and Rehab Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00143085A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5588 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 23.75% 1.0% Quarterly Medicaid CMI: 1.7806 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 2.85 2.0% 1.8155 1.5216 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$5,645,484 \$3,395,764 \$0 \$563,359 \$536,443 \$0 \$736,184 \$413,734 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$50,771) (\$3,400)\$0 \$0 (\$2,242)(\$45,129) \$0 \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$160,041 As Adjusted FY21 C/R As Adjusted Cost Center Costs (Taxes and Insurance) \$92,154 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$5,846,908 \$3,392,364 \$563,359 \$536,443 \$0 \$733,942 \$160,041 \$368,605 \$92,154 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 40,854 40,854 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 36.07 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$145.13 \$83.04 \$0.00 \$13.79 \$13.13 (with L&H) \$17.96 \$4.44 \$10.22 \$2.55 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.5588 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$53.27 \$17.96 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$53.27 \$0.00 \$13.79 \$13.13 \$4.44 \$10.22 \$2.55 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 14.75 Base Period Case Mix Adjusted Allowed Per Diem \$119.89 \$53.27 \$0.00 \$13.79 \$13.13 \$17.96 \$4.44 \$2.55 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$4.91 \$2.66 \$0.00 \$0.69 \$0.66 \$0.00 \$0.90 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 \$14.75 CMA Allowed Per Diem (After Growth Allowance Add-on) \$124.80 \$55.93 \$0.00 \$14.48 \$13.79 \$18.86 \$4.44 \$2.55 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.8155 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$101.54 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$170.41 \$101.54 \$0.00 \$14.48 \$13.79 \$0.00 \$18.86 \$4.44 \$14.75 \$2.55 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$1.02 \$1.02 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) \$2.03 \$2.03 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10

24

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$21.68

\$192.09

\$131.24

\$3.58

\$105.12

\$0.00

\$0.00

\$0.22

\$14.70

\$0.41

\$14.20

\$0.00

\$0.00

\$17.47

\$36.33

\$0.00

\$4.44

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$14.75

\$0.00

\$2.55

Facility Facility Add-on State-<u>Specific</u> wide Provider: PruittHealth -Spring Valley, LLC Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00143096A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5488 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 39.02% 2.5% Quarterly Medicaid CMI: 1.5056 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 2.77 5.0% 1.5308 1.5216 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$1,680,084 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$3,201,083 \$0 \$287,251 \$411.805 \$0 \$592,489 \$229,454 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$31,855) (\$44,089) \$0 (\$3,846)(\$4,769) \$33,632 (\$12,783) \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$113,560)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$260,162 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$16,034 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$3,331,864 \$1,635,995 \$287,251 \$407,959 (\$4,769) \$512,561 \$260,162 \$216,671 \$16,034 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 17,588 17,588 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 17.382 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$189.77 \$93.02 \$0.00 \$16.33 \$22.92 (with L&H) \$29.14 \$14.97 \$12.47 \$0.92 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.5488 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$60.06 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$60.06 \$0.00 \$16.33 \$22.92 \$29.14 \$14.97 \$12.47 \$0.92 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 N/A \$0.00 14 Lesser of Ln 12 or Ln 13 \$153.23 Base Period Case Mix Adjusted Allowed Per Diem \$60.06 \$0.00 \$16.33 \$22.92 \$27.76 \$14.97 10.27 \$0.92 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.36 \$3.00 \$0.00 \$0.82 \$1.15 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$159.59 \$63.06 \$0.00 \$17.15 \$24.07 \$29.15 \$14.97 \$10.27 \$0.92 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.5308 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$96.53 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$193.06 \$96.53 \$0.00 \$17.15 \$24.07 \$0.00 \$29.15 \$14.97 \$10.27 \$0.92 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.41 2.5% (to Routine Srvs) \$2.41

Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)

22

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$4.83

\$17.10

\$25.50

\$218.56

\$151.10

\$4.83

\$7.77

\$104.30

\$0.00

\$0.00

\$0.22

\$17.37

\$0.41

\$24.48

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$10.27

\$0.00

\$0.92

\$17.10

\$17.10

\$46.25

\$0.00

\$14.97

\$0.00

\$0.00

Facility Add-on Facility State-Provider: Winthrop Manor Nursing Center Specific wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00143118A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.5306 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.2674 29.17% 1.0% 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: Nurse Hours per On-Site Day/Quality Incentive: 1.2854 1.5216 3.14 3.0% Plant Admin A&G -Property Routine Special Laundry & Taxes and

PY19 Audited CR (As Adj. FY21 GLPL/T&l) S5,378,781 \$2,994,192 \$0 \$878,637 \$652,175 \$2,333 \$909,012 \$104,660 \$129,523 \$12,14 \$10	Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Insurance
				а	b	С	d	е	f	g	g	h	i
	C	ASE MIX BASED RATE CALCULATIONS											
Page of Castle Anthony Price (Castle Antho	<u></u>												
Pear Class Standards & Efficiency Measure Limits Pear Class Standards & Efficiency Measure Limits Pear Class Standards & Efficiency Measure Limits Pear Class Standards & Efficiency Measure Limits Pear Class Standards & Efficiency Measure Limits Pear Class Standards & Efficiency Measure Limits Pear Class Standards & Efficiency Measure Limits Pear Class Standards & Male Male Male Male Male Male Male Male	1	•	(see Policy Manual)		1 ^// Facilities	'				1 '			1
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Section American	•		(coo : choj manda)		φο.σσ	φο.σσ	40.22	φοιιι		φο.σ.			
Fig. 2016 Audit Adjustments and Realisocations to Cost Center Costs And Adjusted Crast Center Costs (GLPL) An Adjusted Crast Gulf-High And Adjusted F715 GUFL Ript And Adjusted F715 GUFL Ript And Adjusted F715 GUFL Ript And Adjusted F715 GUFL Ript And Adjusted F715 GUFL Ript And Adjusted F715 GUFL Ript And Adjusted Crast Safe Audit Adjustments F719 GUFL Ript And Adjusted Crast Safe Audit Adjustments F719 GUFL Ript And Adjusted Crast Safe Audit Adjustments F719 GUFL Ript And Adjusted Crast Safe Audit Adjustments F719 GUFL Ript And Adjusted Crast Safe Audit Adjustments F719 GUFL Ript And Adjusted Crast Safe Audit Adjustments F719 GUFL Ript And Adjusted Crast Safe Audit Adjustments F719 GUFL Ript And Adjusted Crast Safe Audit Adjustments F719 GUFL Ript And Adjusted Crast Safe Audit Adjustments F719 GUFL Ript And Adjusted Crast Safe Audit Adjustments F719 GUFL Ript And Adjusted Crast Safe Audit Adjustments F719 GUFL Ript And Adjusted Crast Safe Audit Safe Audit Crast Safe Audit Crast Safe Audit Crast Safe Audit Crast Safe Audit Crast Safe Audit Crast Safe Audit Crast Safe Audit Crast Safe Audit Crast Safe Audit Crast Safe Audit Crast Safe Audit Crast Safe Audit Crast Safe Audit Crast Safe Audit Crast Sa	5		As Filed FY19 C/R - FY19 GL/PL Rot	\$5,396,522	\$3,009,888	\$0	\$578.637	\$649.733	\$0	\$1.016.730		\$141.534	\$0
As Adjusted Cost Center Costs (GUPL) As Adjusted PY3 GUPL Rpt As Adjusted Py3 GUPL Rpt As Adjusted Py3 GUPL Rpt As Adjusted Py3 GUPL Rpt As Adjusted Py3 GUPL Rpt As Adjust	_	· · · · · · · · · · · · · · · · · · ·	·		' ' '					' ' '			
As Adjusted Cost Center Costs (GLPL) As Adjusted FY21 GLPL Rpt Adjusted Cost Center Costs (Tases and Insurance) As Adjusted Cost Center Costs (Tases and Insurance) As Adjusted Cost Center Costs (Tases and Insurance) Adjusted Cost Cost After Audit Adjustments PY19 Audited COR Days Total Nursing Facility Days As Fleet Days – 31,870 Total Nursing Facility Days As Fleet Days – 31,870 PY19 Audited COR Days Total Nursing Facility Days As Fleet Days – 31,870 PY19 Audited COR Days Total Nursing Facility Days As Fleet Days – 31,870 PY19 Audited COR Days Total Nursing Facility Days As Fleet Days – 31,870 PY19 Audited COR Days Total Nursing Facility Days As Fleet Days – 31,870 PY19 Audited COR Days Total Nursing Facility Days As Fleet Days – 31,870 PY19 Audited COR Days Total Nursing Facility Days As Fleet Days – 31,870 PY19 Audited COR Days Total Nursing Facility Days As Fleet Days – 31,870 PY19 Audited COR Days Total Nursing Facility Days As Fleet Days – 31,870 PY19 Audited COR Days Total Nursing Facility Days As Fleet Days – 31,870 PY19 Audited COR Days Total Nursing Facility Days As Fleet Days – 31,870 PY19 Audited COR Days Total Nursing Facility Days As Fleet Days – 31,870 PY19 Audited COR Days Total Nursing Facility Days As Fleet Days – 31,870 Total Nursing Facility Days As Fleet Days – 31,870 Total Nursing Facility Days As Fleet Days – 31,870 Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Machine Professor Total Nursing Machine Professor Total Nursing Machine Professor Total Nursing Machine Professor Total Nursing Machine Professor Total Nursing Machine Professor Total Nursing Mac	U		•	(\$02,000)	(ψ10,000)	ΨΟ	ΨΟ	Ψ2,442	(ψ2,000)	, ,		(Ψ12,011)	
As Adjusted Cost Center Costs (Traves and Insurance) As Adjusted Cost Center Costs (Traves and Insurance) Cost Center Costs After Audit Adjustments As Fled Days = 31.870 Total Nursing Facility Days As Fled Days = 31.870 Total Nursing Facility Days As Fled Days = 31.870 FY21 Audited CR Days FY21 Audited CR Days FY21 Audited CR Days FY21 Audited CR Days FY21 Audited CR Days FY21 Audited CR Days FY22 Audited CR Days FY22 Audited CR Days FY23 Audited CR Days FY24 Audited CR Days FY25 Audited CR Days FY24 Audited		, ,	As Adjusted FY21 GL/PL Rpt							(,,,,,,,,			
State Total Nursing Facility Days As Field Days = 31,870 FY19 Audited CR Days Total Nursing Facility Days GL-PL Ins. Rpt FY24 Audited CR Days State St		, , ,	As Adjusted FY21 C/R										\$12,925
Total Nursing Facility Days GL-PL Ins. Rpt	7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,378,781	\$2,994,192	\$0	\$578,637	\$652,175	(\$2,333)	\$909,012	\$104,650	\$129,523	\$12,925
Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 31,870	FY19 Audited C/R Days	31,870					, ,				
Base Period Facility Case Mix Index for All Residents From 4 qtrs of FY19		Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,977		
Routine Srives Case Mix Adjstat (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$170.54	\$93.95	\$0.00	\$18.16	\$20.39	(with L&H)	\$28.52	\$4.03	\$4.99	\$0.50
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$61.38 \$0.00 \$18.16 \$20.39 \$28.52 \$4.03 \$4.99 \$0.00 \$1.00	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5306</u>								
Per Diem Standards (After Statewide CMA for Routine Sncs) Per Peer Group Limits Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 S144.36 S61.38 S0.00 S18.16 S20.39 S27.76 S0.00 N/A S27.76 S4.03 S20.00 S20.00 S22.14 S0.00 S22.15 S4.03 S22.14 S0.00 S22.14 S0.00 S22.15 S4.03 S22.14 S0.00 S22.15 S4.03 S22.14 S0.00 S22.15 S4.03 S22.14 S0.00 S22.14 S0.00 S22.15 S4.03 S22.14 S0.00 S22.15 S4.03 S22.14 S0.00 S22.14 S	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.38								
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$144.36 \$61.38 \$0.00 \$18.16 \$20.39 \$27.76 \$4.03 12.14 \$0.00	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.38	\$0.00	\$18.16	\$20.39		\$28.52	\$4.03	\$4.99	\$0.50
Counterly Per Diem Rate Prior to Add-ons Company Counterly Per Diem Rate Prior to Add-ons Company Counterly Per Diem Rate Prior to Add-ons Company Counterly Per Diem Rate Prior to Add-ons Company Counterly Per Diem Rate Prior to Add-ons Company Counterly Add-on Per Diem (After Growth Allowance Add-on) Counterly Facility Case Mix Index for Medicaid Residents Counterly Facility Case Mix Index for Medicaid Residents Counterly Facility Case Mix Index for Medicaid Residents Counterly Facility Case Mix Index for Medicaid Residents Counterly Facility Case Mix Index for Medicaid Residents Counterly Facility Case Mix Index for Medicaid Residents Counterly Facility Case Mix Index for Medicaid CMA Net Per Diem Counterly Facility Case Mix Index for Medicaid CMA Allowed Per Diem Counterly Per Diem Add-on Allowed Per Diem Counterly Per Diem Add-on Amounts Counterly Per Diem Add-on Amounts Counterly Per Diem Add-on Amounts Counterly Per Diem (Istind - Alwd] x.75, up to max, or 0) Counterly Per Diem Counterly Per Diem Counterly Per Diem Counterly Per Diem Counterly Per Diem Counterly Per Diem Counterly Per Diem Counterly Per Diem Counterly Per Diem Counterly Per Diem Counterly Per Diem Counterly Per Diem Counterly Per Diem Counterly Per Diem Counterly Per Diem Add-on Amounts Co	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwnc % \$6.39 \$3.07 \$0.00 \$0.91 \$1.02 \$0.00 \$1.39 N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.36	\$61.38	\$0.00	\$18.16	\$20.39		\$27.76	\$4.03		\$0.50
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 20 Efficiency Add-on Per Diem (Istnd - Alwd] x.75, up to max, or 0) 21 BIMS Add-on Per Diem (1stnd - Alwd) x.75, up to max, or 0) 22 Nurse Staff Hrs / Quality Add-on Per Diem (1stnd - Alwd) x.75, up to max or 0) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Sum of Lns 20 thru 23 \$2.1.58 \$3.85 \$0.00 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$		Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
Quarterly Facility Case Mix Index for Medicaid Residents	15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.39	\$3.07	\$0.00	\$0.91	\$1.02	\$0.00	\$1.39	N/A	N/A	N/A
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.75	\$64.45	\$0.00	\$19.07	\$21.41	\$0.00	\$29.15	\$4.03	\$12.14	\$0.50
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$169.14 \$82.84 \$0.00 \$19.07 \$21.41 \$0.00 \$29.15 \$4.03 \$12.14 \$0.00 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.83 \$0.83 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x String Add-on \$2.49 \$2.49 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$0.00 \$17.10 \$0.00 </td <td>17</td> <td>Quarterly Facility Case Mix Index for Medicaid Residents</td> <td>per Current Qtr End</td> <td></td> <td><u>1.2854</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2854</u>								
Quarterly 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 \$0.00 \$0.00 \$0.00 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.83 \$0.83 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.49 \$2.49 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.58 \$3.85 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00	18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.84								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) See Policy Manual) Since Policy Manual Since Policy Manual Since Policy Manual Since Policy Manual Since Policy Manual Since Policy Manual Since Policy Manual Since Po	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.14	\$82.84	\$0.00	\$19.07	\$21.41	\$0.00	\$29.15	\$4.03	\$12.14	\$0.50
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.83 \$0.83 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.49 \$2.49 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.58 \$3.85 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.49 \$2.49 \$2.49 \$17.10 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10	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	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83								
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.58 \$3.85 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00	22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$190.72 \$86.69 \$0.00 \$19.29 \$21.82 \$0.00 \$46.25 \$4.03 \$12.14 \$0	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.58	\$3.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.72	\$86.69	\$0.00	\$19.29	\$21.82	\$0.00	\$46.25	\$4.03	\$12.14	\$0.50

Quarterly Per Diem Rate for Bed Hold and Leave Days

26

\$130.22

Facility Add-on Facility State-Provider: Senior Care Ctr.- St. Marys Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00143129A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.2588 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 52.78% 5.5% Quarterly Medicaid CMI: 1.2745 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.2919 1.5216 4.67

	MDO & Naise File Data per Quarter Enaing.	14disc riodis per	On One Day/Q	duity intotitivo.	4.07	3.070	withy wicald	OWI W IXOO Y	right Options.		1.2010	1.5210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u>~</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			,
				7 200 0.200	7 III 200 01200	7 200 0.200	7 11. 200 0.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,537,052	\$3,127,140	\$0	\$722,004	\$669,895	\$0	\$866,555		\$151,458	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,801)	(\$30,787)	\$0	\$0	(\$3,226)	(\$1,435)	(\$3,353)		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	,				,	,	\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$161,358		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$11,871
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,671,480	\$3,096,353	\$0	\$722,004	\$666,669	(\$1,435)	\$863,202	\$161,358	\$151,458	\$11,871
8	Total Nursing Facility Days As Filed Days = 24,110	FY19 Audited C/R Days	24,110									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,919		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$239.88	\$128.43	\$0.00	\$29.95	\$27.59	(with L&H)	\$35.80	\$9.00	\$8.45	\$0.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.2588								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$102.02	\$0.00	\$29.95	\$27.59		\$35.80	\$9.00	\$8.45	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.32	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$9.00	11.48	\$0.66
											(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Les 4.4 v Croude Allores 0/	#0.00	# 4.05	* 0.00	04.40	# 4.00	00.00	64.00	N1/A	N//A	N1/A
15		Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	, ,	_	\$190.38	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$9.00	\$11.48	\$0.66
17	, , , , <u>———</u>	per Current Qtr End		1.2919								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	(040.44	\$115.19	#0.00	#00.70	407.44	#0.00		#0.00	M44.40	#0.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.41	\$115.19	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$9.00	\$11.48	\$0.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.34	\$6.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.90	\$9.80	\$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	\$243.31	\$124.99	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$9.00	\$11.48	\$0.66
								I	I			

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$169.66

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

				Qtr	th Allowance: by BIMS score	28.95%	Add-on <u>Percent</u> 5.00% 1.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5922 1.4806 1.5054	State- wide 1.4759 1.5485 1.5216
_ine #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				а	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier		(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)		(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combin	ed) As	Filed FY19 C/R - FY19 GL/PL Rp	\$4,594,695	\$2,495,365	\$0	\$448,323	\$462,685	\$0	\$903,200		\$285,122	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs		FY19 C/R Audit Adjstmts	(\$49,488)	\$2,282	\$0	\$0	\$802	(\$2,017)	(\$11,447)		(\$39,108)	
	As Adjusted Cost Center Costs (GL/PL)		As Adjusted FY19 GL/PL Rpt							(\$71,558)			
	As Adjusted Cost Center Costs (GL/PL)		As Adjusted FY21 GL/PL Rpt								\$125,165		
	As Adjusted Cost Center Costs (Taxes and Insurance)		As Adjusted FY21 C/R										\$45,511
7	Cost Center Costs After Audit Adjustments	19 /	Audited C/R (As Adj. FY21 GLPL/	T \$4,644,325	\$2,497,647	\$0	\$448,323	\$463,487	(\$2,017)	\$820,195	\$125,165	\$246,014	\$45,511
Ω	Total Nursing Facility Days As Filed	Dave - 27 772	FV19 Audited C/R Days	24 828									

26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.67									
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.33	\$104.40	\$0.00	\$19.18	\$19.93	\$0.00	\$46.25	\$7.88	\$10.82	\$2.87
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.00	\$3.00								
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
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	
	Quarterly Per Diem Add-on Amounts											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.07	\$99.87	\$0.00	\$18.96	\$19.52	\$0.00	\$29.15	\$7.88	\$10.82	\$2.87
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.87								
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5054								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.54	\$66.34	\$0.00	\$18.96	\$19.52	\$0.00	\$29.15	\$7.88	\$10.82	\$2.87
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.38	\$3.16	\$0.00	\$0.90	\$0.93	\$0.00	\$1.39	N/A	N/A	N/A
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.16	\$63.18	\$0.00	\$18.06	\$18.59		\$27.76	\$7.88	10.82	\$2.87
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.18	\$0.00	\$18.06	\$18.59		\$33.04	\$7.88	\$15.49	\$2.87
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.18								
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5922</u>								
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.53	\$100.60	\$0.00	\$18.06	\$18.59	(with L&H)	\$33.04	\$7.88	\$15.49	\$2.87
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,879		
8	Total Nursing Facility Days As Filed Days = 27,772	FY19 Audited C/R Days	24,828									
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,644,325	\$2,497,647	\$0	\$448,323	\$463,487	(\$2,017)	\$820,195	\$125,165	\$246,014	\$45,511
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,511
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$125,165		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(, , ,			·		(, , ,	(\$71,558)		(, , ,	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$49,488)	\$2,282	\$0	\$0	\$802	(\$2,017)	(\$11,447)		(\$39,108)	·
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4.594.695	\$2,495,365	\$0	\$448,323	\$462,685	\$0	\$903,200		\$285,122	\$0
	Base Period Per Diem Allowed Amounts											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			

\$233.35

\$162.19

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

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

Provider:	Arrowhead Healthca	are		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID:	00143162A			Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.8872	1.4759
		Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtrly BIMS score	64.00%	5.5%	Quarterly Medicaid CMI:	2.0175	1.5485
		MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per On-Site Day/Quality Incentive:	3.53	4.0%	Qrtrly Mcaid CMI w RUG Wght Options:	2.0567	1.5216

	MDO & Nuise Fils Data per Quarter Ending.	09/30/21 Nuise Hours per C	on one bay was	anty infocritive.	3.33	4.076	Griffy Modia	CIVII W IXOG V	vgni Options.		2.0307	1.3210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
-												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	"	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,277,342	\$2,820,906	\$0	\$556,845	\$760,271	\$0	\$1,221,072		\$918,248	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$51,747)	\$0	\$0	\$0	\$0	\$0	\$0		(\$51,747)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$65,519)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$58,758		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$71,567
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$6,290,401	\$2,820,906	\$0	\$556,845	\$760,271	\$0	\$1,155,553	\$58,758	\$866,501	\$71,567
8	Total Nursing Facility Days As Filed Days = 39,180	FY19 Audited C/R Days	39,180									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,428		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.86	\$72.00	\$0.00	\$14.21	\$19.40	(with L&H)	\$29.49	\$1.93	\$28.48	\$2.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.8872</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$38.15	\$0.00	\$14.21	\$19.40		\$29.49	\$1.93	\$28.48	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.46	\$38.15	\$0.00	\$14.21	\$19.40		\$27.76	\$1.93	10.66	\$2.35
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.98	\$1.91	\$0.00	\$0.71	\$0.97	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.44	\$40.06	\$0.00	\$14.92	\$20.37	\$0.00	\$29.15	\$1.93	\$10.66	\$2.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0567								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.77	\$82.39	\$0.00	\$14.92	\$20.37	\$0.00	\$29.15	\$1.93	\$10.66	\$2.35
	Quarterly Per Diem Add-on Amounts	(aaa Dallan Maana)	04.40	#0.50	# 0.00	#0.00	DO 44	Ф0.00	# 0.00		#0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.53	\$4.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30					#4740			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	#0.00	фо 00	#0.00	ФО 44	<u></u> ቀላ ላላ	\$17.10 \$17.10	#0.00	#0.00	60.00
24	Total Quarterly Per Diem Add-on Amounts		\$26.09	\$8.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.86	\$90.75	\$0.00	\$15.14	\$20.78	\$0.00	\$46.25	\$1.93	\$10.66	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.07									

\$198.29

\$135.89

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: PruittHealth - Sunrise, LLC Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00143173A Base Period Overall CMI: 1.5044 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.5025 1.5485 6.90% 0.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5326 5.0% 1.5216 4.38

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(aca Paliay Manual)		1	1	2	1	1	1			
'	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency ineasure maximums (see line 20 for actual)	(See Policy Maridar)		φυ.υσ	φυ.υυ	φυ.22	φ0.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,448,282	\$1,903,928	\$0	\$335,637	\$423,377	\$0	\$564,002		\$221,338	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$45,044)	(\$16,395)	\$0	\$0	\$0	\$0	(\$1,676)		(\$26,973)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$113,994)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$260,644		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,78
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,569,676	\$1,887,533	\$0	\$335,637	\$423,377	\$0	\$448,332	\$260,644	\$194,365	\$19,78
8	Total Nursing Facility Days As Filed Days = 20,121	FY19 Audited C/R Days	20,121									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,338		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$184.76	\$93.81	\$0.00	\$16.68	\$21.04	(with L&H)	\$22.28	\$16.99	\$12.67	\$1.2
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5044</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.36	\$0.00	\$16.68	\$21.04		\$22.28	\$16.99	\$12.67	\$1.2
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.62	\$62.36	\$0.00	\$16.68	\$21.04		\$22.28	\$16.99	11.98	\$1.2
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$6.11	\$3.12	\$0.00	\$0.83	\$1.05	\$0.00	\$1.11	N/A	N/A	N/
16		Ln 14 + Ln 15	\$158.73	\$65.48	\$0.00	\$17.51	\$22.09	\$0.00	\$23.39	\$16.99	\$11.98	\$1.2
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5326								
18		Ln 16 x Ln 17		\$100.35								
19		RS = Ln 18, AllOthr = Ln 16	\$193.60	\$100.35	\$0.00	\$17.51	\$22.09	\$0.00	\$23.39	\$16.99	\$11.98	\$1.2
	Quarterly Per Diem Add-on Amounts	(oor Dallan Mary 1)	6.1 = 0	# 0 =0	60.00	00.00	* 0.45	***	***		**	
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22		Ln 19 Col b x Stfng Add-on	\$5.02	\$5.02					647.4 0			
23		(Fixed Amount)	\$17.10	65.55	* 0.00	***	#0.44	00.00	\$17.10	# 0.00	Ф0.00	000
24		Sum of Lns 20 thru 23	\$23.65	\$5.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.25	\$105.90	\$0.00	\$17.73	\$22.50	\$0.00	\$40.86	\$16.99	\$11.98	\$1.2

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$150.11

	ovider: Mountain View Health and Rehab Center odr ID: 00143184A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022	Q	owth Allowance: trly BIMS score	Facility Score N/A 44.23% 3.02	Add-on Percent 5.00% 2.5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4223 1.4188 1.4431	State- wide 1.4759 1.5485 1.5216
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,716,312	\$2,515,785	\$0	\$476,825	\$581,953	\$0	\$785,409		\$356,340	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$26,949)	\$0	\$0	\$0	\$0	\$0	\$0 (\$40,817)		(\$26,949)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,901
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,677,447	\$2,515,785	\$0	\$476,825	\$581,953	\$0	\$744,592	\$0	\$329,391	\$28,901
8	Total Nursing Facility Days As Filed Days = 35,726	FY19 Audited C/R Days	35,726									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,819		_
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$133.78	\$70.42	\$0.00	\$13.35	\$16.29	(with L&H)	\$20.84	\$0.00	\$11.84	\$1.04
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.4223</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$49.51 \$49.51	\$0.00	Ф42.2E	£46.20		\$20.84	¢ 0.00	¢44.04	¢1.04
12	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$49.51 \$84.91	\$0.00	\$13.35 \$22.66	\$16.29 \$25.85		\$20.84	\$0.00 \$0.00	\$11.84 N/A	\$1.04
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.14	\$49.51	\$0.00	\$13.35	\$16.29		\$20.84	\$0.00	8.11	\$1.04
	,		\$100.14	\$ 10.01	ψ0.00	0.00	ψ.σ.2σ		\$20.04	ψ0.00	(FRV)	ψ1.04
	Quarterly Per Diem Rate Prior to Add-ons	La 44 to Octob Alle Co	*- • •	*		00.00	** *:	***		***		
15	Growth Allowad Per Picom (After Crouth Allowage Add on)	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$5.00 \$114.14	\$2.48 \$51.99	\$0.00	\$0.67	\$0.81 \$17.10	\$0.00	\$1.04 \$21.88	N/A	N/A \$8.11	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$114.14		\$0.00	\$14.02	\$17.10	\$0.00	\$21.88	\$0.00	\$8.11	\$1.04
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.4431</u> \$75.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$137.18	\$75.03	\$0.00	\$14.02	\$17.10	\$0.00	\$21.88	\$0.00	\$8.11	\$1.04
	,			,	, , , ,		,	, , ,		*	, , , ,	, , ,
00	Quarterly Per Diem Add-on Amounts	(oos Delieu Mes	A 50	#0.50	#0.00	#0.00	60.44	# 0.00	#0.07		#0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$1.88	\$0.53 \$1.88	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$1.50	\$1.50								
23	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$1.30	ψ1.50					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.01	\$3.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$159.19	\$78.94	\$0.00	\$14.24	\$17.51	\$0.00	\$39.35	\$0.00	\$8.11	\$1.04

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$106.57

Facility Facility Add-on State-<u>Specific</u> wide Provider: PruittHealth - Swainsboro, LLC Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00143195A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4466 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 14.29% 0.0% Quarterly Medicaid CMI: 1.4480 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 5.0% 1.4742 1.5216 2.87 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$2,690,154 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$4,981,225 \$0 \$468,324 \$617,603 \$0 \$842,885 \$362,259 \$0 \$14,353 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$25,892) (\$38,728) \$0 (\$26,628) \$49,272 \$0 (\$24,161)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$195,161) As Adjusted FY21 GL/PL Rpt \$447,421 As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$25,790 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$5,233,383 \$2,651,426 \$468,324 \$631,956 (\$26,628)\$696,996 \$447,421 \$338,098 \$25,790 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 29,002 29,002 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 20.111 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$192.81 \$91.42 \$0.00 \$16.15 \$20.87 (with L&H) \$24.03 \$22.25 \$16.81 \$1.28 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4466 11 Ln 9 / Ln 10 \$63.20 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$63.20 \$0.00 \$16.15 \$20.87 \$24.03 \$22.25 \$16.81 \$1.28 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$158.58 \$63.20 \$0.00 \$16.15 \$20.87 \$24.03 \$22.25 10.80 \$1.28 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.21 \$3.16 \$0.00 \$0.81 \$1.04 \$0.00 \$1.20 5.00% N/A N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$164.79 \$66.36 \$0.00 \$16.96 \$21.91 \$0.00 \$25.23 \$22.25 \$10.80 \$1.28 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.4742 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$97.83 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$196.26 \$97.83 \$0.00 \$16.96 \$21.91 \$0.00 \$25.23 \$22.25 \$10.80 \$1.28 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$0.00 \$0.00 0.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) \$4.89 \$4.89 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 \$23.52 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$5.42 \$0.00

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$219.78

\$152.01

\$103.25

\$0.00

\$17.18

\$22.32

\$0.00

\$42.70

\$22.25

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$10.80

\$1.28

Facility Add-on Facility State-Provider: PruittHealth - Sylvester Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00143206A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4645 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 25.40% Quarterly Medicaid CMI: 1.3168 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.62 5.0% 1.3393 1.5216

	MDO & Naise File Data per Quarter Enaing.	14dise riodis per	On One Dayra	daily incomito.	3.02	3.070	Qririy Wodia	OWN WITCO	right Options.		1.0000	1.5210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											i
<u>~</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 200 0.200	7 III 200 01200	7 200 0.200	7 II. 200 O.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,435,967	\$3,407,311	\$0	\$571,913	\$847,251	\$0	\$1,159,010		\$450,482	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,635)	(\$11,856)	\$0	\$0	\$0	\$0	\$6,025		(\$32,804)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(, ,						(\$223,816)		(, , ,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$505,437		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$33,723
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,712,676	\$3,395,455	\$0	\$571,913	\$847,251	\$0	\$941,219	\$505,437	\$417,678	\$33,723
8	Total Nursing Facility Days As Filed Days = 38,069	FY19 Audited C/R Days	38,069									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,648		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.41	\$89.19	\$0.00	\$15.02	\$22.26	(with L&H)	\$24.72	\$16.49	\$13.63	\$1.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4645</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.90	\$0.00	\$15.02	\$22.26		\$24.72	\$16.49	\$13.63	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.31	\$60.90	\$0.00	\$15.02	\$22.26		\$24.72	\$16.49	10.82	\$1.10
ĺ											(FRV)	
4-	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Carath Alliuma (V	00.45	***	40.00	40.75	0	00.00	04.04		.	. 1/A
15		Ln 14 x Grwth Allwnc %	\$6.15	\$3.05	\$0.00	\$0.75	\$1.11	\$0.00	\$1.24	N/A	N/A	N/A
16	, ,	Ln 14 + Ln 15	\$157.46	\$63.95	\$0.00	\$15.77	\$23.37	\$0.00	\$25.96	\$16.49	\$10.82	\$1.10
17	, , , , <u>———</u>	per Current Qtr End		1.3393								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0.70.10	\$85.65	***	0.5 ==	***	40.05	#05.05	D40.40	* 40.00	*
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.16	\$85.65	\$0.00	\$15.77	\$23.37	\$0.00	\$25.96	\$16.49	\$10.82	\$1.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$23.77	\$5.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.93	\$91.32	\$0.00	\$15.99	\$23.78	\$0.00	\$43.43	\$16.49	\$10.82	\$1.10
								I				

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$139.37

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

Provider: Tattnal	I Nursing, LLC		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID: 0014322	BA		Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.2991	1.4759
	Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtrly BIMS score	31.43%	2.5%	Quarterly Medicaid CMI:	1.2287	1.5485
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per On-Site Day/Quality Incentive:	2.70	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.2492	1.5216

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per C	on-Site Day/Qua	ility incentive:	2.70	2.0%	Qrtriy Mcald	CIVII W RUG I	vgnt Options:		1.2492	1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C/	ASE MIX BASED RATE CALCULATIONS											
<u> </u>	NOT WITH BASED HATE GALGGEATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,375,282	\$1,777,376	\$0	\$340,389	\$386,236	\$0	\$577,429		\$293,852	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$34,215)	\$0	\$0	\$0	\$0	\$0	(\$12,858)		(\$21,357)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$24,023)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$59,114		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$23,432
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,399,590	\$1,777,376	\$0	\$340,389	\$386,236	\$0	\$540,548	\$59,114	\$272,495	\$23,432
8	Total Nursing Facility Days As Filed Days = 29,268	FY19 Audited C/R Days	29,268									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,355		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$118.61	\$60.73	\$0.00	\$11.63	\$13.20	(with L&H)	\$18.47	\$2.43	\$11.19	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.2991</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.75	\$0.00	\$11.63	\$13.20		\$18.47	\$2.43	\$11.19	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.61	\$46.75	\$0.00	\$11.63	\$13.20		\$18.47	\$2.43	8.17	\$0.96
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.50	\$2.34	\$0.00	\$0.58	\$0.66	\$0.00	\$0.92	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.11	\$49.09	\$0.00	\$12.21	\$13.86	\$0.00	\$19.39	\$2.43	\$8.17	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2492								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$61.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$118.34	\$61.32	\$0.00	\$12.21	\$13.86	\$0.00	\$19.39	\$2.43	\$8.17	\$0.96
	Overterly Per Pierr Add on America											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.53	\$1.53	φυ.υυ	φυ.∠∠	φυ.41	φυ.υυ	φυ.37		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Sivs)	Ln 19 Col b x Stfng Add-on	\$1.23	\$1.33								
23	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ1.23					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.39	\$3.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
		Ln 19 + Ln 24										
25	Quarterly Case Mix Based Per Diem Rate	LII 19 + LN 24	\$139.73	\$64.61	\$0.00	\$12.43	\$14.27	\$0.00	\$36.86	\$2.43	\$8.17	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$91.97									

\$147.00

\$97.43

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Facility Add-on Statewide Provider: Thomson Health & Rehab Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00143261A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3859 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 45.59% 5.5% Quarterly Medicaid CMI: 1.5014 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 4.0% 1.5260 1.5216 3.76 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Description Services Services Houskpng Insurance Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$841,792 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$6,682,701 \$3,829,877 \$0 \$695,835 \$0 \$801,348 \$513,849 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$44,142) (\$747) \$0 \$0 \$0 (\$4,621) (\$38,774)\$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$118,084)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$134,037 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$41,941 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$6,696,453 \$3,829,130 \$695,835 \$841,792 \$0 \$678,643 \$134,037 \$475,075 \$41,941 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 41,915 41,915 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 32.872 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$164.03 \$91.35 \$0.00 \$16.60 \$20.08 (with L&H) \$16.19 \$4.08 \$14.45 \$1.28 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.3859 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$65.91 \$16.19 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$65.91 \$0.00 \$16.60 \$20.08 \$4.08 \$14.45 \$1.28 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$133.59 Base Period Case Mix Adjusted Allowed Per Diem \$65.91 \$0.00 \$16.60 \$20.08 \$16.19 \$4.08 9.45 \$1.28 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$5.94 \$3.30 \$0.00 \$0.83 \$1.00 \$0.00 \$0.81 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$139.53 \$69.21 \$0.00 \$17.43 \$21.08 \$0.00 \$17.00 \$4.08 \$9.45 \$1.28 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.5260 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$105.61 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$175.93 \$105.61 \$0.00 \$17.43 \$21.08 \$0.00 \$17.00 \$4.08 \$9.45 \$1.28 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$5.81 \$5.81 5.5% (to Routine Srvs)

Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)

22

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$4.22

\$17.10

\$28.66

\$204.59

\$140.62

\$4.22

\$10.56

\$116.17

\$0.00

\$0.00

\$0.22

\$17.65

\$0.41

\$21.49

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$9.45

\$0.00

\$1.28

\$17.10

\$17.47

\$34.47

\$0.00

\$4.08

\$0.00

\$0.00

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

Prov Prvd	rider: Rehabilitation Center of South Georgia Ir ID: 00143283A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add- 1/1/2022 09/30/21 Nurse Hours per O	Qtr	th Allowance: ly BIMS score	Facility Score N/A 45.36% 4.15	Add-on Percent 5.00% 5.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5704 1.4707 1.4950	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS											
1 0	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
В	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,408,719	\$4,660,318	\$0	\$930,177	\$1,179,971	\$0	\$1,031,298		\$606,955	\$0
	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$69,461)	\$0	\$0	\$0	(\$5,331)	(\$3,695)	(\$6,303) (\$110,940)		(\$54,132)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$150,941		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$68,224
	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$8,447,483	\$4,660,318	\$0	\$930,177	\$1,174,640	(\$3,695)	\$914,055	\$150,941	\$552,823	\$68,224
8	Total Nursing Facility Days As Filed Days = 49,273 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	49,273							41,136		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$174.54	\$94.58	\$0.00	\$18.88	\$23.76	(with L&H)	\$18.55	\$3.67	\$13.44	\$1.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5704								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.23	\$0.00	\$18.88	\$23.76		\$18.55	\$3.67	\$13.44	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.54	\$60.23	\$0.00	\$18.88	\$23.76		\$18.55	\$3.67	9.79 (FRV)	\$1.66
c	Quarterly Per Diem Rate Prior to Add-ons										(1111)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.07	\$3.01	\$0.00	\$0.94	\$1.19	\$0.00	\$0.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.61	\$63.24	\$0.00	\$19.82	\$24.95	\$0.00	\$19.48	\$3.67	\$9.79	\$1.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4950</u>								
18	Qrtrly Routine Srvcs 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	\$173.91	\$94.54	\$0.00	\$19.82	\$24.95	\$0.00	\$19.48	\$3.67	\$9.79	\$1.66
c	Quarterly 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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.20	\$5.20								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.67	\$8.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 C	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.58	\$103.11	\$0.00	\$20.04	\$25.36	\$0.00	\$36.95	\$3.67	\$9.79	\$1.66
26 C	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.61									
				†								

\$203.77

\$140.00

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

	ovider: Tifton Health and Rehab Center ovdr ID: 00143294A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q	owth Allowance: trly BIMS score	Facility Score N/A 28.36% 3.19	Add-on Percent 5.00% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.6488 1.7842 1.8169	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,722,905	\$2,692,883	\$0	\$468,785	\$457,696	\$0	\$888,737		\$1,214,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$49,795)	(\$16,087)	\$0	\$0	\$1,363	\$1,713	(\$4,867) (\$6,348)		(\$31,917)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$174,400		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$40,501
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,881,663	\$2,676,796	\$0	\$468,785	\$459,059	\$1,713	\$877,522	\$174,400	\$1,182,887	\$40,501
8	Total Nursing Facility Days As Filed Days = 33,485	FY19 Audited C/R Days	33,485									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days					_			28,584		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.81	\$79.94	\$0.00	\$14.00	\$13.76	(with L&H)	\$26.21	\$6.10	\$41.38	\$1.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.6488</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$48.48 \$48.48	\$0.00	£44.00	£40.76		\$26.21	¢c 10	¢44.20	¢4.40
12	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$46.46 \$84.91	\$0.00	\$14.00 \$22.66	\$13.76 \$25.85		\$20.21	\$6.10 \$0.00	\$41.38 N/A	\$1.42
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.37	\$48.48	\$0.00	\$14.00	\$13.76		\$26.21	\$6.10	11.40	\$1.42
	,		4121.07	ψ 10.10	ψ0.00	155	ψ10.70		1	ψ0.10	(FRV)	Ψ1. τ2
	Quarterly Per Diem Rate Prior to Add-ons	La 44 - Carrello Allero Co		*		00.75	A			***		****
15	Growth Allowed Per Piom (After Crouth Allowed Add as)	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$5.12 \$136.40	\$2.42	\$0.00	\$0.70	\$0.69	\$0.00	\$1.31	N/A \$6.10	N/A \$11.40	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$126.49	\$50.90	\$0.00	\$14.70	\$14.45	\$0.00	\$27.52	\$6.10	\$11.40	\$1.42
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End Ln 16 x Ln 17		<u>1.8169</u> \$92.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.07	\$92.48	\$0.00	\$14.70	\$14.45	\$0.00	\$27.52	\$6.10	\$11.40	\$1.42
				, ,	, , , ,		,	, , , ,		, ,	, ,,	,
	Quarterly Per Diem Add-on Amounts	(aca Palie: Marriel)	ф4 F0	ФО БО	#0.00	#0.00	60.44	#0.00	#0.07		Ф0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$0.92	\$0.53 \$0.92	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ΨΕ.ΤΤ					\$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	\$190.39	\$96.70	\$0.00	\$14.92	\$14.86	\$0.00	\$44.99	\$6.10	\$11.40	\$1.42

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$129.97

Facility Add-on Facility State-Provider: PruittHealth -Toccoa, LLC Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00143305A Base Period Overall CMI: 1.5047 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 36.89% 2.5% Quarterly Medicaid CMI: 1.4277 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: 5.0% Qrtrly Mcaid CMI w RUG Wght Options: 1.4494 1.5216 3.33

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
_	Cont Contay Book Cycums	(and Deliter Manual)			1	2	4	1				
'	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
_	Emolericy incusure maximums (see line 20 for actual)	(See Folicy Manual)		ψ0.00	ψ0.00	ψ0.22	ψ0.41		ψ0.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,959,137	\$5,183,279	\$0	\$818,177	\$991,208	\$0	\$1,484,100		\$482,373	9
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$82,229)	(\$69,272)	\$0	\$0	\$0	\$0	\$25,127		(\$38,084)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$341,716)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$785,660		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$42,03
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,362,888	\$5,114,007	\$0	\$818,177	\$991,208	\$0	\$1,167,511	\$785,660	\$444,289	\$42,03
8	Total Nursing Facility Days As Filed Days = 53,198	FY19 Audited C/R Days	53,198									
_	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	•							44,956		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$180.39	\$96.13	\$0.00	\$15.38	\$18.63	(with L&H)	\$21.95	\$17.48	\$9.88	\$0.9
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5047								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.88								
12	·	RS = Ln 11, AllOthr = Ln 9		\$63.88	\$0.00	\$15.38	\$18.63		\$21.95	\$17.48	\$9.88	\$0.9
13	· · · · · · · · · · · · · · · · · · ·	per Peer Group Limits	4	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.30	\$63.88	\$0.00	\$15.38	\$18.63		\$21.95	\$17.48	7.04 (FRV)	\$0.9
	Quarterly Per Diem Rate Prior to Add-ons										(/ // //	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.99	\$3.19	\$0.00	\$0.77	\$0.93	\$0.00	\$1.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.29	\$67.07	\$0.00	\$16.15	\$19.56	\$0.00	\$23.05	\$17.48	\$7.04	\$0.9
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4494								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.43	\$97.21	\$0.00	\$16.15	\$19.56	\$0.00	\$23.05	\$17.48	\$7.04	\$0.9
	Overterly Pay Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
20 21		Ln 19 Col b x CPS Add-on	\$1.53	\$2.43	φυ.υυ	φυ.22	φυ.41	φυ.υυ	φυ.37		φυ.υυ	
22		Ln 19 Col b x Stfng Add-on	\$4.86	\$2.43 \$4.86								
23		(Fixed Amount)	\$17.10	φ4.00					\$17.10			
23		Sum of Lns 20 thru 23	\$25.92	\$7.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.35	\$105.03	\$0.00	\$16.37	\$19.97	\$0.00	\$40.52	\$17.48	\$7.04	\$0.9

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$142.69

Facility Add-on Facility State-Provider: Oxley Park Health & Rehab Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00143316A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4468 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 20.00% Quarterly Medicaid CMI: 1.4135 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 4.0% 1.4388 1.5216 2.97

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,218,750	\$3,416,533	\$0	\$613,485	\$657,494	\$0	\$929,423		\$601,815	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$86,849)	(\$9,907)	\$0	\$0	\$147	(\$1,804)	(\$34,510) (\$54,858)		(\$40,775)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$110,108		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$41,900
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,229,051	\$3,406,626	\$0	\$613,485	\$657,641	(\$1,804)	\$840,055	\$110,108	\$561,040	\$41,900
8	Total Nursing Facility Days As Filed Days = 35,483	FY19 Audited C/R Days	35,455									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$183.83	\$96.08	\$0.00	\$17.30	\$18.50	(with L&H)	\$23.69	\$4.36	\$22.24	\$1.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4468</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.41	\$0.00	\$17.30	\$18.50		\$23.69	\$4.36	\$22.24	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.11	\$66.41	\$0.00	\$17.30	\$18.50		\$23.69	\$4.36	16.19	\$1.66
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.30	\$3.32	\$0.00	\$0.87	\$0.93	\$0.00	\$1.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.41	\$69.73	\$0.00	\$18.17	\$19.43	\$0.00	\$24.87	\$4.36	\$16.19	\$1.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4388								
18	Qrtrly Routine Srvcs 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	\$185.01	\$100.33	\$0.00	\$18.17	\$19.43	\$0.00	\$24.87	\$4.36	\$16.19	\$1.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.64	\$5.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.65	\$105.87	\$0.00	\$18.39	\$19.84	\$0.00	\$42.34	\$4.36	\$16.19	\$1.66
								<u> </u>				

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$143.66

Facility Add-on Facility State-Provider: PruittHealth - Peake, LLC Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00143327A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4991 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 28.57% Quarterly Medicaid CMI: 1.3799 1.5485 1.0% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 4.0% 1.4031 1.5216 3.27

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
_	Cont Conton Book Chause	(5 " 14			1		4	1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,481,356	\$4,792,851	\$0	\$729,402	\$968,467	\$0	\$1,355,907		\$634,729	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$147,661)	(\$72,856)	\$0	\$0	\$0	\$0	\$63,292		(\$138,097)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$230,808)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$528,920		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$115,03
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,746,838	\$4,719,995	\$0	\$729,402	\$968,467	\$0	\$1,188,391	\$528,920	\$496,632	\$115,03
8	Total Nursing Facility Days As Filed Days = 41,336	FY19 Audited C/R Days	41,336									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,126		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$217.44	\$114.19	\$0.00	\$17.65	\$23.43	(with L&H)	\$28.75	\$15.50	\$14.55	\$3.3
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4991</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.17	\$0.00	\$17.65	\$23.43		\$28.75	\$15.50	\$14.55	\$3.3
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.74	\$76.17	\$0.00	\$17.65	\$23.43		\$27.76	\$15.50	16.86	\$3.3
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.25	\$3.81	\$0.00	\$0.88	\$1.17	\$0.00	\$1.39	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.99	\$79.98	\$0.00	\$18.53	\$24.60	\$0.00	\$29.15	\$15.50	\$16.86	\$3.3
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	Ţ.000	1.4031	\$5.50	, , , , ,	ψ=50	\$3.50	,	1.0.00	ψ.3.30	
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.23	\$112.22	\$0.00	\$18.53	\$24.60	\$0.00	\$29.15	\$15.50	\$16.86	\$3.3
			ţ==0.=0	,	\$5.50	, , , , ,	ψ=50	\$3.50	,	1.0.00	ψ.3.30	
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.49	\$4.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.87	\$6.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.10	\$118.36	\$0.00	\$18.75	\$25.01	\$0.00	\$46.25	\$15.50	\$16.86	\$3.3

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$170.25

Facility Facility Add-on Statewide Provider: Chatuge Regional Nursing Home Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00143338A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.2955 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 27.78% 1.0% Quarterly Medicaid CMI: 1.6358 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 2.0% 1.6657 1.5216 3.08 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Hosp Based 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 (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$4,828,212 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$9,180,469 \$0 \$1,372,980 \$513,826 \$733,242 \$1,408,865 \$323,344 \$0 (\$441) 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts \$28,259 \$0 (\$4,572) (\$6,524)(\$17,604) \$0 \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$61,750)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$37,438 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$10 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$9,155,726 \$4,856,471 \$0 \$1,372,980 \$509,254 \$726,718 \$1,329,511 \$37,438 \$323,344 \$10 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 39,716 39,716 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 32.081 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$232.70 \$122.28 \$0.00 \$34.57 \$31.12 (with L&H) \$33.48 \$1.17 \$10.08 \$0.00 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.2955 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$94.39 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$94.39 \$0.00 \$34.57 \$31.12 \$33.48 \$1.17 \$10.08 \$0.00 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$32.43 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$184.00 \$84.91 \$0.00 \$32.43 \$25.85 \$27.76 \$1.17 11.88 \$0.00 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$8.55 \$4.25 \$0.00 \$1.62 \$1.29 \$0.00 \$1.39 5.00% N/A N/A Ln 14 + Ln 15 \$0.00 16 CMA Allowed Per Diem (After Growth Allowance Add-on) \$192.55 \$89.16 \$0.00 \$34.05 \$27.14 \$29.15 \$1.17 \$11.88 \$0.00 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.6657 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$148.51 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$251.90 \$148.51 \$0.00 \$34.05 \$27.14 \$0.00 \$29.15 \$1.17 \$11.88 \$0.00 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$1.49 1.0% (to Routine Srvs) \$1.49 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) \$2.97 \$2.97 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.56 \$0.00 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00 \$4.46 \$0.00 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$273.46 \$152.97 \$0.00 \$34.05 \$27.14 \$0.00 \$46.25 \$1.17 \$11.88 \$0.00

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$192.27

Facility Add-on Facility State-Provider: Treutlen County Health & Rehab Specific wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00143349A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.5629 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.6795 38.46% 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: Nurse Hours per On-Site Day/Quality Incentive: 1.5216 2.71 5.0% 1.7120 Admin A&G -Property

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	eroperty and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,194,567	\$1,707,609	\$0	\$379,780	\$337,764	\$0	\$559,811		\$209,603	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$41,133)	\$0	\$0	\$0	\$0	\$2,929	(\$38,133)		(\$5,929)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$26,650)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$52,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$6,121
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,184,905	\$1,707,609	\$0	\$379,780	\$337,764	\$2,929	\$495,028	\$52,000	\$203,674	\$6,121
8	Total Nursing Facility Days As Filed Days = 17,821	FY19 Audited C/R Days	17,821									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	•				• • • • •			15,502		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$180.91	\$95.82	\$0.00	\$21.31	\$19.12	(with L&H)	\$27.78	\$3.35	\$13.14	\$0.39
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.5629</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.31	\$0.00	\$21.31	\$19.12		\$27.78		\$13.14	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.63	\$61.31	\$0.00	\$21.31	\$19.12		\$27.76	\$3.35	16.39 (FRV)	\$0.39
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,,	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.49	\$3.07	\$0.00	\$1.07	\$0.96	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.12	\$64.38	\$0.00	\$22.38	\$20.08	\$0.00	\$29.15	\$3.35	\$16.39	\$0.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7120</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.96	\$110.22	\$0.00	\$22.38	\$20.08	\$0.00	\$29.15	\$3.35	\$16.39	\$0.39
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$26.53	\$8.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.49	\$119.02	\$0.00	\$22.60	\$20.49	\$0.00	\$46.25	\$3.35	\$16.39	\$0.39

Quarterly Per Diem Rate for Bed Hold and Leave Days

26

\$158.54

Facility Add-on Facility State-Provider: Berrien Nursing Center Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00143382A Base Period Overall CMI: 1.4832 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 33.87% 2.5% Quarterly Medicaid CMI: 1.5483 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5749 3.58 3.0% 1.5216

	MDO & Naise File Data per Quarter Enaing.	14disc riodis per	On One Day/Q	duity intotitivo.	3.30	3.070	withy wicald	OWN W IXOO	right Options.		1.57 45	1.3210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>	AGE IIIIX BAGES KATE GAEGGEATIONG											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 200 0.200	7 III 200 01200	7 200 0.200	7 11. 200 0.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,981,849	\$2,860,490	\$0	\$679,439	\$664,550	\$0	\$1,034,453		\$742,917	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$69,067)	(\$4,201)	\$0	(\$7,090)	\$0	\$1,284	(\$18,524)		(\$40,536)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	,					. ,	(\$169,497)		(, , ,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$201,353		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$46,250
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,990,888	\$2,856,289	\$0	\$672,349	\$664,550	\$1,284	\$846,432	\$201,353	\$702,381	\$46,250
8	Total Nursing Facility Days As Filed Days = 34,808	FY19 Audited C/R Days	34,808									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,782		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$179.02	\$82.06	\$0.00	\$19.32	\$19.13	(with L&H)	\$24.32	\$7.25	\$25.28	\$1.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4832								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.32								
12		RS = Ln 11, AllOthr = Ln 9		\$55.32	\$0.00	\$19.32	\$19.13		\$24.32	\$7.25	\$25.28	\$1.66
13		per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.13	\$55.32	\$0.00	\$19.32	\$19.13		\$24.32	\$7.25	14.13	\$1.66
	,										(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons		•				•					
15		Ln 14 x Grwth Allwnc %	\$5.92	\$2.77	\$0.00	\$0.97	\$0.96	\$0.00	\$1.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.05	\$58.09	\$0.00	\$20.29	\$20.09	\$0.00	\$25.54	\$7.25	\$14.13	\$1.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5749								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	A	\$91.49								*
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.45	\$91.49	\$0.00	\$20.29	\$20.09	\$0.00	\$25.54	\$7.25	\$14.13	\$1.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.66	\$5.56	\$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	\$204.11	\$97.05	\$0.00	\$20.51	\$20.50	\$0.00	\$43.01	\$7.25	\$14.13	\$1.66

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$140.26

Facility Facility Add-on Statewide Provider: Twin Oaks Convalescent Center Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00143393A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3983 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 27.12% 1.0% Quarterly Medicaid CMI: 1.4091 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.4335 1.5216 4.30 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Description Services Services Houskpng Insurance Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Hosp Based 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 (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$2,876,272 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$6,585,689 \$0 \$1,014,159 \$361,873 \$444,330 \$1,349,327 \$539,728 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$20,507) (\$240,968) \$0 \$2,956 (\$3,639)\$255,830 (\$27,584) (\$7,102) As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$82,275) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$103,954 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$19,077 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$6,605,938 \$2,635,304 \$0 \$1,017,115 \$358,234 \$437,228 \$1,522,882 \$103,954 \$512,144 \$19,077 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 31,171 31,171 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 23.297 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$218.81 \$84.54 \$0.00 \$32.63 \$25.52 (with L&H) \$48.86 \$4.46 \$21.98 \$0.82 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.3983 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$60.46 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$60.46 \$0.00 \$32.63 \$25.52 \$48.86 \$4.46 \$21.98 \$0.82 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$32.43 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$171.32 Base Period Case Mix Adjusted Allowed Per Diem \$60.46 \$0.00 \$32.43 \$25.52 \$27.76 \$4.46 19.87 \$0.82 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$7.31 \$3.02 \$0.00 \$1.62 \$1.28 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$178.63 \$63.48 \$0.00 \$34.05 \$26.80 \$0.00 \$29.15 \$4.46 \$19.87 \$0.82 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.4335 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$91.00 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$206.15 \$91.00 \$0.00 \$34.05 \$26.80 \$0.00 \$29.15 \$4.46 \$19.87 \$0.82 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.78 \$0.53 \$0.00 \$0.00 \$0.25 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$0.91 \$0.91 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$2.73 \$2.73 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.52 \$0.00 \$0.00 \$0.25 \$0.00 \$17.10 \$0.00 \$0.00 \$4.17 \$0.00

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$227.67

\$157.93

\$95.17

\$0.00

\$34.05

\$27.05

\$0.00

\$46.25

\$4.46

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$19.87

\$0.82

Facility Add-on Facility State-Provider: Union County Nursing Home Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00143415A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.2012 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 37.21% 2.5% Quarterly Medicaid CMI: 1.3087 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.3323 1.5216 3.15

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group	(ccc : cito) manacary		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,054,487	\$6,310,542	\$0	\$1,762,463	\$749,400	\$869,881	\$1,746,709		\$615,492	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$326,767)	\$1,171	\$0	\$0	(\$11,042)	(\$7,249)	(\$41,644)		(\$268,003)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$71,900)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$35,505		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,54
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,708,867	\$6,311,713	\$0	\$1,762,463	\$738,358	\$862,632	\$1,633,165	\$35,505	\$347,489	\$17,54
8	Total Nursing Facility Days As Filed Days = 53,244	FY19 Audited C/R Days	53,244									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								44,627		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$221.36	\$118.54	\$0.00	\$33.10	\$30.07	(with L&H)	\$30.67	\$0.80	\$7.79	\$0.3
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.2012</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.68	\$0.00	\$33.10	\$30.07		\$30.67	\$0.80	\$7.79	\$0.3
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.25	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.80	12.11	\$0.3
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.80	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.80	\$12.11	\$0.3
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3323							·	
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.43	\$118.79	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.80	\$12.11	\$0.3
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97	ψ0.00	Ψ0.00	Ψ0.50	ψ0.50	ψ0.00		ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$0.00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.63	\$6.53	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.06	\$125.32		\$34.05	\$27.14	\$0.00	\$46.25	\$0.80	\$12.11	\$0.3
20	additions added the blotte trate		Ψ2-10.00	ψ123.32	ψ0.00	ψυ-1.00	Ψ21.14	Ψ0.00	¥70.23	ψυ.υυ	Ψ12.11	ψυ.υ.

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$171.72

Facility Add-on Facility State-Provider: Kentwood Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00143426A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3801 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 46.88% 5.5% Quarterly Medicaid CMI: 1.5387 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5645 MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.5216 4.20

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS											
_	Cont Contain Book Crowns	(B : M			1			1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,495,085	\$3,766,012	\$0	\$619,404	\$691,109	\$0	\$1,085,052		\$333,508	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$410,439)	(\$50,068)	\$0	\$0	\$0	(\$9,134)	(\$344,598)		(\$6,639)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$120,859)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$119,858		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$6,8
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,090,474	\$3,715,944	\$0	\$619,404	\$691,109	(\$9,134)	\$619,595	\$119,858	\$326,869	\$6,8
8	Total Nursing Facility Days As Filed Days = 33,029	FY19 Audited C/R Days	33,029									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,098		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$192.16	\$112.51	\$0.00	\$18.75	\$20.65	(with L&H)	\$18.76	\$5.68	\$15.49	\$0.3
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3801</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.52	\$0.00	\$18.75	\$20.65		\$18.76	\$5.68	\$15.49	\$0.3
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.57	\$81.52	\$0.00	\$18.75	\$20.65		\$18.76	\$5.68	15.89	\$0.3
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.99	\$4.08	\$0.00	\$0.94	\$1.03	\$0.00	\$0.94	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.56	\$85.60	\$0.00	\$19.69	\$21.68	\$0.00	\$19.70	\$5.68	\$15.89	\$0.3
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ψ100.00	1.5645	ψ0.00	ψ10.09	Ψ21.00	ψ0.00	ψ13.70	ψ5.00	Ψ13.03	Ψ0.
18	Quarterly Facility Case Mix Index for Medicald Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.88	\$133.92	\$0.00	\$19.69	\$21.68	\$0.00	\$19.70	\$5.68	\$15.89	\$0.5
	quarterly modified Only Chilomod For Diffi		Ψ2 10.00	ψ100.02	ψ0.00	ψ10.09	Ψ21.00	ψ0.00	ψ13.70	ψ5.00	Ψ13.03	ΨΟ.
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.37	\$7.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.02	\$4.02								
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	\$30.02	\$11.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.90	\$145.84	\$0.00	\$19.91	\$22.09	\$0.00	\$37.17	\$5.68	\$15.89	\$0.3

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$172.35

Facility Facility Add-on State-Provider: Chulio Hills Health and Rehab Center wide Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00143437A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.6109 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 29.27% 1.0% Quarterly Medicaid CMI: 1.9755 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** 2.0145 MDS & Nurse Hrs Data per Quarter Ending: 2.0% 1.5216 4.87 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Description Services Services Houskpng Insurance Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$4,174,786 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$7,021,204 \$0 \$498,403 \$658,496 \$0 \$985,351 \$704,168 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$129,457) (\$46,087) \$0 \$0 \$0 (\$45,421) (\$37,949)\$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$121,458)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$158,028 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$20,796 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$6,949,113 \$4,128,699 \$498,403 \$658,496 \$0 \$818,472 \$158,028 \$666,219 \$20,796 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 33,596 33,596 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 19,592 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$224.82 \$122.89 \$0.00 \$14.84 \$19.60 (with L&H) \$24.36 \$8.07 \$34.00 \$1.06 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.6109 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$76.29 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$76.29 \$0.00 \$14.84 \$19.60 \$24.36 \$8.07 \$34.00 \$1.06 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$155.72 \$76.29 \$0.00 \$14.84 \$19.60 \$24.36 \$8.07 11.50 \$1.06 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.75 \$3.81 \$0.00 \$0.74 \$0.98 \$0.00 \$1.22 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$162.47 \$80.10 \$0.00 \$15.58 \$20.58 \$0.00 \$25.58 \$8.07 \$11.50 \$1.06 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 2.0145 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$161.36 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$243.73 \$161.36 \$0.00 \$15.58 \$20.58 \$0.00 \$25.58 \$8.07 \$11.50 \$1.06 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$1.61 \$1.61 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) \$3.23 \$3.23 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$23.47 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 \$5.37

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$267.20

\$187.58

\$166.73

\$0.00

\$15.80

\$20.99

\$0.00

\$43.05

\$8.07

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$11.50

\$1.06

Facility Facility Add-on State-<u>Specific</u> wide **Waycross Health & Rehabilitation Center** Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00143459A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4985 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 27.03% 1.0% Quarterly Medicaid CMI: 1.2495 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 1.2738 1.5216 3.23 4.0% Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$4,209,102 \$2,231,469 \$0 \$417,546 \$489,303 \$0 \$713,854 \$356,930 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$59,617) \$0 (\$3,211) (\$6,960)(\$9,410) (\$40,036)\$0 \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$49,530)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$97,370 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$36,844 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$4,234,169 \$2,231,469 \$417,546 \$486,092 (\$6,960) \$654,914 \$97,370 \$316,894 \$36,844 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 23,354 23,354 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 17.858 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$187.25 \$95.55 \$0.00 \$17.88 \$20.52 (with L&H) \$28.04 \$5.45 \$17.75 \$2.06 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4985 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$63.77 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$63.77 \$0.00 \$17.88 \$20.52 \$28.04 \$5.45 \$17.75 \$2.06 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$145.63 \$63.77 \$0.00 \$17.88 \$20.52 \$27.76 \$5.45 8.19 \$2.06 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.50 \$3.19 \$0.00 \$0.89 \$1.03 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$152.13 \$66.96 \$0.00 \$18.77 \$21.55 \$0.00 \$29.15 \$5.45 \$8.19 \$2.06 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.2738 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$85.29 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$170.46 \$85.29 \$0.00 \$18.77 \$21.55 \$0.00 \$29.15 \$5.45 \$8.19 \$2.06 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$0.85 \$0.85 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) \$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 \$22.52 \$4.79 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$192.98 \$90.08 \$0.00 \$18.99 \$21.96 \$0.00 \$46.25 \$5.45 \$8.19 \$2.06

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$131.91

Facility Add-on Facility State-Provider: Washington County ECF Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00143481A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.1751 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 28.95% Quarterly Medicaid CMI: 1.2343 1.5485 1.0% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.2557 MDS & Nurse Hrs Data per Quarter Ending: 4.59 2.0% 1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group	, ,		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,840,613	\$2,135,539	\$0	\$621,338	\$177,497	\$162,410	\$752,103		(\$8,274)	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$18,950)	(\$9,720)	\$0	(\$40,616)	(\$5,590)	(\$412)	(\$47,964)		\$85,352	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(. , ,	, ,			,	,	(\$21,976)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$37,791		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$3,843
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,841,321	\$2,125,819	\$0	\$580,722	\$171,907	\$161,998	\$682,163	\$37,791	\$77,078	\$3,843
8	Total Nursing Facility Days As Filed Days = 21,298	FY19 Audited C/R Days	21,298									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,788		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$180.50	\$99.81	\$0.00	\$27.27	\$15.68	(with L&H)	\$32.03	\$1.82	\$3.71	\$0.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.1751</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.94	\$0.00	\$27.27	\$15.68		\$32.03	\$1.82	\$3.71	\$0.18
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.02	\$84.91	\$0.00	\$27.27	\$15.68		\$27.76	\$1.82	11.40	\$0.18
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.78	\$4.25	\$0.00	\$1.36	\$0.78	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.80	\$89.16	\$0.00	\$28.63	\$16.46	\$0.00	\$29.15	\$1.82	\$11.40	\$0.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2557</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.60	\$111.96	\$0.00	\$28.63	\$16.46	\$0.00	\$29.15	\$1.82	\$11.40	\$0.18
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$21.09	\$3.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.69	\$115.32	\$0.00	\$28.85	\$16.87	\$0.00	\$46.25	\$1.82	\$11.40	\$0.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.69					•				

Facility Facility Add-on State-<u>Specific</u> wide Provider: Westbury H & R - Conyers, Inc Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00143503A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4768 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 33.93% 2.5% Quarterly Medicaid CMI: 1.5366 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.5656 1.5216 4.23 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$9,906,019 \$5,928,934 \$0 \$1,089,128 \$1,355,064 \$0 \$1,427,548 \$105,345 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$95,646) \$0 \$0 (\$2,713)(\$2,276)(\$12,582) (\$78,075) \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$235,659)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$22,948 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$18,778 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$9,616,440 \$5,928,934 \$1,089,128 \$1,352,351 (\$2,276) \$1,179,307 \$22,948 \$27,270 \$18,778 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 56,114 56,114 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 6,318 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$181.07 \$105.66 \$0.00 \$19.41 \$24.06 (with L&H) \$21.02 \$3.63 \$4.32 \$2.97 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4768 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$71.55 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$71.55 \$0.00 \$19.41 \$24.06 \$21.02 \$3.63 \$4.32 \$2.97 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$153.74 Base Period Case Mix Adjusted Allowed Per Diem \$71.55 \$0.00 \$19.41 \$24.06 \$21.02 \$3.63 11.10 \$2.97 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.80 \$3.58 \$0.00 \$0.97 \$1.20 \$0.00 \$1.05 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$160.54 \$75.13 \$0.00 \$20.38 \$25.26 \$0.00 \$22.07 \$3.63 \$11.10 \$2.97 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.5656 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$117.62 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$203.03 \$117.62 \$0.00 \$20.38 \$25.26 \$0.00 \$22.07 \$3.63 \$11.10 \$2.97 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.94 \$2.94 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$3.53 \$3.53 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$25.10 \$7.00 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$228.13

\$158.27

\$124.62

\$0.00

\$20.60

\$25.67

\$0.00

\$39.54

\$3.63

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$11.10

\$2.97

Facility Add-on Facility State-Provider: Westbury Medical Care Home, Inc. Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00143514A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.5011 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 31.71% 2.5% Quarterly Medicaid CMI: 1.7931 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.8284 1.5216 5.98 3.0% Admin A&G -

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,632,236	\$7,361,357	\$0	\$1,473,323	\$1,737,507	\$0	\$1,834,149		\$225,900	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$206,396)	(\$11,257)	\$0	\$0	\$0	\$3,862	(\$117,196) (\$184,818)		(\$81,805)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$36,835		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,633
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,305,490	\$7,350,100	\$0	\$1,473,323	\$1,737,507	\$3,862	\$1,532,135	\$36,835	\$144,095	\$27,633
8	Total Nursing Facility Days As Filed Days = 66,743	FY19 Audited C/R Days	66,743									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								8,498		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$205.79	\$110.13	\$0.00	\$22.07	\$26.09	(with L&H)	\$22.96	\$4.33	\$16.96	\$3.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5011</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.37	\$0.00	\$22.07	\$26.09		\$22.96	\$4.33	\$16.96	\$3.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.25	\$73.37	\$0.00	\$22.07	\$25.85		\$22.96	\$4.33	12.42 (FRV)	\$3.25
	Quarterly Per Diem Rate Prior to Add-ons										(1111)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.21	\$3.67	\$0.00	\$1.10	\$1.29	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.46	\$77.04	\$0.00	\$23.17	\$27.14	\$0.00	\$24.11	\$4.33	\$12.42	\$3.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8284								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.28	\$140.86	\$0.00	\$23.17	\$27.14	\$0.00	\$24.11	\$4.33	\$12.42	\$3.25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.52	\$3.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$25.97	\$8.28	\$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	\$261.25	\$149.14	\$0.00	\$23.39	\$27.14	\$0.00	\$41.58	\$4.33	\$12.42	\$3.25
			1	1								

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$183.11

Facility Facility Add-on State-<u>Specific</u> wide Provider: Westbury H & R-McDonough, Inc Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00143525A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4131 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 44.57% 2.5% Quarterly Medicaid CMI: 1.7246 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** 1.7576 MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.5216 4.31 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$6,170,815 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$10,118,082 \$0 \$1,049,612 \$1,371,618 \$0 \$1,421,895 \$104,142 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$111,156) (\$16,812) \$0 \$0 (\$1,926)(\$1,518) (\$21,187) (\$69,713) As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$161,120) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$27,507 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$20,394 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$9,893,707 \$6,154,003 \$0 \$1,049,612 \$1,369,692 (\$1,518) \$1,239,588 \$27,507 \$34,429 \$20,394 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 53,203 53,203 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 7.566 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$195.31 \$115.67 \$0.00 \$19.73 \$25.72 (with L&H) \$23.30 \$3.64 \$4.55 \$2.70 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4131 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$81.86 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$81.86 \$0.00 \$19.73 \$25.72 \$23.30 \$3.64 \$4.55 \$2.70 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$167.14 Base Period Case Mix Adjusted Allowed Per Diem \$81.86 \$0.00 \$19.73 \$25.72 \$23.30 \$3.64 10.19 \$2.70 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$7.54 \$4.09 \$0.00 \$0.99 \$1.29 \$0.00 \$1.17 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$174.68 \$85.95 \$0.00 \$20.72 \$27.01 \$24.47 \$3.64 \$10.19 \$2.70 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.7576 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$151.07 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$239.80 \$151.07 \$0.00 \$20.72 \$27.01 \$0.00 \$24.47 \$3.64 \$10.19 \$2.70 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.22 \$0.53 \$0.00 \$0.22 \$0.10 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$3.78 \$3.78 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$4.53 \$4.53 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$26.63 \$8.84 \$0.00 \$0.22 \$0.10 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$266.43

\$187.00

\$159.91

\$0.00

\$20.94

\$27.11

\$0.00

\$41.94

\$3.64

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$10.19

\$2.70

FINAL

Pr	ovider: PruittHealth - Seaside, LLC //dr ID: 00143536A H/B ?: No Case Mix Per Diem Rate Effective Date:	01/01/22 09/30/21 Nurs		Oata and Percentages Growth Allowance: BIMS: te Day/Quality Incentive:	Facility Score N/A 39.6% 3.73	Add-on Percent 5.00% 2.5% 5.0%		Quarterl caid CMI w RU0	iod Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific 1.5193 1.5962 1.6262	State- wide 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
CAS	E 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			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Freestanding All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Percentile 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			φυ.55	\$0.00	φυ.22	φυ.41		φυ.37			
	GL-PL- Insurance Costs	FY2021 GL-PL Ins. Rpt								\$ 310.483		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								21.533		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2019 Peer Group Limit		\$84.91		\$22.66	\$25.85		\$27.76	21,333	\$22.66	\$1.21
	Allowed @ 95% of Std	1 1 2019 Feet Gloup Lillin	\$176.99	\$80.66		\$21.53	\$24.56		\$26.37		\$22.66	
	Growth Allowance 5.0%		\$7.66	\$4.03		\$1.08	\$1.23		\$1.32		Ψ22.00	Ψ1.21
	CMA Allowed Per Diem (After Growth Alowance)		\$199.06	\$84.69		\$22.61	\$25.79		\$27.69	I I	\$22.66	\$1.21
	Quarterly Facility Case Mix Index for Medicaid Residents		ψ100.00	1.6262		ΨΕΕ.Ο1	Ψ20.70		φ27.00	Ψ 14.42	(FRV Rate)	V
	Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$137.73								
	Quarterly Medicaid CMA Allowed Per Diem		\$241.87	\$137.73		\$22.61	\$25.79		\$27.69	4.19	\$22.66	\$1.21
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Srvs)		\$3.44	\$3.44								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		\$6.89	\$6.89								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$27.43									
	Quarterly Case Mix Based Per Diem Rate		\$269.30	\$148.06		\$22.61	\$25.79		\$44.79	\$4.19	\$22.66	\$1.21
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$189.15										

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

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

Provider:	Wildwood Health Care, Inc.	Ado	d-on Data and P	ercentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility <u>Specific</u>	State- wide	
Prvdr ID:	00143547A		Grow	th Allowance:	N/A	5.00%		Base Period	d Overall CMI:		1.6136	1.4759	ĺ
	Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtr	ly BIMS score	45.16%	5.5%		Quarterly N	Medicaid CMI:		1.4621	1.5485	ĺ
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	On-Site Day/Qua	ality Incentive:	2.79	3.0%	Qrtrly Mcaid	CMI w RUG V	Vght Options:		1.4885	1.5216	ĺ
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			_	h	_	ام	_	£	~	~	h	:	1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related h	Taxes and Insurance
			a	D		u	C		9	9	"	
<u>C/</u>	ASE 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 Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,513,489	\$1,255,081	\$0	\$296,470	\$293,235	\$0	\$376,900		\$291,803	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$16,830)	\$0	\$0	\$0	\$0	\$0	\$0		(\$16,830)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$19,200)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,773
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$2,494,232	\$1,255,081	\$0	\$296,470	\$293,235	\$0	\$357,700	\$0	\$274,973	\$16,773
8	Total Nursing Facility Days As Filed Days = 14,776	FY19 Audited C/R Days	14,776									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								12,658		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$172.11	\$84.94	\$0.00	\$20.06	\$19.85	(with L&H)	\$24.21	\$0.00	\$21.72	\$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6136</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.64	\$0.00	\$20.06	\$19.85		\$24.21	\$0.00	\$21.72	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.32	\$52.64	\$0.00	\$20.06	\$19.85		\$24.21	\$0.00	11.23 <i>(FRV)</i>	\$1.33
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.83	\$2.63	\$0.00	\$1.00	\$0.99	\$0.00	\$1.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.15	\$55.27	\$0.00	\$21.06	\$20.84	\$0.00	\$25.42	\$0.00	\$11.23	\$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4885								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.15	\$82.27	\$0.00	\$21.06	\$20.84	\$0.00	\$25.42	\$0.00	\$11.23	\$1.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.52	\$4.52	Ψ0.00	Ψ0.22	ΨΟ1	ψ0.00	ψ0.57		Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvss)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ271					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.62	\$7.52	\$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	\$187.77	\$89.79	\$0.00	\$21.28	\$21.25	\$0.00	\$42.89	\$0.00	\$11.23	\$1.33
25	With the Control of t	LII IO F LII ZT	φ101.11	ψ03.13	φυ.υυ	Ψ21.20	Ψ21.23	φυ.υυ	ψ 4 2.09	φυ.υυ	φ11.23	φ1.33

\$128.00

\$193.34

\$132.18

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: Southland Healthcare & Rehab Ctr. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00143558A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4870 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 17.14% Quarterly Medicaid CMI: 1.5855 1.5485 0.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.03 2.0% 1.6126 1.5216

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
_	Cont Contar Book Craums	(5 ; 14)			1		4	1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,927,344	\$2,208,730	\$0	\$399,747	\$508,635	\$0	\$775,650		\$1,034,582	
6		FY19 C/R Audit Adjstmts	(\$60,167)	\$0	\$0	\$0	\$0	\$0	(\$11,456)		(\$48,711)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$75,849)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$49,011		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,5
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,868,845	\$2,208,730	\$0	\$399,747	\$508,635	\$0	\$688,345	\$49,011	\$985,871	\$28,50
8	Total Nursing Facility Days As Filed Days = 31,543	FY19 Audited C/R Days	31,543									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,162		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$157.11	\$70.02	\$0.00	\$12.67	\$16.13	(with L&H)	\$21.82	\$1.68	\$33.81	\$0.9
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4870</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.09	\$0.00	\$12.67	\$16.13		\$21.82	\$1.68	\$33.81	\$0.9
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.29	\$47.09	\$0.00	\$12.67	\$16.13		\$21.82	\$1.68	8.92	\$0.9
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$4.88	\$2.35	\$0.00	\$0.63	\$0.81	\$0.00	\$1.09	N/A	N/A	N/
16		Ln 14 + Ln 15	\$114.17	\$49.44	\$0.00	\$13.30	\$16.94	\$0.00	\$22.91	\$1.68	\$8.92	\$0.9
17		per Current Qtr End	Ť	1.6126	, , , , ,	,	, ,	, , , , , ,	, ,	,	***	, ,
18		Ln 16 x Ln 17		\$79.73								
19		RS = Ln 18, AllOthr = Ln 16	\$144.46	\$79.73	\$0.00	\$13.30	\$16.94	\$0.00	\$22.91	\$1.68	\$8.92	\$0.9
											·	
	Quarterly Per Diem Add-on Amounts			_	_		_					
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22		Ln 19 Col b x Stfng Add-on	\$1.59	\$1.59								
23		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.22	\$2.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.68	\$81.85	\$0.00	\$13.52	\$17.35	\$0.00	\$40.38	\$1.68	\$8.92	\$0.9

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$110.69

Facility Add-on Facility State-Provider: Pruitt Health - Washington Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00143569A Base Period Overall CMI: 1.4865 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.5474 1.5485 30.56% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5768 5.0% 1.5216 2.91

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
4	Coot Contax Boox Crouns	(and Dellins Manual)			1	2	4	1				
'	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Maridar)		φυ.55	φυ.υυ	φυ.22	φ0.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,642,953	\$1,420,993	\$0	\$238,164	\$320,542	\$0	\$560,169		\$103,085	;
6		FY19 C/R Audit Adjstmts	(\$27,980)	(\$17,374)	\$0	\$0	\$0	\$0	\$8,342		(\$18,948)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$89,416)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$203,687		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,7
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,746,988	\$1,403,619	\$0	\$238,164	\$320,542	\$0	\$479,095	\$203,687	\$84,137	\$17,7
8	Total Nursing Facility Days As Filed Days = 13,778	FY19 Audited C/R Days	13,778									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,957		
9		Ln 7 / Ln 8 Col a	\$202.74	\$101.87	\$0.00	\$17.29	\$23.26	(with L&H)	\$34.77	\$17.03	\$7.04	\$1.
10	,	from 4 qtrs of FY19		<u>1.4865</u>								
11	, , , , ,	Ln 9 / Ln 10		\$68.53								
12	•	RS = Ln 11, AllOthr = Ln 9		\$68.53	\$0.00	\$17.29	\$23.26		\$34.77	\$17.03	\$7.04	\$1.4
13		per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.90	\$68.53	\$0.00	\$17.29	\$23.26		\$27.76	\$17.03	10.55 (FRV)	\$1.4
	Quarterly Per Diem Rate Prior to Add-ons										(FKV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.84	\$3.43	\$0.00	\$0.86	\$1.16	\$0.00	\$1.39	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.74	\$71.96	\$0.00	\$18.15	\$24.42	\$0.00	\$29.15	\$17.03	\$10.55	\$1.4
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5768</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.25	\$113.47	\$0.00	\$18.15	\$24.42	\$0.00	\$29.15	\$17.03	\$10.55	\$1.4
	Quarterly Per Diem Add on Amounts											
20	Quarterly Per Diem Add-on Amounts 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		Ln 19 Col b x CPS Add-on	\$2.84	\$2.84	ψυ.υυ	Ψ0.22	Ψ0.41	ψ0.00	ψ0.00		Ψ0.00	
22		Ln 19 Col b x Stfng Add-on	\$5.67	\$5.67								
23		(Fixed Amount)	\$17.10	ψυ.υ1					\$17.10			
24		Sum of Lns 20 thru 23	\$26.77	\$9.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.
			-									
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.02	\$122.51	\$0.00	\$18.37	\$24.83	\$0.00	\$46.25	\$17.03	\$10.55	\$1.

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$167.94

Facility Facility Add-on State-<u>Specific</u> wide Wood Dale Health Care Center Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Provider: Prvdr ID: 00143591A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3180 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 48.78% 5.5% Quarterly Medicaid CMI: 1.0851 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 2.0% 1.0962 1.5216 2.20 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Description Services Services Houskpng Insurance Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$3,302,261 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$6,077,299 \$0 \$614,817 \$749,018 \$0 \$1,222,353 \$188,850 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$14,648) (\$38,729) \$0 \$0 \$0 \$24,083 \$0 (\$2)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$106,676) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$41,801 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$8,431 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$6,006,207 \$3,263,532 \$614,817 \$749,018 \$1,139,760 \$41,801 \$188,848 \$8,431 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 28,681 28,681 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 23.486 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$211.27 \$113.79 \$0.00 \$21.44 \$26.12 (with L&H) \$39.74 \$1.78 \$8.04 \$0.36 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.3180 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$86.33 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$86.33 \$0.00 \$21.44 \$26.12 \$39.74 \$1.78 \$8.04 \$0.36 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$174.52 Base Period Case Mix Adjusted Allowed Per Diem \$84.91 \$0.00 \$21.44 \$25.85 \$27.76 \$1.78 12.42 \$0.36 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$8.00 \$4.25 \$0.00 \$1.07 \$1.29 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$182.52 \$89.16 \$0.00 \$22.51 \$27.14 \$0.00 \$29.15 \$1.78 \$12.42 \$0.36 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.0962 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$97.74 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$191.10 \$97.74 \$0.00 \$22.51 \$27.14 \$0.00 \$29.15 \$1.78 \$12.42 \$0.36 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$5.38 \$5.38 5.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) \$1.95 \$1.95 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.65 \$0.00 \$0.22 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 \$7.33 \$22.73 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$215.75 \$105.07 \$0.00 \$27.14 \$0.00 \$46.25 \$1.78 \$12.42 \$0.36

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$148.99

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

Provider: Wri	ghtsville Manor			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID: 0014	43602A			Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.5557	1.4759
		Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtrly BIMS score	34.38%	2.5%	Quarterly Medicaid CMI:	1.6028	1.5485
		MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per On-Site Day/Quality Incentive:	3.88	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.6334	1.5216

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per C	On-Site Day/Qua	ality Incentive:	3.88	3.0%	Qrtrly Mcaid	CMI w RUG V	Vght Options:		1.6334	1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	į
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,799,684	\$2,611,046	\$0	\$571,091	\$547,584	\$0	\$717,222		\$352,741	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$42,459)	(\$8,378)	\$0	(\$869)	(\$765)	(\$226)	(\$14,147)		(\$18,075)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$70,355		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,592
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,853,172	\$2,602,668	\$0	\$570,222	\$546,819	(\$226)	\$703,075	\$70,355	\$334,666	\$25,592
8	Total Nursing Facility Days As Filed Days = 32,176	FY19 Audited C/R Days	32,176									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,128		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$153.93	\$80.89	\$0.00	\$17.72	\$16.99	(with L&H)	\$21.85	\$2.69	\$12.81	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5557</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.99	\$0.00	\$17.72	\$16.99		\$21.85	\$2.69	\$12.81	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.12	\$51.99	\$0.00	\$17.72	\$16.99		\$21.85	\$2.69	12.90	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.43	\$2.60	\$0.00	\$0.89	\$0.85	\$0.00	\$1.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.55	\$54.59	\$0.00	\$18.61	\$17.84	\$0.00	\$22.94	\$2.69	\$12.90	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	·	1.6334		,	·					
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.13	\$89.17	\$0.00	\$18.61	\$17.84	\$0.00	\$22.94	\$2.69	\$12.90	\$0.98
	Quarterly Per Diem Add-on Amounts	(aca Dalia: Marris	64.5 0	#0.50	#0.00	#0.00	00.44	#0.00	# 0.07		# 0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68					6474 0			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	.	#0.00	#0.00	00.44	#0.00	\$17.10	# 0.00	# 0.00	(0.00
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$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	\$188.67	\$94.61	\$0.00	\$18.83	\$18.25	\$0.00	\$40.41	\$2.69	\$12.90	\$0.98
										<u> </u>		

\$128.68

\$192.56

\$131.60

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: Heritage Inn of Barnesville Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00143613A Base Period Overall CMI: 1.6080 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 48.65% 5.5% Quarterly Medicaid CMI: 1.4852 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.87 3.0% 1.5102 1.5216

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
4	Coat Contay Book Cycums	(con Delina Managel)			1	2	4	1				
'	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
7	Emoletoy Wedsure Waximums (see line 20 for actual)	(See Folicy Manual)		ψ0.00	φ0.00	ψ0.22	ψ0.41		ψ0.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,233,151	\$3,483,014	\$0	\$576,907	\$693,884	\$0	\$957,408		\$521,938	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$53,184)	\$0	\$0	\$0	\$3,388	(\$6,349)	(\$14,844)		(\$35,379)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$62,140)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$123,176		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,25
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,277,261	\$3,483,014	\$0	\$576,907	\$697,272	(\$6,349)	\$880,424	\$123,176	\$486,559	\$36,25
8	Total Nursing Facility Days As Filed Days = 37,279	FY19 Audited C/R Days	37,279									
_	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	•							26,069		.
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$175.83	\$93.43	\$0.00	\$15.48	\$18.53	(with L&H)	\$23.62	\$4.72	\$18.66	\$1.3
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.6080								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.10								
12	·	RS = Ln 11, AllOthr = Ln 9		\$58.10	\$0.00		\$18.53		\$23.62	\$4.72	\$18.66	\$1.3
13	, , , , , , , , , , , , , , , , , , ,	per Peer Group Limits	•	\$84.91	\$0.00		\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.09	\$58.10	\$0.00	\$15.48	\$18.53		\$23.62	\$4.72	8.25 (FRV)	\$1.3
	Quarterly Per Diem Rate Prior to Add-ons										(177)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.79	\$2.91	\$0.00	\$0.77	\$0.93	\$0.00	\$1.18	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.88	\$61.01	\$0.00	\$16.25	\$19.46	\$0.00	\$24.80	\$4.72	\$8.25	\$1.3
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5102</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.01	\$92.14	\$0.00	\$16.25	\$19.46	\$0.00	\$24.80	\$4.72	\$8.25	\$1.3
	Quarterly Per Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$5.07	\$5.07	φυ.υυ	φυ.∠∠	φυ.41	φυ.υυ	φυ.57		φυ.υυ	
22		Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76								
23		(Fixed Amount)	\$17.10	Ψ2.10					\$17.10			
24		Sum of Lns 20 thru 23	\$26.46	\$8.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.47	\$100.50	\$0.00	\$16.47	\$19.87	\$0.00	\$42.27	\$4.72	\$8.25	\$1.3

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$132.28

Facility Add-on Facility State-Provider: Traditions Health & Rehab Specific wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00143701A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.6146 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.7240 1.5485 51.35% 5.5% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.7538 1.5216 3.56 Plant A&G -Admin Property Routine Special Laundry & Taxes and Line Totals Dietary Operatns and GL/PL and Sources / Description Services Services Houskpng Insurance Related Calculations & Maint General Insurance d b

		-					-	9	9		-
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,180,572	\$5,938,771	\$0	\$1,058,006	\$1,166,295	\$0	\$1,598,228		\$419,272	\$0
Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$168,205)	(\$2,696)	\$0	\$0	\$6,626	(\$566)	(\$95,856) (\$96,070)		(\$75,713)	
As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$191,035		
As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$151,329
7 Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,258,661	\$5,936,075	\$0	\$1,058,006	\$1,172,921	(\$566)	\$1,406,302	\$191,035	\$343,559	\$151,329
8 Total Nursing Facility Days As Filed Days = 59,984	FY19 Audited C/R Days	57,228									
Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								37,791		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185.43	\$103.73	\$0.00	\$18.49	\$20.49	(with L&H)	\$24.57	\$5.06	\$9.09	\$4.00
10 Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.6146</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.25								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.25	\$0.00	\$18.49	\$20.49		\$24.57	\$5.06	\$9.09	\$4.00
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.67	\$64.25	\$0.00	\$18.49	\$20.49		\$24.57	\$5.06	10.81	\$4.00
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.38	\$3.21	\$0.00	\$0.92	\$1.02	\$0.00	\$1.23	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.05	\$67.46	\$0.00	\$19.41	\$21.51	\$0.00	\$25.80	\$5.06	\$10.81	\$4.00
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7538								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.31								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.90	\$118.31	\$0.00	\$19.41	\$21.51	\$0.00	\$25.80	\$5.06	\$10.81	\$4.00
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.51	\$6.51								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.55	\$3.55								
23 Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$11.59	\$10.59	\$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	\$216.49	\$128.90	\$0.00	\$19.63	\$21.92	\$0.00	\$26.17	\$5.06	\$10.81	\$4.00

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$162.37

Facility Add-on Facility State-Provider: PruittHealth -Lilburn, LLC Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00145527A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4668 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 5.5% Quarterly Medicaid CMI: 1.6664 1.5485 45.59% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6973 5.0% 1.5216 2.91 A&G -Property Plant Admin Taxes and

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	į
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
•	Type of Facility within Peer Group	(See Folicy Maridal)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	, , , , , , , , , , , , , , , , , , ,	(coo i olloy manadi)		φυ.σσ	ψο.σσ	ψ0.22	φο. Τ		φο.στ			
_	Base Period Per Diem Allowed Amounts	A- Filed FMA O/D - FMA O/ /DI Det	#0 000 050	04.040.545		↑ 700.004	* 0000 040		#4 004 074		#0.40.00 5	0.0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,098,958	\$4,619,515	\$0	\$786,201	\$989,243	\$0	' ' '		\$342,325	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$101,349)	(\$60,969)	\$0	\$0	\$4,026	(\$53,054)	1		(\$52,927)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$288,046)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$660,869		074.754
-	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	60 440 400	04.550.540		↑ 700.004	# 000 000	(050.054)	64 405 000	# 000 000	#000.000	\$71,754
7	Cost Center Costs After Audit Adjustments	, ,	\$8,442,186	\$4,558,546	\$0	\$786,201	\$993,269	(\$53,054)	\$1,135,203	\$660,869	\$289,398	\$71,754
8	Total Nursing Facility Days As Filed Days = 48,398	FY19 Audited C/R Days	48,398							05.500		
•	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days		004.40		04004	040.40	(;; , , , , , , , , , , , , , , , , , ,	000.40	35,536	00.44	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.08	\$94.19	\$0.00	\$16.24	\$19.43	(with L&H)	\$23.46	\$18.60	\$8.14	\$2.02
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4668								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.22	\$0.00	\$16.24	\$19.43		\$23.46		\$8.14	\$2.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.52	\$64.22	\$0.00	\$16.24	\$19.43		\$23.46	\$18.60	8.55 (FRV)	\$2.02
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.16	\$3.21	\$0.00	\$0.81	\$0.97	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.68	\$67.43	\$0.00	\$17.05	\$20.40	\$0.00	\$24.63	\$18.60	\$8.55	\$2.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6973								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.70	\$114.45	\$0.00	\$17.05	\$20.40	\$0.00	\$24.63	\$18.60	\$8.55	\$2.02
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.29	\$6.29			*				, - 20	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.72	\$5.72								
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	\$30.64	\$12.54	\$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	\$236.34	\$126.99	\$0.00	\$17.27	\$20.81	\$0.00	\$42.10		\$8.55	\$2.02
-	•		1 ,	1	, ,,,,,,	1 7	+		,	,	, ,,,,,,,	1

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$164.43

_	vider: Quinton Memorial Health Care dr ID: 00150279A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add- 1/1/2022 09/30/21 Nurse Hours per O	Qtrl	th Allowance: ly BIMS score	Facility Score N/A 14.89% 2.17	Add-on <u>Percent</u> 5.00% 0.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3621 1.1379 1.1541	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS											
	Cont Contay Reay Cycums	(and Delian Marrows)			1	2						
' '	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Emoleticly Wedsure Waximums (see line 20 for actual)	(See Folicy Manual)		ψυ.σσ	ψ0.00	ψ0.22	φυ.+1		φυ.57			
	Base Period Per Diem Allowed Amounts											
	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,346,159	\$4,813,368	\$0	\$825,734	\$833,780		\$1,551,754		\$321,523	\$0
	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$22,296)	(\$39,183)	\$0	\$0	(\$3,301)	(\$2,627)			\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$130,594)	.		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$61,173		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R	4		•			(0.000)		^	^	\$11,847
		19 Audited C/R (As Adj. FY21 GLPL/T	\$8,266,289	\$4,774,185	\$0	\$825,734	\$830,479	(\$2,627)	\$1,443,975	\$61,173	\$321,523	\$11,847
8	Total Nursing Facility Days As Filed Days = 42,058	FY19 Audited C/R Days	42,058									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	4						***	29,422		
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$200.56	\$113.51	\$0.00	\$19.63	\$19.68	(with L&H)	\$34.33	\$2.08	\$10.93	\$0.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3621</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.34					***			
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.34	\$0.00	\$19.63	\$19.68		\$34.33	\$2.08	\$10.93	\$0.40
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	0.170 1.1	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	00.40
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.44	\$83.34	\$0.00	\$19.63	\$19.68		\$27.76	\$2.08	20.55 (FRV)	\$0.40
G	Quarterly Per Diem Rate Prior to Add-ons										(11(1)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.52	\$4.17	\$0.00	\$0.98	\$0.98	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.96	\$87.51	\$0.00	\$20.61	\$20.66	\$0.00	\$29.15	\$2.08	\$20.55	\$0.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.1541</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.45	\$101.00	\$0.00	\$20.61	\$20.66	\$0.00	\$29.15	\$2.08	\$20.55	\$0.40
	Quarterly Per Diem Add-on Amounts											
	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	
	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	ψ0.00	Ψ0.22	Ψ071	ψ0.00	Ψ0.00		ψ0.00	
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02								
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	42.02					\$17.10			
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.28	\$2.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.73	\$103.55	\$0.00	\$20.83	\$21.07	\$0.00	\$46.25	\$2.08	\$20.55	\$0.40
			•	ψ.00.00	Ψυ.υυ	Ψ20.03	Ψ21.07	ψ0.00	Ψ-0.23	Ψ2.00	Ψ20.53	ψυτυ
26 G	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.22									

\$226.50

\$157.05

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Christian City Convalescent Center, Inc. Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00158034A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4846 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 44.80% 2.5% Quarterly Medicaid CMI: 1.5121 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5404 1.5216 3.31 5.0% Admin A&G -

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$13,423,618	\$7,550,981	\$0	\$1,214,889	\$1,300,152	\$0	\$2,988,285		\$369,311	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$73,044)	(\$141,715)	\$0	\$0	\$0	\$0	\$101,820 (\$378,229)		(\$33,149)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$861,543		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$32,256
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,866,144	\$7,409,266	\$0	\$1,214,889	\$1,300,152	\$0	\$2,711,876	\$861,543	\$336,162	\$32,256
8	Total Nursing Facility Days As Filed Days = 69,421	FY19 Audited C/R Days	69,421									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								60,954		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$202.20	\$106.73	\$0.00	\$17.50	\$18.73	(with L&H)	\$39.06	\$14.13	\$5.52	\$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4846</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.89	\$0.00	\$17.50	\$18.73		\$39.06	\$14.13	\$5.52	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.05	\$71.89	\$0.00	\$17.50	\$18.73		\$27.76	\$14.13	15.51	\$0.53
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.80	\$3.59	\$0.00	\$0.88	\$0.94	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.85	\$75.48	\$0.00	\$18.38	\$19.67	\$0.00	\$29.15	\$14.13	\$15.51	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5404								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.64	\$116.27	\$0.00	\$18.38	\$19.67	\$0.00	\$29.15	\$14.13	\$15.51	\$0.53
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.91	\$2.91		'						
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.81	\$5.81								
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	\$9.88	\$9.25	\$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	\$223.52	\$125.52	\$0.00	\$18.60	\$20.08	\$0.00	\$29.15	\$14.13	\$15.51	\$0.53
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Quarterly Per Diem Rate for Bed Hold and Leave Days

\$167.64

Facility Facility Add-on State-<u>Specific</u> wide Manor Care Rehab Ctr of Decatur Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Provider: Prvdr ID: 00159266A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5256 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 27.42% 1.0% Quarterly Medicaid CMI: 1.2449 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 0.0% 1.2624 1.5216 4.40 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Description Services Services Houskpng Insurance Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$8,286,944 \$4,989,068 \$0 \$809,489 \$778,980 \$0 \$1,509,697 \$199,710 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$63,182) \$0 \$0 (\$17,248) \$17,248 (\$63,182) \$0 \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$115,739)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$29,171 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$167,764 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$8,304,958 \$4,989,068 \$809,489 \$778,980 (\$17,248) \$1,411,206 \$29,171 \$136,528 \$167,764 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 42,733 42,733 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 35.395 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$195.96 \$116.75 \$0.00 \$18.94 \$17.83 (with L&H) \$33.02 \$0.82 \$3.86 \$4.74 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.5256 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$76.53 RS = Ln 11, AllOthr = Ln 9 \$76.53 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$0.00 \$18.94 \$17.83 \$33.02 \$0.82 \$3.86 \$4.74 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$157.82 Base Period Case Mix Adjusted Allowed Per Diem \$76.53 \$0.00 \$18.94 \$17.83 \$27.76 \$0.82 11.20 \$4.74 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$7.06 \$3.83 \$0.00 \$0.95 \$0.89 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$164.88 \$80.36 \$0.00 \$19.89 \$18.72 \$0.00 \$29.15 \$0.82 \$11.20 \$4.74 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.2624 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$101.45 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$185.97 \$101.45 \$0.00 \$19.89 \$18.72 \$0.00 \$29.15 \$0.82 \$11.20 \$4.74 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$1.01 \$1.01 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs) \$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 \$19.27 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 \$1.54

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$205.24

\$141.11

\$102.99

\$0.00

\$20.11

\$19.13

\$0.00

\$46.25

\$0.82

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$11.20

\$4.74

Facility Add-on Facility State-Provider: Hart Care Center Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00167857A Growth Allowance: 5.00% Base Period Overall CMI: 1.6940 1.4759 1/1/2022 Qtrly BIMS score 37.50% 2.5% Quarterly Medicaid CMI: 1.4657 1.5485 Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: 3.07 3.0% Ortrly Meaid CMI w RUG Waht Ontions: 1 4905 1.5216

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	On-Site Day/Qu	uality Incentive:	3.07	3.0%	Qrtrly Mcaid	CMI w RUG V	Vght Options:		1.4905	1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,598,387	\$3,601,997	\$0	\$638,551	\$541,979	\$0	\$753,197		\$62,663	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$39,496)	\$0	\$0	\$0	\$0	\$0	\$0		(\$39,496)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,992)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$64,236		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$43,946
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,618,081	\$3,601,997	\$0	\$638,551	\$541,979	\$0	\$704,205	\$64,236	\$23,167	\$43,946
8	Total Nursing Facility Days As Filed Days = 38,026	FY19 Audited C/R Days	38,026									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,482		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.43	\$94.72	\$0.00	\$16.79	\$14.25	(with L&H)	\$18.52	\$2.52	\$0.91	\$1.72
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.6940</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.92	\$0.00	\$16.79	\$14.25		\$18.52	\$2.52	\$0.91	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.39	\$55.92	\$0.00	\$16.79	\$14.25		\$18.52	\$2.52	7.67	\$1.72
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.28	\$2.80	\$0.00	\$0.84	\$0.71	\$0.00	\$0.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.67	\$58.72	\$0.00	\$17.63	\$14.96	\$0.00	\$19.45	\$2.52	\$7.67	\$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4905								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.47	\$87.52	\$0.00	\$17.63	\$14.96	\$0.00	\$19.45	\$2.52	\$7.67	\$1.72
	Overteely Day Diana Add on Amounts											
	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	¢1 52	¢ ስ ፍን	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
20	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$2.19	\$0.53 \$2.19	φυ.υυ	φυ.22	Φ0.41	φυ.υυ	φυ.37		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.19	\$2.19								
23	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$2.03 \$17.10	φ2.03					\$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	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.92	\$92.87	\$0.00	\$17.85	\$15.37	\$0.00	\$36.92	\$2.52	\$7.67	\$1.72

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$118.37

Facility Add-on Facility State-Provider: Scepter Health & Rehab Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00169199A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.5006 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 32.50% 2.5% Quarterly Medicaid CMI: 1.6173 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6450 3.37 3.0% 1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
_	Cont Contan Book Contan	(5 ° M					4					
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,102,484	\$4,654,677	\$0	\$931,212	\$1,040,231	\$0	\$1,535,774		\$940,590	:
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$78,281)	(\$35,039)	\$0	\$0	\$4,693	\$4,863	\$6,418		(\$59,216)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$323,796		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$82,1
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,430,196	\$4,619,638	\$0	\$931,212	\$1,044,924	\$4,863	\$1,542,192	\$323,796	\$881,374	\$82,1
8	Total Nursing Facility Days As Filed Days = 46,175	FY19 Audited C/R Days	46,175									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								55,184		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$199.68	\$100.05	\$0.00	\$20.17	\$22.73	(with L&H)	\$33.40	\$5.87	\$15.97	\$1.4
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5006</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.68	\$0.00	\$20.17	\$22.73		\$33.40	\$5.87	\$15.97	\$1.4
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.98	\$66.68	\$0.00	\$20.17	\$22.73		\$27.76	\$5.87	11.28	\$1.4
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.87	\$3.33	\$0.00	\$1.01	\$1.14	\$0.00	\$1.39	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.85	\$70.01	\$0.00	\$21.18	\$23.87	\$0.00	\$29.15	\$5.87	\$11.28	\$1.4
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	÷.02.00	1.6450	\$5.50	,	4_5.5 ,	\$3.50	,250		Ţ <u>=</u> 0	
18		Ln 16 x Ln 17		\$115.17								
19		RS = Ln 18, AllOthr = Ln 16	\$208.01	\$115.17	\$0.00	\$21.18	\$23.87	\$0.00	\$29.15	\$5.87	\$11.28	\$1.4
		·	,	,	, , , , ,	, -	,	, , , , ,	,	, , ,	•	Ť
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	· —	Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46								
23		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.60	\$6.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.61	\$122.04	\$0.00	\$21.40	\$24.28	\$0.00	\$46.25	\$5.87	\$11.28	\$1.4

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$161.63

	Provider: Woodstock Nursing and Rehab Center Prvdr ID: 00171212A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022	Qtr	th Allowance: by BIMS score	Facility Score N/A 35.48% 3.03	Add-on Percent 5.00% 2.5% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.7021 1.6528 1.6831	State- wide 1.4759 1.5485 1.5216
Lin	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,240,794	\$5,539,077	\$0	\$928,795	\$1,019,754	\$0	\$1,573,465		\$1,179,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$70,814)	\$0	\$0	\$0	\$0	\$0	(\$16,216) (\$15,398)		(\$54,598)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$17,468		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$75,681
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$10,247,731	\$5,539,077	\$0	\$928,795	\$1,019,754	\$0	\$1,541,851	\$17,468	\$1,125,105	\$75,681
8	Total Nursing Facility Days As Filed Days = 48,218	FY19 Audited C/R Days	48,218									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								47,934		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$212.68	\$114.88	\$0.00	\$19.26	\$21.15	(with L&H)	\$31.98	\$0.36	\$23.47	\$1.58
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.7021</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.49								
12	,	RS = Ln 11, AllOthr = Ln 9		\$67.49	\$0.00	\$19.26	\$21.15		\$31.98	\$0.36	\$23.47	\$1.58
13		per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.23	\$67.49	\$0.00	\$19.26	\$21.15		\$27.76	\$0.36	9.63 (FRV)	\$1.58
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.78	\$3.37	\$0.00	\$0.96	\$1.06	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.01	\$70.86	\$0.00	\$20.22	\$22.21	\$0.00	\$29.15	\$0.36	\$9.63	\$1.58
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6831</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.41	\$119.26	\$0.00	\$20.22	\$22.21	\$0.00	\$29.15	\$0.36	\$9.63	\$1.58
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
1			l	1 -	1	I	1	1	1		i e	1

\$2.98

\$2.39

\$17.10

\$23.63

\$226.04

\$156.71

\$238.55

\$166.09

\$2.98

\$2.39

\$5.90

\$125.16

\$0.00

\$0.00

\$0.22

\$20.44

\$0.41

\$22.62

\$17.10

\$17.10

\$46.25

\$0.00

\$0.36

\$0.00

\$9.63

\$0.00

\$1.58

\$0.00

\$0.00

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

2.5% (to Routine Srvs)

21

23

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)

	Provider:		re Center	Ac	dd-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
F	Prvdr ID:	00173071A	Case Mix Per Diem Rate Effective Date:	1/1/2022		vth Allowance:	N/A	5.00%			d Overall CMI:		1.3629	1.4759
		MDS & Nurse Hrs Data per Quarter E		09/30/21 Nurse Hours per		ly BIMS score ality Incentive:		2.5% 3.0%	Qrtrly Mcaid	•	Medicaid CMI: Wght Options:		1.8075 1.8427	1.5485 1.5216
Line	e	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
					а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE M	IIX BASED RATE CALC	CULATIONS											
1		Center Peer Groups Type of Facility within Peer Group		(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CAS	SE 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			
	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
E	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,168,626	\$1,140,868	\$0	\$225,540	\$231,835	\$0	\$496,021		\$74,362	\$0
	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$8,513)	\$0	\$0	\$0	\$9,668	\$8,753	(\$5,319) (\$97,425)		(\$21,615)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$244,477		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$55,514
	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$2,362,679	\$1,140,868	\$0	\$225,540	\$241,503	\$8,753	\$393,277	\$244,477	\$52,747	\$55,514
8	Total Nursing Facility Days As Filed Days = 17,312	FY19 Audited C/R Days	17,312							00.777		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	4407.50	405.00		# 40.00		(14 1010	400 70	30,777	04.74	04.00
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$127.56	\$65.90	\$0.00	\$13.03	\$14.46	(with L&H)	\$22.72	\$7.94	\$1.71	\$1.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3629</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.35	# 0.00	# 40.00	04440		#00.70	Ф 7 О 4	04.74	# 4.00
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.35	\$0.00	\$13.03	\$14.46		\$22.72	\$7.94	\$1.71	\$1.80
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	0447.00	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	04.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.68	\$48.35	\$0.00	\$13.03	\$14.46		\$22.72	\$7.94	9.38 (FRV)	\$1.80
	Quarterly Per Diem Rate Prior to Add-ons										(17(0)	
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$4.93	\$2.42	\$0.00	\$0.65	\$0.72	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.61	\$50.77	\$0.00	\$13.68	\$15.18	\$0.00	\$23.86	\$7.94	\$9.38	\$1.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8427								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.39	\$93.55	\$0.00	\$13.68	\$15.18	\$0.00	\$23.86	\$7.94	\$9.38	\$1.80
	Quarterly Per Diem Add-on Amounts											
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34	, , , , ,			, , ,	,		, ,	
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.81	\$2.81								
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	·					\$17.10			
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.17	\$99.23	\$0.00	\$13.90	\$15.59	\$0.00	\$41.33	\$7.94	\$9.38	\$1.80
	•						<u> </u>				•	

\$129.05

\$196.91

\$134.86

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Specific Provider: The Oaks at Scenic View wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00178307A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.7268 1.4759 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.7074 Case Mix Per Diem Rate Effective Date: 33.33% 2.5% 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 1.7397 1.5216 3.71 5.0% Plant A&G -Admin Property Routine Special Laundry & Taxes and Line Sources / Totals Dietary Operatns and GL/PL and

		Calculations						& Maint	General	Insurance	Related	
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,153,590	\$5,234,878	\$0	\$744,879	\$1,088,234	\$0	\$1,416,265		\$669,334	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$161,882)	(\$138,103)	\$0	\$0	(\$4,983)	(\$6,012)	\$60,710 (\$279,813)		(\$73,494)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$642,229		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$56,825
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,410,949	\$5,096,775	\$0	\$744,879	\$1,083,251	(\$6,012)	\$1,197,162	\$642,229	\$595,840	\$56,825
8	Total Nursing Facility Days As Filed Days = 47,248	FY19 Audited C/R Days	47,248									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								33,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$210.57	\$107.87	\$0.00	\$15.77	\$22.80	(with L&H)	\$25.34	\$19.24	\$17.85	\$1.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.7268</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.47	\$0.00	\$15.77	\$22.80		\$25.34	\$19.24	\$17.85	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.86	\$62.47	\$0.00	\$15.77	\$22.80		\$25.34	\$19.24	9.54 (FRV)	\$1.70
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,,	
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.32	\$3.12	\$0.00	\$0.79	\$1.14	\$0.00	\$1.27	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.18	\$65.59	\$0.00	\$16.56	\$23.94	\$0.00	\$26.61	\$19.24	\$9.54	\$1.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7397</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.70	\$114.11	\$0.00	\$16.56	\$23.94	\$0.00	\$26.61	\$19.24	\$9.54	\$1.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.71	\$5.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$238.89	\$123.20	\$0.00	\$16.78	\$24.35	\$0.00	\$44.08	\$19.24	\$9.54	\$1.70

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$166.34

(Ln 25 - Ln 23) * 0.75

	rovider: PruittHealth - Marietta Prvdr ID: 00202507A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022	Qtr	vth Allowance: ly BIMS score		Add-on <u>Percent</u> 5.00% 5.5% 5.0%			I Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5283 1.6010 1.6294	State- wide 1.4759 1.5485 1.5216
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,482,110	\$3,981,184	\$0	\$650,757	\$746,857	\$0	\$1,228,941		\$874,371	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$161,548)	(\$80,984)	\$0	\$0	\$0	(\$1,559)	(\$21,467)		(\$57,538)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$225,585)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$513,536		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$69,489
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$7,678,002	\$3,900,200	\$0	\$650,757	\$746,857	(\$1,559)	\$981,889	\$513,536	\$816,833	\$69,489
8	Total Nursing Facility Days As Filed Days = 40,501	FY19 Audited C/R Days	40,501									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$199.31	\$96.30	\$0.00	\$16.07	\$18.40	(with L&H)	\$24.24	\$16.25	\$25.85	\$2.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.5283</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.01	\$0.00	\$16.07	\$18.40		\$24.24	\$16.25	\$25.85	\$2.20
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.82	\$63.01	\$0.00	\$16.07	\$18.40		\$24.24	\$16.25	14.65 (FRV)	\$2.20
	Quarterly Per Diem Rate Prior to Add-ons										(1714)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.08	\$3.15	\$0.00	\$0.80	\$0.92	\$0.00	\$1.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.90	\$66.16	\$0.00	\$16.87	\$19.32	\$0.00	\$25.45	\$16.25	\$14.65	\$2.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6294								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.54	\$107.80	\$0.00	\$16.87	\$19.32	\$0.00	\$25.45	\$16.25	\$14.65	\$2.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.93	\$5.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.39	\$5.39								
	1	(F) . I A ()	47.40	1				1	*47.40			1

\$17.10

\$29.95

\$232.49

\$161.54

\$253.12

\$177.02

\$11.85

\$119.65

\$0.00

\$0.00

\$0.22

\$17.09

\$0.41

\$19.73

\$0.00

\$0.00

\$17.10

\$17.47

\$42.92

\$0.00

\$16.25

\$0.00

\$14.65

\$0.00

\$2.20

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

23

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Gordon Health Care Center Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00202848A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.5297 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 24.68% 1.0% Quarterly Medicaid CMI: 1.4623 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.0% 1.4877 1.5216 3.14 Plant Admin A&G -

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,167,208	\$3,656,258	\$0	\$721,266	\$737,856	\$0	\$1,146,199		\$905,629	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$119,918)	\$0	\$0	\$0	\$0	(\$5,159)	(\$79,898) (\$61,685)		(\$34,861)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$121,680		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$40,990
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,148,275	\$3,656,258	\$0	\$721,266	\$737,856	(\$5,159)	\$1,004,616	\$121,680	\$870,768	\$40,990
8	Total Nursing Facility Days As Filed Days = 39,683	FY19 Audited C/R Days	39,683									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								33,732		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$184.74	\$92.14	\$0.00	\$18.18	\$18.46	(with L&H)	\$25.32	\$3.61	\$25.81	\$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5297</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.23	\$0.00	\$18.18	\$18.46		\$25.32	\$3.61	\$25.81	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.77	\$60.23	\$0.00	\$18.18	\$18.46		\$25.32	\$3.61	11.75 (FRV)	\$1.22
	Quarterly Per Diem Rate Prior to Add-ons										(FKV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.11	\$3.01	\$0.00	\$0.91	\$0.92	\$0.00	\$1.27	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.88	\$63.24	\$0.00	\$19.09	\$19.38	\$0.00	\$26.59	\$3.61	\$11.75	\$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4877								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.72	\$94.08	\$0.00	\$19.09	\$19.38	\$0.00	\$26.59	\$3.61	\$11.75	\$1.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$197.17	\$97.43	\$0.00	\$19.31	\$19.79	\$0.00	\$44.06	\$3.61	\$11.75	\$1.22
_					I .			1	L			

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$135.05

Facility Add-on Facility State-Provider: Florence Hand Home Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00207083A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.1680 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 30.49% 2.5% Quarterly Medicaid CMI: 1.2479 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.2651 1.5216 3.95

	MDO a Naise His Data per Quarter Enaing.	14di3C Flours pc	TOTT-ONC Day/Q	daily incentive.	3.33	3.070	Qitiiy Wicaid	OWN W IXOO	rrgiit Options.		1.2001	1.0210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
_												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
ĺ	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All Ded Gizes	All Ded Oizes	All Ded Oizes	All Dea Gizes	All Ded Oizes	All Bed Oizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$16,950,691	\$5,020,863	\$0	\$1,375,396	\$1,132,257	\$1,046,496	\$7,018,645		\$1,357,034	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$17,760	\$0	\$0	\$0	\$10,546	\$9,747	(\$2,533)		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	411,122				, , , , , , , , , , , , , , , , , , ,	42,1	(\$131,325)		**	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$72,005		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$16,909,131	\$5,020,863	\$0	\$1,375,396	\$1,142,803	\$1,056,243	\$6,884,787	\$72,005	\$1,357,034	\$0
8	Total Nursing Facility Days As Filed Days = 49,762	FY19 Audited C/R Days	49,762									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$352.91	\$100.90	\$0.00	\$27.64	\$44.19	(with L&H)	\$138.35	\$2.11	\$39.72	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.1680</u>								
11		Ln 9 / Ln 10		\$86.38								
12		RS = Ln 11, AllOthr = Ln 9		\$86.38	\$0.00	\$27.64	\$44.19		\$138.35	\$2.11	\$39.72	\$0.00
13		per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.69	\$84.91	\$0.00	\$27.64	\$25.85		\$27.76	\$2.11	16.42	\$0.00
											(FRV)	
l	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$8.31	\$4.25	\$0.00	\$1.38	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$193.00	\$89.16	\$0.00	\$29.02	\$27.14	\$0.00	\$29.15	\$2.11	\$16.42	\$0.00
17	, , <u> </u>	per Current Qtr End		<u>1.2651</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.80							.	.
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.64	\$112.80	\$0.00	\$29.02	\$27.14	\$0.00	\$29.15	\$2.11	\$16.42	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.52	\$6.20	\$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	\$240.16	\$119.00	\$0.00	\$29.24	\$27.14	\$0.00	\$46.25	\$2.11	\$16.42	\$0.00
									<u> </u>			

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$167.30

	rovider: Chatsworth Health Care Center rvdr ID: 00209778A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add- 1/1/2022 09/30/21 Nurse Hours per O	Qtrl	th Allowance: y BIMS score	Facility Score N/A 42.27% 2.88	Add-on Percent 5.00% 2.5% 3.0%			I Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4075 1.9683 2.0075	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
C A	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
		(con Ballon Manna)			4	•		_				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	(Table 1 and 1 an	s Filed FY19 C/R - FY19 GL/PL Rpt FY19 C/R Audit Adjstmts	\$2,629,642	\$1,443,826	\$0 \$0	\$306,585	\$279,436 \$3,656	\$0 \$2,928	\$448,430		\$151,365 (\$16,073)	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(\$47,510)	(\$25,884)	\$0	\$0	\$3,000	\$2,928	(\$12,137) (\$97,425)		(\$16,073)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt							(+ - ,)	\$244,862		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R								, ,		\$202,529
7	, , , , , , , , , , , , , , , , , , ,	9 Audited C/R (As Adj. FY21 GLPL/T	\$2,932,098	\$1,417,942	\$0	\$306,585	\$283,092	\$2,928	\$338,868	\$244,862	\$135,292	\$202,529
8	Total Nursing Facility Days As Filed Days = 20,205	FY19 Audited C/R Days	20,205									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,934		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.50	\$70.18	\$0.00	\$15.17	\$14.16	(with L&H)	\$16.77	\$6.81	\$3.77	\$5.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4075</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.86	\$0.00	\$15.17	\$14.16		\$16.77	\$6.81	\$3.77	\$5.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.10	\$49.86	\$0.00	\$15.17	\$14.16		\$16.77	\$6.81	9.69	\$5.64
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.80	\$2.49	\$0.00	\$0.76	\$0.71	\$0.00	\$0.84	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.90	\$52.35	\$0.00	\$15.93	\$14.87	\$0.00	\$17.61	\$6.81	\$9.69	\$5.64
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	Ψ122.00	2.0075	ψ0.00	Ψ10.00	Ψ11.07	ψ0.00	Ψ17.01	ψ0.01	ψ0.00	φσ.σ ι
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.64	\$105.09	\$0.00	\$15.93	\$14.87	\$0.00	\$17.61	\$6.81	\$9.69	\$5.64
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63	Ψ3.30	¥5. <u>-</u> 2	Ψ	ψ3.30	ψσ.σ.		\$0.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.41	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.05	\$111.40	\$0.00	\$16.15	\$15.28	\$0.00	\$35.08	\$6.81	\$9.69	\$5.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.21			<u> </u>	<u> </u>					<u> </u>

\$218.09

\$150.74

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Provider:	High Shoals Health & Rehabilitation	A	dd-on Data and F	ercentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID:	00212814A		Grov	vth Allowance:	N/A	5.00%		Base Period	Overall CMI:		1.4763	1.4759
	Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtı	ly BIMS score	43.64%	2.5%		Quarterly N	Medicaid CMI:		1.4057	1.5485
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours pe	r On-Site Day/Qu	ality Incentive:	3.13	3.0%	Qrtrly Mcaid	CMI w RUG V	Vght Options:		1.4336	1.5216
						1						1
Line		Sources /	Totals	Routine	Special	Dietary	Laundry &	Plant Operatos	Admin and	A&G - GL/PL	Property	Taxes and

	MDO & Nuise Fils Data per Quarter Ending.	V9/30/21 Nuise Hours per C	on one bay que	anty moontho.	3.13	3.076	Qrany modia	CIVII W IXOG V	rgin Optiono.		1.4330	1.3210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
-												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	"	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,824,749	\$3,278,795	\$0	\$569,313	\$645,902	\$0	\$753,837		\$576,902	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$53,051)	\$0	\$0	\$0	\$0	\$3,796	(\$36,133)		(\$20,714)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$56,572)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$104,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,397
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,840,523	\$3,278,795	\$0	\$569,313	\$645,902	\$3,796	\$661,132	\$104,000	\$556,188	\$21,397
8	Total Nursing Facility Days As Filed Days = 33,777	FY19 Audited C/R Days	33,777									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,818		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$179.13	\$97.07	\$0.00	\$16.86	\$19.23	(with L&H)	\$19.57	\$4.03	\$21.54	\$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4763</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$16.86	\$19.23		\$19.57	\$4.03	\$21.54	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.02	\$65.75	\$0.00	\$16.86	\$19.23		\$19.57	\$4.03	16.75	\$0.83
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.07	\$3.29	\$0.00	\$0.84	\$0.96	\$0.00	\$0.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.09	\$69.04	\$0.00	\$17.70	\$20.19	\$0.00	\$20.55	\$4.03	\$16.75	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4336					·			
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.03	\$98.98	\$0.00	\$17.70	\$20.19	\$0.00	\$20.55	\$4.03	\$16.75	\$0.83
00	Quarterly Per Diem Add-on Amounts	(ooo Dollo: Marrish	64 50	#0.50	#0.00	#0.00	00.44	#0.00	#0.07		#0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97					¢47.40			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	<u></u>	фо 00	#0.00	ФО 44	<u></u> ቀላ ላላ	\$17.10 \$17.47	ФО ОО	#0.00	60.00
24	Total Quarterly Per Diem Add-on Amounts		\$24.07	\$5.97	\$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	\$203.10	\$104.95	\$0.00	\$17.92	\$20.60	\$0.00	\$38.02	\$4.03	\$16.75	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.50									

\$215.54

\$148.83

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: PruittHealth - Fort Oglethorpe Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00214695A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4953 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 25.00% Quarterly Medicaid CMI: 1.5207 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5473 1.5216 3.16 4.0% A&G -GL/PL Plant Admin Property Routine Special Laundry & Taxes and

Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,452,147	\$3,744,740	\$0	\$584,007	\$794,588	\$0	' ' '		\$268,203	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$82,914)	(\$55,581)	\$0	\$0	\$0	(\$26,785)			(\$40,634)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$227,413)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$521,515		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,271
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,694,606	\$3,689,159	\$0	\$584,007	\$794,588	(\$26,785)	\$873,282	\$521,515	\$227,569	\$31,271
8	Total Nursing Facility Days As Filed Days = 40,719	FY19 Audited C/R Days	40,688									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,796		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$169.89	\$90.67	\$0.00	\$14.35	\$18.87	(with L&H)	\$21.46	\$16.40	\$7.16	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.4953</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.64	\$0.00	\$14.35	\$18.87		\$21.46	\$16.40	\$7.16	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.00	\$60.64	\$0.00	\$14.35	\$18.87		\$21.46	\$16.40	9.30	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.76	\$3.03	\$0.00	\$0.72	\$0.94	\$0.00	\$1.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.76	\$63.67	\$0.00	\$15.07	\$19.81	\$0.00	\$22.53	\$16.40	\$9.30	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5473								
18	Ortrly Routine Srvcs 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	\$182.61	\$98.52	\$0.00	\$15.07	\$19.81	\$0.00	\$22.53	\$16.40	\$9.30	\$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99			*				, , ,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.56	\$5.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.17	\$103.98	\$0.00		\$20.22	\$0.00	\$40.00	\$16.40	\$9.30	\$0.98
20	Qualitary Sase with Daseu I of Dieni Nate	LII IO F LII 27	φ200.17	\$103.90	\$0.00	ψ1J.29	φ ∠ υ. ∠ ∠	\$0.00	φ40.00	φ10. 4 0	φσ.30	φυ.30

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$141.80

	ovider: Westwood (University Extended Care) ovdr ID: 00219359A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022	Qtr	th Allowance: ly BIMS score		Add-on Percent 5.00% 2.5% 3.0%		Quarterly I	CMI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3589 1.4519 1.4761	State-wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,413,097	\$5,484,483	\$0	\$1,071,939	\$911,154	\$0	\$1,531,907		\$413,614	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$603,775)	(\$75,637)	\$0	\$0	\$0	(\$6,733)	(\$511,537) (\$178,476)		(\$9,868)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$179,706		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,220
7 8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 51,386	19 Audited C/R (As Adj. FY21 GLPL/T FY19 Audited C/R Days	\$8,820,772 51,386	\$5,408,846	\$0	\$1,071,939	\$911,154	(\$6,733)	\$841,894	\$179,706	\$403,746	\$10,220
9	Total Nursing Facility Days GL-PL Ins. Rpt Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	FY21 Audited C/R Days Ln 7 / Ln 8 Col a	\$176.47	\$105.26	\$0.00	\$20.86	\$17.60	(with L&H)	\$16.38	36,264 \$4.96	\$11.13	\$0.28
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19	\$170.47	1.3589	\$0.00	\$20.86	\$17.00	(WILLI L&FI)	\$10.38	ֆ4.9 6	\$11.13	φυ.26
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.46	\$0.00	\$20.86	\$17.60		\$16.38	\$4.96	\$11.13	\$0.28
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00		\$25.85		\$27.76	\$0.00	N/A	¥3.23
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.72	\$77.46	\$0.00	\$20.86	\$17.60		\$16.38	\$4.96	17.18	\$0.28
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.61	\$3.87	\$0.00	\$1.04	\$0.88	\$0.00	\$0.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.33	\$81.33	\$0.00		\$18.48	\$0.00	\$17.20	\$4.96	\$17.18	\$0.28
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	,	1.4761	, , , , , ,	, , , , , , , , , , , , , , , , , , , ,	,	*	,	,	,	,
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.05	\$120.05	\$0.00	\$21.90	\$18.48	\$0.00	\$17.20	\$4.96	\$17.18	\$0.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$3.00	\$3.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.60	\$3.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.23	\$7.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00

\$225.28

\$156.14

\$226.59

\$157.12

\$127.18

\$0.00

\$22.12

\$18.89

\$0.00

\$34.67

\$4.96

\$17.18

\$0.28

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Comer Health and Rehab Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00220448A Base Period Overall CMI: 1.3718 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 36.23% 2.5% Quarterly Medicaid CMI: 1.5119 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 5.0% 1.5402 1.5216 3.05

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(aca Reliev Manual)		1	1	2	1	_	1			
ļ	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
•	Emoleticy Wedgate Waximamo (see line 20 for detail)	(See Folioy Maridal)		ψ0.00	φο.σσ	φυ.ΖΖ	ψ0.47		φυ.στ			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,470,079	\$3,501,333	\$0	\$726,195	\$721,324		\$1,015,589		\$505,638	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$130,590)	\$0	\$0	\$0	\$0	(\$8,479)	(\$107,623)		(\$14,488)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$61,165)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$120,640		040.00
7	As Adjusted Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	As Adjusted FY21 C/R FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	¢c 442 000	\$3,501,333	\$0	\$726,195	\$721,324	(\$8,479)	\$846,801	\$120,640	\$491,150	\$13,92 \$13,92
8	Total Nursing Facility Days As Filed Days = 38,121	FY19 Audited C/R Days	\$6,412,888 38,121	\$3,501,555	Φ0	\$120,193	\$721,324	(\$0,479)	φο40,ου1	\$120,040	φ491,150	\$13,92
0	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	30,121							27,704		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$174.39	\$91.85	\$0.00	\$19.05	\$18.70	(with L&H)	\$22.21	\$4.35	\$17.73	\$0.5
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 gtrs of FY19	ψ174.00	1.3718	ψ0.00	ψ13.03	Ψ10.70	(Will Edil)	ψΖΖ.Ζ1	Ψ4.00	ψ17.73	ΨΟ.Ο
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.96	\$0.00	\$19.05	\$18.70		\$22.21	\$4.35	\$17.73	\$0.5
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	ψο.ο
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.18	\$66.96	\$0.00	\$19.05	\$18.70		\$22.21	\$4.35	9.41	\$0.5
			• • • • • • • • • • • • • • • • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****	*******	******		,	7	(FRV)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.35	\$3.35	\$0.00	\$0.95	\$0.94	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.53	\$70.31	\$0.00	\$20.00	\$19.64	\$0.00	\$23.32	\$4.35	\$9.41	\$0.5
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5402								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0 405.54	\$108.29	***	****	040.04		****	* 4.05	Φο 44	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.51	\$108.29	\$0.00	\$20.00	\$19.64	\$0.00	\$23.32	\$4.35	\$9.41	\$0.5
	Quarterly 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.41	\$5.41								
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	\$26.75	\$8.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.26	\$116.94	\$0.00	\$20.22	\$20.05	\$0.00	\$40.79	\$4.35	\$9.41	\$0.5

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$146.37

Casc Casc	vider: dr ID:		1/1/2022		owth Allowance: atrly BIMS score	32.95%	Add-on Percent 5.00% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5080 1.5730 1.5999	State- wide 1.4759 1.5485 1.5216
CASE MIX BASED RATE CALCULATIONS		Description		Totals			Dietary		Operatns	and	GL/PL	Property and Related	Taxes and Insurance
Coase Center Peer Groups (sone Pointy-Manual)				a	b	С	d	е	f	g	g	h	i
Cost Center Peer Groups Type of Facility within New Change within Peer Change Type of Facility within New Change within Peer Change within Peer Change within Peer Change within Peer Change within Peer Change within Peer Change within Peer Change within Peer Change within Peer Change Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Afficience With Manage Peer Group Standards & Afficie	SE N	MIX BASED RATE CALCULATIONS											
2 Peer Group, Standards: Petrennike (seen Pelicy, Manuaus) (see	Cost	t Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities		Free Standing		1	All Facilities			
Society As Filed Cost Center Costs (Routine & Special Seves Combined) As Filed PY19 C.R - FY19 G.P.R pt S12,607,069 S7,236,266 S0 S1,092,512 S955,714 S0 S1,844,372 S25,508 As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted PY19 G.P.R pt As Adjusted Py19 G.P.R pt	Pee Pee	er Group Standards: Percentile er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
A Adjusted Cost Center Costs (GLPL) As Adjusted Cost Cost (GLPL) As Adjusted Cost Cost (GLPL) As Adjusted Cost Cost (GLPL) As Adjusted Cost Center Cost (GLPL) As Adjusted Cost Cost (GLPL) As Adjusted Cost Cost (GLPL) As Adjusted Cost Cost (GLPL) As Adjusted Cost Cost (GLPL) As Adjusted Cost Cost (GLPL) As	Base	e Period Per Diem Allowed Amounts											
As Adjusted Cost Center Costs (GLPL) As Adjusted PY9 CLPL Rpt As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (Taxes and Insurance) Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments FY19 Audited CPK (Na Adj. PY21 GLPL/T&0) Total Nursing Facility Days GL-PL Ins. Rpt Total Nursing Facility Days GL-PL Ins. Rpt Since PY19 Audited CPK Days FY19 Audited CP	As F	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,607,069	\$7,236,266	\$0	\$1,092,512	\$955,714	\$0	\$1,844,372		\$1,478,205	\$0
As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Fled Days = 77.313 Total Nursing Facility Days As Fled Days = 77.313 Total Nursing Facility Days As Fled Days = 77.313 Total Nursing Facility Days As Fled Days = 77.313 FY19 Audited CIR Days FY19 Audited CIR Days FY19 Audited CIR Days FY19 Audited CIR Days FY19 Audited CIR Days FY19 Audited CIR Days FY21 Audited CIR Days FY23 Audited CIR Days FY23 Audited CIR Days FY24 Audited CIR Days FY25 Audited CIR Days FY26 Audited CIR Days FY27 Audited CIR Days FY27 Audited CIR Days FY28 Audited CIR Days FY28 Audited CIR Days FY29		•	•	(\$112,002)	\$0	\$0	\$0	\$3,424	\$3,507	, ,		(\$108,846)	
Total Nursing Facility Days	As A	Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$25,508		
Total Nursing Facility Days	As A	Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$94,477
Total Nursing Facility Days GL-PL Ins. Rpt	Cos	st Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,609,570	\$7,236,266	\$0	\$1,092,512	\$959,138	\$3,507	\$1,828,803	\$25,508	\$1,369,359	\$94,477
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Ln 7 / Ln 8 Col a \$166.19 \$93.60 \$0.00 \$14.13 \$12.45 (with L&H) \$23.65 \$0.38 10 Base Period Facility Case Mix Index for All Residents Ln 9 / Ln 10 \$62.07 \$0.00 \$14.13 \$12.45 (with L&H) \$23.65 \$0.38 11 Routine Srvcs Case Mix Adjistmt to Routine Srvcs Ln 9 / Ln 10 \$62.07 \$0.00 \$14.13 \$12.45 \$23.65 \$0.38 12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs Rs = Ln 11, AllOthr = Ln 9 \$62.07 \$0.00 \$14.13 \$12.45 \$23.65 \$0.38 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Llimits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$12.61 \$62.07 \$0.00 \$14.13 \$12.45 \$23.65 \$0.38 15 Growth Allowance Percentage = \$6.00% Ln 14 x Grwth Allwine % \$6.61 \$3.10 \$0.00 \$0.71 \$0.62 \$0.00 \$1.18 N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$127.22 \$65.17 \$0.00 \$14.84 \$13.07 \$0.00 \$24.83 \$0.38 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 16 x Ln 17 \$104.27 17 Quarterly Facility Case Mix Index for Medicaid Residents Ln 16 x Ln 17 \$104.27 19 Quarterly Medicaid CMA Allowed Per Diem Rs = Ln 18, AllOthr = Ln 16 \$166.32 \$104.27 \$0.00 \$14.84 \$13.07 \$0.00 \$24.83 \$0.38 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem \$2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.61 \$2.	To	otal Nursing Facility Days As Filed Days = 77,313	FY19 Audited C/R Days	77,313									
Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 L.5980 Ln 9 / Ln 10 \$62.07 \$0.00 \$14.13 \$12.45 \$23.65 \$0.38 \$12.45 \$23.65 \$0.38 \$13.95 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 \$14.13 \$12.45 \$23.65 \$0.38 \$27.76 \$0.00 \$14.13 \$12.45 \$23.65 \$0.38 \$12.45 \$23.65 \$0.38 \$12.45 \$23.65 \$0.38 \$12.45 \$23.65 \$0.38 \$13.95 \$14.13 \$12.45 \$23.65 \$0.38 \$14.13 \$12.45 \$23.65 \$0.38 \$12.45 \$23.65 \$0.38 \$12.45													
Routine Strocs Case Mix Adjistd (CMA) Net Per Diem				\$166.19		\$0.00	\$14.13	\$12.45	(with L&H)	\$23.65	\$0.38	\$20.56	\$1.42
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$62.07 \$0.00 \$14.13 \$12.45 \$23.65 \$0.38 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 14 Base Period Case Mix Adjisted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$121.61 \$62.07 \$0.00 \$14.13 \$12.45 \$23.65 \$0.38 24 Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grivith Alliwnc % \$5.61 \$3.10 \$0.00 \$0.71 \$0.62 \$0.00 \$1.18 N/A 15 Growth Allowance Percentage = \$5.00% Ln 14 x Grivith Alliwnc % \$1.27.22 \$65.17 \$0.00 \$14.84 \$13.07 \$0.00 \$24.83 \$0.38 17 Quarterly Facility Case Mix Adjistd (CMA) Net Per Diem Add-on Mounts Ln 16 x Ln 17 \$104.27 \$0.00 \$14.84 \$13.07 \$0.00 \$24.83 \$0.38 20 Quarterly Per Diem Add-on Amounts Quarterly Per Diem Add-on Amounts Quarterly Per Diem Close Add-on Per Diem (Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 20 Billos Add-on Per Diem \$2.5% (to Routine Srvcs) Ln 19 Col b x Stfing Add-on \$3.13 \$3.13 \$3.13 \$17.10 \$17			·		1								
Per Diem Standards (After Statewide CMA for Routine Srvcs)		• • •			1	#0.00	04440	040.45		#00.0F	#0.00	\$00.50	04.40
Lesser of Ln 12 or Ln 13 \$121.61 \$62.07 \$0.00 \$14.13 \$12.45 \$23.65 \$0.38		ŕ	, ,				'					\$20.56 N/A	\$1.42
Quarterly Per Diem Rate Prior to Add-ons CMA Allowance Percentage = 5.00% Ln 14 x Grwth Allwnc % \$5.61 \$3.10 \$0.00 \$0.71 \$0.62 \$0.00 \$1.18 N/A			·	¢121.61			·					7.51	\$1.42
15 Growth Allowance Percentage = 5.00% Ln 14 x Grwth Allownc % \$5.61 \$3.10 \$0.00 \$0.71 \$0.62 \$0.00 \$1.18 N/A \$1.00 \$1.00 \$1.18 N/A \$1.00 \$1.00 \$1.18 N/A \$1.00 \$1.00 \$1.18 N/A \$1.00 \$1.00 \$1.18 N/A \$1.00	Das	oo i onod odoo wiix Aujusted Allowed i ei Dielli	25555. 5. 2.1 12 5. 2.1 10	Ψ121.01	Ψ02.07	ψ0.00	ψ14.13	Ψ12.43		Ψ20.00	ψυ.30	(FRV)	ψ1.42
16 CMA Allowed Per Diem (After Growth Allowance Add-on)		•											
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$104.27 \$104.27 \$109 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$166.32 \$104.27 \$0.00 \$14.84 \$13.07 \$0.00 \$24.83 \$0.38 \$0.39 \$0.37 \$0.37 \$0.37 \$0.37 \$0.37 \$0.37 \$0.37 \$0.37 \$0.38 \$0.38 \$0.38 \$0.38 \$0.38 \$0.38 \$0.38 \$0.39 \$0.3		<u> </u>					'					N/A	N/A
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$104.27 \$104.27 \$0.00 \$14.84 \$13.07 \$0.00 \$24.83 \$0.38		,		\$127.22		\$0.00	\$14.84	\$13.07	\$0.00	\$24.83	\$0.38	\$7.51	\$1.42
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$166.32 \$104.27 \$0.00 \$14.84 \$13.07 \$0.00 \$24.83 \$0.38 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.61 \$2.61 \$2.61 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.13 \$3.13 \$3.13 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10													
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 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.61 \$2.61 \$2.61 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.13 \$3.13 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10				\$166.22		\$0.00	\$11.21	¢12.07	\$0.00	\$24.82	¢ በ 30	\$7.51	\$1.42
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	Qua	artory intelligate Only Allowed Let Dietit	1.0 - En 10,7410411 - En 10	ψ100.32	ψ104.27	ψ0.00	ψ14.04	ψ13.07	φυ.υυ	ψ24.03	ψυ.30	φ1.01	ψ1. 4 2
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.61 \$2.61 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.13 \$3.13 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10		•											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.13 \$3.13 23 Nursing Home Provider Fee (Fixed Amount) \$17.10				1	1	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
23 Nursing Home Provider Fee \$17.10 \$17.10				1	1								
		· —			\$3.13					647.40			
24 Total Quartarly Dar Diam Add on Amounta Quantific 20 thru 22 @0.427 @0.00 @0.00 @0.44 @0.00 @47.47 @0.00			, , , , , , , , , , , , , , , , , , , ,		ФС 07	#0.00	\$0.22	# 0.44	\$0.00		<u></u>	#0.00	ቀ ለ ለለ
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.37 \$6.27 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$190.69 \$110.54 \$0.00 \$15.06 \$13.48 \$0.00 \$42.30 \$0.38												\$0.00 \$7.51	\$0.00 \$1.42

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$130.19

Facility Facility Add-on State-<u>Specific</u> wide Provider: Porter Field H & R Ctr. LLC Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00222582A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3459 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 40.74% 2.5% Quarterly Medicaid CMI: 1.7538 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.04 3.0% 1.7884 1.5216 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$451,463 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$4,646,680 \$2,531,060 \$0 \$439,220 \$465,231 \$0 \$759,706 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$63,824) \$0 \$0 \$1,226 (\$9,177)\$0 \$0 (\$55,873)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$73,056)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$176,195 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$68,193 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$4,754,188 \$2,531,060 \$439,220 \$465,231 \$1,226 \$677,473 \$176,195 \$395,590 \$68,193 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 29,323 29,323 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 26.747 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$164.24 \$86.32 \$0.00 \$14.98 \$15.91 (with L&H) \$23.10 \$6.59 \$14.79 \$2.55 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.3459 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$64.14 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$64.14 \$0.00 \$14.98 \$15.91 \$23.10 \$6.59 \$14.79 \$2.55 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$136.48 \$64.14 \$0.00 \$14.98 \$15.91 \$23.10 \$6.59 9.21 \$2.55 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$5.92 \$3.21 \$0.00 \$0.75 \$0.80 \$0.00 N/A 5.00% \$1.16 N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$142.40 \$67.35 \$0.00 \$15.73 \$16.71 \$24.26 \$6.59 \$9.21 \$2.55 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.7884 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$120.45 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$195.50 \$120.45 \$0.00 \$15.73 \$16.71 \$0.00 \$24.26 \$6.59 \$9.21 \$2.55 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$3.01 \$3.01 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$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 \$25.25 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$7.15 \$0.00

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$220.75

\$152.74

\$127.60

\$0.00

\$15.95

\$17.12

\$0.00

\$41.73

\$6.59

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$9.21

\$2.55

Facility Facility Add-on State-<u>Specific</u> wide **Eatonton Health & Rehabilition Center** Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Provider: Prvdr ID: 00223473A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.2960 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 22.22% 1.0% Quarterly Medicaid CMI: 1.4052 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.4280 1.5216 3.01 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$4,583,770 \$2,314,000 \$0 \$449,439 \$624.107 \$798,341 \$397,883 \$0 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$39,940) \$0 \$1,142 (\$2,083)(\$11,191) (\$27,808)\$0 \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$54,730) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$109,005 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$27,966 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$4,626,071 \$2,314,000 \$449,439 \$625,249 (\$2,083) \$732,420 \$109,005 \$370,075 \$27,966 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 28,307 28,307 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 21,448 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$169.14 \$81.75 \$0.00 \$15.88 \$22.01 (with L&H) \$25.87 \$5.08 \$17.25 \$1.30 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.2960 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$63.08 RS = Ln 11, AllOthr = Ln 9 \$63.08 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$0.00 \$15.88 \$22.01 \$25.87 \$5.08 \$17.25 \$1.30 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$143.05 Base Period Case Mix Adjusted Allowed Per Diem \$63.08 \$0.00 \$15.88 \$22.01 \$25.87 \$5.08 9.83 \$1.30 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.33 \$3.15 \$0.00 \$0.79 \$1.10 \$0.00 \$1.29 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$149.38 \$66.23 \$0.00 \$16.67 \$23.11 \$27.16 \$5.08 \$9.83 \$1.30 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.4280 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$94.58 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$177.73 \$94.58 \$0.00 \$16.67 \$23.11 \$0.00 \$27.16 \$5.08 \$9.83 \$1.30 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$0.95 \$0.95 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$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 \$22.42 \$4.32 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$200.15

\$137.29

\$98.90

\$0.00

\$16.89

\$23.52

\$0.00

\$44.63

\$5.08

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$9.83

\$1.30

	vider: Chestnut Ridge Nursing & Rehabilitation Center	Ado	I-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prv	rdr ID: 00228049A Case Mix Per Diem Rate Effective Date:	1/1/2022		th Allowance: by BIMS score	N/A 37.35%	5.00% 2.5%			d Overall CMI:		1.5713 1.4439	1.4759
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per 0		,	2.53	2.5%	Qrtrly Mcaid	CMI w RUG \	Medicaid CMI: Wght Options:		1.4439 1.4678	1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE 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			
	Peer Group Standards & Efficiency Measure Limits											
2 3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,734,829	\$4,720,984	\$0	\$882,131	\$815,657	\$0	\$1,274,563		\$1,041,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$39,760	\$0	\$0	\$0	\$0	\$0	\$68,994		(\$29,234)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$13,508)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$15,322		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,413
7	•	19 Audited C/R (As Adj. FY21 GLPL/T		\$4,720,984	\$0	\$882,131	\$815,657	\$0	\$1,330,049	\$15,322	\$1,012,260	\$31,413
8	Total Nursing Facility Days As Filed Days = 45,107	FY19 Audited C/R Days	45,107									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	.							41,405		^
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$197.37	\$104.66	\$0.00	\$19.56	\$18.08	(with L&H)	\$29.49	\$0.37	\$24.45	\$0.76
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19 Ln 9 / Ln 10		1.5713								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.61	¢0.00	¢10.56	¢10.00		¢20.40	¢0.27	\$24.4F	\$0.76
12 13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$66.61 \$84.91	\$0.00 \$0.00	\$19.56 \$22.66	\$18.08 \$25.85		\$29.49 \$27.76	\$0.37 \$0.00	\$24.45 N/A	\$0.76
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.93	\$66.61	\$0.00	\$19.56	\$25.65		\$27.76	\$0.00	8.79	\$0.76
'-	Base I clied Gase Mix Adjusted Allowed I of Bielli	20001 01 211 12 01 211 10	Ψ141.55	ψου.στ	ψ0.00	ψ13.30	ψ10.00		Ψ21.10	ψ0.51	(FRV)	ψ0.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.60	\$3.33	\$0.00	\$0.98	\$0.90	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.53	\$69.94	\$0.00	\$20.54	\$18.98	\$0.00	\$29.15	\$0.37	\$8.79	\$0.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4678								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$181.25	\$102.66 \$102.66	\$0.00	\$20.54	\$18.98	\$0.00	\$29.15	\$0.37	\$8.79	\$0.76
19	Quarterly Intericale Civia Allowed Fel Dietil	NO - LITTO, AllOUIII = LITTO	φισι.∠5	φ102.00	φυ.υυ	φ∠0.54	φ10.98	φυ.υυ	φ∠9.13	φυ.37	фо.79	φυ./6
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05					* 4= : :			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	ФГ 4 Г	ФО ОО	ФО OO	\$0.41	#0.00	\$17.10 \$17.10	\$0.00	ФО ОО	# 0.00
24	Total Quarterly Per Diem Add-on Amounts		\$22.88	\$5.15	\$0.00	\$0.22	,	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.13	\$107.81	\$0.00	\$20.76	\$19.39	\$0.00	\$46.25	\$0.37	\$8.79	\$0.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.27									
27 H	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$204.34									

\$140.43

(Ln 27 - Ln 23) * 0.75

Facility Facility Add-on Statewide Manor Care Rehab Ctr of Marietta Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Provider: Prvdr ID: 00236211A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5386 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 12.20% 0.0% Quarterly Medicaid CMI: 1.1623 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 2.0% 1.1752 1.5216 4.42 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$8,691,878 \$5,141,758 \$0 \$869,589 \$796.161 \$0 \$1,551,658 \$332,712 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$42,897) \$0 \$9,029 \$18,073 (\$62,676) \$0 \$0 (\$7.323) As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$134,324)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$24,378 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$66,657 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$8,605,692 \$5,141,758 \$869,589 \$805,190 (\$7,323) \$1,435,407 \$24,378 \$270,036 \$66,657 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 39,371 39,371 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 31.838 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$220.76 \$130.60 \$0.00 \$22.09 \$20.27 (with L&H) \$36.46 \$0.77 \$8.48 \$2.09 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.5386 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$84.88 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$84.88 \$0.00 \$22.09 \$20.27 \$36.46 \$0.77 \$8.48 \$2.09 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$169.56 \$84.88 \$0.00 \$22.09 \$20.27 \$27.76 \$0.77 11.70 \$2.09 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$7.74 \$4.24 \$0.00 \$1.10 \$1.01 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$177.30 \$89.12 \$0.00 \$23.19 \$21.28 \$0.00 \$29.15 \$0.77 \$11.70 \$2.09 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.1752 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$104.73 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$192.91 \$104.73 \$0.00 \$23.19 \$21.28 \$0.00 \$29.15 \$0.77 \$11.70 \$2.09 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.65 \$0.02 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$0.00 \$0.00 0.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) \$2.09 \$2.09 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 \$19.84 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$2.11 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$212.75 \$106.84 \$0.00 \$23.41 \$21.69 \$0.00 \$46.25 \$0.77 \$11.70 \$2.09

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$146.74

Facility Facility Add-on Statewide Provider: PruittHealth - Savannah, LLC Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00238323A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.6785 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 23.19% 1.0% Quarterly Medicaid CMI: 1.7372 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** 1.7682 MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.5216 3.33 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$4,837,453 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$9,280,304 \$0 \$676,774 \$972,707 \$0 \$1,506,783 \$1,286,587 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$124,590) (\$100,311) \$0 \$9,802 \$11,781 \$53,682 \$0 (\$99,544)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$229,863)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$523,002 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$119,697 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$9,568,550 \$4,737,142 \$676,774 \$982,509 \$11,781 \$1,330,602 \$523,002 \$1,187,043 \$119,697 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 40,674 40,674 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 38.491 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$237.81 \$116.47 \$0.00 \$16.64 \$24.45 (with L&H) \$32.71 \$13.59 \$30.84 \$3.11 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.6785 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$69.39 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$69.39 \$0.00 \$16.64 \$24.45 \$32.71 \$13.59 \$30.84 \$3.11 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$180.62 \$69.39 \$0.00 \$16.64 \$24.45 \$27.76 \$13.59 25.68 \$3.11 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.91 \$3.47 \$0.00 \$0.83 \$1.22 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$187.53 \$72.86 \$0.00 \$17.47 \$25.67 \$0.00 \$29.15 \$13.59 \$25.68 \$3.11 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.7682 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$128.83 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$243.50 \$128.83 \$0.00 \$17.47 \$25.67 \$0.00 \$29.15 \$13.59 \$25.68 \$3.11 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$1.29 \$1.29 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$3.86 \$3.86 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$23.41 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$5.68 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$266.91 \$134.51 \$0.00 \$17.69 \$26.08 \$0.00 \$46.25 \$13.59 \$25.68 \$3.11

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$187.36

Facility Add-on Facility State-Provider: Resorts at Pooler Specific wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00238741A Growth Allowance: 5.00% Base Period Overall CMI: 1.3064 1.4759 1/1/2022 Qtrly BIMS score 24.24% Quarterly Medicaid CMI: 1.3805 1.5485 Case Mix Per Diem Rate Effective Date: 1.0%

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	09/30/21 Nurse Hours per On-Site Day/Qua			2.0%	Qrtrly Mcaid	CMI w RUG V	Vght Options:		1.4020	1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS											
	Cont Contax Book Crowns	(2 : 14			1	,	1					
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,907,704	\$2,271,623	\$0	\$521,112	\$515,710	\$0	\$981,415		\$617,844	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$247,457)	\$0	\$0	\$0	\$0	\$0	(\$173,063)		(\$74,394)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$183,000)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$192,605		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$64,039
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,733,891	\$2,271,623	\$0	\$521,112	\$515,710	\$0	\$625,352	\$192,605	\$543,450	\$64,039
8	Total Nursing Facility Days As Filed Days = 27,174	FY19 Audited C/R Days	27,174									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,733		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$174.70	\$83.60	\$0.00	\$19.18	\$18.98	(with L&H)	\$23.01	\$7.20	\$20.33	\$2.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3064</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.99	\$0.00	\$19.18	\$18.98		\$23.01	\$7.20	\$20.33	\$2.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.76	\$63.99	\$0.00	\$19.18	\$18.98		\$23.01	\$7.20	8.00	\$2.40
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.26	\$3.20	\$0.00	\$0.96	\$0.95	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.02	\$67.19	\$0.00	\$20.14	\$19.93	\$0.00	\$24.16	\$7.20	\$8.00	\$2.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4020		'				.		
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.03	\$94.20	\$0.00	\$20.14	\$19.93	\$0.00	\$24.16	\$7.20	\$8.00	\$2.40
	Quarterly Per Diem Add-on Amounts	(5 ;	A				**		^			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.88	\$1.88					0.7.40			
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	\$21.45	\$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	\$197.48	\$97.55	\$0.00	\$20.36	\$20.34	\$0.00	\$41.63	\$7.20	\$8.00	\$2.40
1				I								

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$135.29

Facility Add-on Facility State-Provider: Windemere Health & Rehab Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00241678A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.7228 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.6569 1.5485 40.00% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6875 2.0% 1.5216 3.69

Description Description		WIDO & Naise Firs Data per Quarter Enaing.	03/30/21 Nuise Hours per	On One Day/Q	daily incentive.	3.03	2.070	Qitily Mcala	OWN W IXOO Y	rvgiit Options.		1.0075	1.0210
Control Pear Circuips Pear	Line #	Description		Totals			Dietary		Operatns	and	GL/PL	and	Taxes and Insurance
				а	b	С	d	е	f	g	g	h	i
	C	ASE MIX RASED RATE CALCULATIONS											
Page of Fically wheth Pre-Group Seature Free Crotago Seature Free Seature Free Crotago Seat	<u> </u>												
Pack Size Region with the Group Size Region Size R	1		(see Policy Manual)		1			1	,	1			
Pear Group Standards & Efficiency Measure Limits Cost Policy Measure Cost Policy M							"						
2 Per-Group Standarders Adaptived Fromman (see Perby Manual) 9.00% 90.0% 100.0%					7 111 200 01200	7111 200 01200	7 III 200 01200	7 117 200 01200	7111 200 01200	7111 200 01200			
March Crown Standardors Multiplier 100.07%	2		(coo Policy Manual)		90.0%	90.0%	90.0%	85 A%		50.0%			
Blase Period Per Diem Allowed Amounts A. Filled PY19 CRP. PY19 GLPL Rpt Sa.3.11,688 Sa.3.11,	3		` ,				1						
Second Residence Coats (Revalor & Special Size Center Coats (Revalor & Special Size Center Coats (Review & Special Size Center Coats (Review & Special Size Center Coats (Review & Special Size Center Coats (Review & Special Size Center Coats (Review & Special Size Center Coats (Review & Special Size Center Coats (Review) As Adjusted Coat Center Coats (Review)	4	· · ·	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Fig. Clark Adjustments and Reallocations to Coat Center Costs (gl.Ps) As Adjusted Cost Center Costs (gl.Ps) As Adjusted		Base Period Per Diem Allowed Amounts											
As Adjusted Cost Center Costs. (GLPL) As Adjusted Cost Center Costs. (GLPL) As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted PY21 GLPL Rap As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted Cost Center Costs. (Tax. Audit Adjustments FY21 Audited Circ Days Total Nursing Facility Days GL-PL Ins. Rpt FY21 Audited Circ Days FY21 Audited Circ D	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,311,468	\$3,945,635	\$0	\$616,880	\$572,743	\$0	\$1,172,806		\$2,003,404	\$0
As Adjusted Cost Center Costs. (GLPL) As Adjusted Cost Center Costs. (GLPL) As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted PY21 GLPL Rap As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted Cost Center Costs. (Taxes and Insuranne) As Adjusted Cost Center Costs. (Tax. Audit Adjustments FY21 Audited Circ Days Total Nursing Facility Days GL-PL Ins. Rpt FY21 Audited Circ Days FY21 Audited Circ D	6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$67.964)		\$0		(\$4.092)				(\$57.397)	
As Adjusted Cost Center Costs (GLPL) As Adjusted FY21 GLPL Reh As Adjusted FY21 GLPL Reh As Adjusted FY21 GLPL Reh As Adjusted FY21 GLPL Reh As Adjusted FY21 GLPL Reh As Adjusted FY21 GLPL Reh As Adjusted FY21 GLPL Reh As Adjusted FY21 GLPL Reh As Adjusted Cost Center Costs (Tawas and Insurance) FY19 Audited CR Deys Total Nursing Facility Days As Field Days — SEE, 524 FY19 Audited CR Deys PY21 Audited CR Deys Not Per Diems prior to Case Mix Adjust Roding for Cost Reh Base Period Facility Cyase Mix Adjust Roding for All Residents In Routine Strucs Case Mix Adjust to Routine Strucs In Routine Strucs Case Mix Adjust to Routine Strucs PR Per Diem Standards (Mix Statewark CMM for Routine Strucs) Per Per Group Limits Base Period Case Mix Adjust to Routine Strucs In 14 4 Corth Alloward Per Diem Add-on Reh Growth Alloward Per Diem Add-on Reh Growth Alloward Per Diem (Mix Growth Alloward Per Diem Lin 14 Lin 15 Growth Alloward Per Diem (Mix Growth Alloward Per Diem Lin 16 Lin 17 Quarterly Per Diem Mix Glest Mix Adjust (DM) Net Per Diem Lin 16 Lin 17 Quarterly Per Diem Mix Growth Alloward Per Diem Lin 16 Lin 17 Quarterly Per Diem Mix Growth Alloward Per Diem Rise Period Case Mix Adjust (DM) Net Per Diem Lin 16 Lin 17 Quarterly Per Diem Mix Growth Alloward Per Diem Lin 16 Lin 17 Quarterly Per Diem Mix Growth Alloward Per Diem Lin 16 Lin 17 Quarterly Per Diem Mix Growth Alloward Per Diem Rise Period Case Mix Adjust (DM) Net Per Diem Lin 16 Lin 17 Quarterly Per Diem Add-on Per Diem Rise Period Routine Strucs Lin 19 Colo b x Sep Add on Rise Period Routine Strucs Lin 19 Colo b x Sep Add on Rise Period Routine Strucs Lin 19 Colo b x Sep Add on Rise Res Res Res Res Res Res Res Res Res R		· ·	•	(421,221,	, ,		**	(+ 1,55=)	(40,110)			(401,001)	
Cost Center Costs After Audit Adjustments		As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt										
Cost Center Costs After Audit Adjustments		As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$61,483
Total Nursing Facility Days GL-PL Ins. Rpt PY21 Audited CRR Days Not Per Diems prior to Case Mix Adjustnt R Routine Strvcs Ln 7 / Ln 8 Co la S243.16 S103.46 S0.00 \$16.18 \$14.74 \$30.63 \$7.77 \$68.22 \$2. \$2. \$2. \$2. \$2. \$2. \$3. \$3.63 \$7.77 \$68.22 \$2. \$2. \$2. \$3. \$3.63 \$3.77 \$58.22 \$2. \$2. \$3. \$3.63 \$3.77 \$58.22 \$2. \$3. \$3.63 \$3.77 \$58.22 \$2. \$3. \$3.63 \$3.77 \$58.22 \$2. \$3. \$3.63 \$3.77 \$58.22 \$2. \$3. \$3.63 \$3.77 \$58.22 \$2. \$3. \$3.63 \$3.77 \$58.22 \$2. \$3. \$3.63 \$3.77 \$58.22 \$2. \$3. \$3.63 \$3.77 \$58.22 \$2. \$3. \$3.63 \$3.77 \$58.22 \$2. \$3. \$3.63 \$3.77 \$3.00 \$3.63 \$3.00 \$3.61.8 \$3.47.4 \$3.06 \$3.00 \$3.61.8 \$3.47.4 \$3.06 \$3.00 \$3.00 \$3.61.8 \$3.47.4 \$3.06 \$3.00 \$3.00 \$3.61.8 \$3.47.4 \$3.00 \$3.00 \$3.61.8 \$3.47.4 \$3.00 \$3.00 \$3.61.8 \$3.47.4 \$3.00 \$3.00 \$3.61.8 \$3.47.4 \$3.00 \$3.00 \$3.61.8 \$3.47.4 \$3.00 \$3.00 \$3.61.8 \$3.47.4 \$3.00 \$3.00 \$3.61.8 \$3.47.4 \$3.00 \$3.00 \$3.61.8 \$3.47.4 \$3.00 \$3.00 \$3.61.8 \$3.47.4 \$3.00 \$3.00 \$3.61.8 \$3.00 \$3.61.8 \$3.00 \$3.00 \$3.61.8 \$3.00 \$3.00 \$3.61.8 \$3.00 \$3.00 \$3.61.8 \$3.00 \$3.00 \$3.61.8 \$3.00 \$3.00 \$3.61.8 \$3.00 \$3.00 \$3.61.8 \$3.00	7		FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,521,896	\$3,945,635	\$0	\$616,880	\$568,651	(\$6,475)	\$1,168,143	\$221,572	\$1,946,007	\$61,483
Total Nursing Facility Days GL-PL Ins. Rpt	8	Total Nursing Facility Days As Filed Days = 38,135	FY19 Audited C/R Days						,				
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs		Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,524		
Base Period Facility Case Mix Adjust (CMA) Net Per Diem Ln 9 / Ln 10	9		Ln 7 / Ln 8 Col a	\$243.16	\$103.46	\$0.00	\$16.18	\$14.74	(with L&H)	\$30.63	1 1	\$68.22	\$2.16
Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	10		from 4 qtrs of FY19		1.7228								
12 Net Per Diems after Case Mix Adjistnt to Routine Srvcs	11		Ln 9 / Ln 10										
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	12		RS = Ln 11, AllOthr = Ln 9		\$60.05	\$0.00	\$16.18	\$14.74		\$30.63	\$7.77	\$68.22	\$2.16
Courterly Per Diem Rate Prior to Add-ons CFRV	13		per Peer Group Limits			\$0.00				l	\$0.00		
Counterly Per Diem Rate Prior to Add-ons Corowth Allowance Percentage = \$5.00% Ln 14 x Grwth Allwinc % \$5.94 \$3.00 \$0.00 \$0.81 \$0.74 \$0.00 \$1.39 N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.36	\$60.05	\$0.00	\$16.18	\$14.74		\$27.76	\$7.77	10.70	\$2.16
15 Growth Allowance Percentage = 5.00% Ln 14 x Growth Allowance \$5.94 \$3.00 \$0.00 \$0.81 \$0.74 \$0.00 \$1.39 N/A N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$145.30 \$63.05 \$0.00 \$16.99 \$15.48 \$0.00 \$29.15 \$7.77 \$10.70 \$2.		·										(FRV)	
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 Per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 S18.65 S106.40 Quarterly Per Diem Add-on Amounts Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) In 19 Col b x Stfng Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on Per Diem Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on Per Diem Add-on Amounts Sum of Lns 20 thru 23 S2.05 S5.32 S0.00 S16.99 S15.48 S0.00 S16.99 S15.48 S0.00 S29.15 S7.77 S10.70 S2. S7.77 S10.70													
17 Quarterly Facility Case Mix Index for Medicaid Residents Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 S188.65 S106.40 S188.65 S106.40 S188.65 S106.40 S0.00 S16.99 S15.48 S0.00 S29.15 S7.77 S10.70 S2. Quarterly Per Diem Add-on Amounts S11.16 S0.53 S0.00 S0.22 S0.41 S0.00													N/A
18		,		\$145.30		\$0.00	\$16.99	\$15.48	\$0.00	\$29.15	\$7.77	\$10.70	\$2.16
19 Quarterly Medicaid CMA Allowed Per Diem		,											
Quarterly Per Diem Add-on Amounts Company of the provider Fee Company of the provider Fee <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>.</td> <td></td> <td></td> <td></td> <td></td> <td></td>								.					
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.65	\$106.40	\$0.00	\$16.99	\$15.48	\$0.00	\$29.15	\$7.77	\$10.70	\$2.16
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.13 \$2.13 \$2.13 \$17.10 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10	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	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66								
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$23.05 \$5.32 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00	22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.13	\$2.13								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$211.70 \$111.72 \$0.00 \$17.21 \$15.89 \$0.00 \$46.25 \$7.77 \$10.70 \$2.	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.05	\$5.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.70	\$111.72	\$0.00	\$17.21	\$15.89	\$0.00	\$46.25	\$7.77	\$10.70	\$2.16
		,			· -	,		,	•••		,	•	, , , ,

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$145.95

					Plant	Admin	A&G -	Property	
MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per On-Site Day/Quality Incentive:	3.19	5.0%	Qrtrly Mcaid CMI w RUG Wg	tht Options:		1.5546	1.5216
Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtrly BIMS score	26.98%	1.0%	Quarterly Med	dicaid CMI:		1.5284	1.5485
Prvdr ID: 00245055A		Growth Allowance:	N/A	5.00%	Base Period O	overall CMI:		1.5245	1.4759
Provider: PruittHealth Augusta Hills		Add-on Data and Percentages	Score	Percent	Case Mix Index (CM	II) Data		<u>Specific</u>	wide_
			Facility	Add-on				Facility	State-

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(con Delieu Manuel)		4	1	2	4	1				
'	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Emoleticy ineasure maximums (see line 20 for actual)	(See Fulley Ivialitial)		φυ.υυ	φυ.υυ	ψ0.22	φυ.41		φυ.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,620,926	\$2,994,870	\$0	\$523,232	\$733,235	\$0	\$1,033,089		\$336,500	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$79,789)	(\$74,726)	\$0	\$0	\$0	\$0	\$51,537		(\$56,600)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$238,261)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$547,187		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R					_					\$47,6
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,897,753	\$2,920,144	\$0	\$523,232	\$733,235	\$0	\$846,365	\$547,187	\$279,900	\$47,6
8	Total Nursing Facility Days As Filed Days = 29,412	FY19 Audited C/R Days	29,412									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,019		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$202.00	\$99.28	\$0.00	\$17.79	\$24.93	(with L&H)	\$28.78	\$19.53	\$9.99	\$1.7
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5245</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.12								
12	•	RS = Ln 11, AllOthr = Ln 9		\$65.12	\$0.00	\$17.79	\$24.93		\$28.78	\$19.53	\$9.99	\$1.7
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.33	\$65.12	\$0.00	\$17.79	\$24.93		\$27.76	\$19.53	8.50 (FRV)	\$1.7
	Quarterly Per Diem Rate Prior to Add-ons										(1177)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.79	\$3.26	\$0.00	\$0.89	\$1.25	\$0.00	\$1.39	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.12	\$68.38	\$0.00	\$18.68	\$26.18	\$0.00	\$29.15	\$19.53	\$8.50	\$1.7
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5546</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.04	\$106.30	\$0.00	\$18.68	\$26.18	\$0.00	\$29.15	\$19.53	\$8.50	\$1.7
	Quartarly Par Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06	ψυ.υυ	Ψυ.ΖΖ	Ψ0.41	ψ0.00	ψυ.υυ		ψ0.00	
22		Ln 19 Col b x Stfng Add-on	\$5.32	\$5.32								
23		(Fixed Amount)	\$17.10	ψυ.υΖ					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.64	\$6.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
	·		-								•	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.68	\$113.21	\$0.00	\$18.90	\$26.59	\$0.00	\$46.25	\$19.53	\$8.50	\$1.7

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$163.19

	rovider: PruittHealth - Magnolia Manor rvdr ID: 00252007A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022	Qtr	vth Allowance: ly BIMS score	Facility Score N/A 21.31% 3.18	Add-on Percent 5.00% 1.0% 5.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.6282 1.4256 1.4495	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5 6	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	As Filed FY19 C/R - FY19 GL/PL Rp FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	\$6,632,307 (\$159,308)		\$0 \$0	\$482,347 \$0	\$751,167 \$0	\$0 \$0	\$1,126,254 \$65,100 (\$189,418)		\$986,847 (\$105,656)	\$(
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt							(ψ100, 410)	\$423,022		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R								, ,,,,		\$112,31
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/	T \$6,818,919	\$3,166,940	\$0	\$482,347	\$751,167	\$0	\$1,001,936	\$423,022	\$881,191	\$112,31
8	Total Nursing Facility Days As Filed Days = 33,383 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	33,383							26,707		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$214.87	\$94.87	\$0.00	\$14.45	\$22.50	(with L&H)	\$30.01	\$15.84	\$32.99	\$4.2
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.6282								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.27	\$0.00	\$14.45	\$22.50		\$30.01	\$15.84	\$32.99	\$4.2
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.83	\$58.27	\$0.00	\$14.45	\$22.50		\$27.76	\$15.84	28.80 (FRV)	\$4.2
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.15		\$0.00	\$0.72	· ·		\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.98		\$0.00	\$15.17	\$23.63	\$0.00	\$29.15	\$15.84	\$28.80	\$4.2
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4495</u>								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$205.48	\$88.68 \$88.68	\$0.00	\$15.17	\$23.63	\$0.00	\$29.15	\$15.84	\$28.80	\$4.2
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89	ψυ.υυ	Ψ0.22	ψυ.41	ψυ.υυ	ψ0.00		Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Sivs)	Ln 19 Col b x Stfng Add-on	\$4.43									
	14d130 Staff Fils / Quality Add-Off Fel Diefff = 3.0 /6 (10 footine Sives)	En 15 Corb x Oung Add-Off	φ4.43	φ4.43	1							

\$17.10

\$23.58

\$229.06

\$158.97

\$262.67

\$184.18

\$5.85

\$94.53

\$0.00

\$0.00

\$0.22

\$15.39

\$0.41

\$24.04

\$0.00

\$0.00

\$17.10

\$17.10

\$46.25

\$0.00

\$15.84

\$0.00

\$28.80

\$0.00

\$4.21

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

23

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

	Provider:	PruittHealth - Decat	tur	Ad	d-on Data and P	ercentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility <u>Specific</u>	State- wide
	Prvdr ID:	00252942A			Grow	th Allowance:	N/A	5.00%		Base Period	Overall CMI:		1.5900	1.4759
			Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtr	ly BIMS score	27.55%	1.0%		Quarterly N	Medicaid CMI:		1.4413	1.5485
			MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	On-Site Day/Qua	ality Incentive:	3.00	4.0%	Qrtrly Mcaid	CMI w RUG V	Vght Options:		1.4652	1.5216
L												•		
L	ine #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance

	Jan 1 Tan Pan Pan Pan Pan Pan Pan Pan Pan Pan P		•	,			,		0 1			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,723,556	\$5,385,774	\$0	\$784,877	\$1,005,403	\$0	\$1,557,267		\$990,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$133,453)	(\$76,986)	\$0	\$0	(\$4,653)	(\$5,255)	\$9,341 (\$276,255)		(\$55,900)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$634,296		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$66,376
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$10,014,520	\$5,308,788	\$0	\$784,877	\$1,000,750	(\$5,255)	\$1,290,353	\$634,296	\$934,335	\$66,376
8	Total Nursing Facility Days As Filed Days = 49,477	FY19 Audited C/R Days	49,477									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								46,345		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$204.64	\$107.30	\$0.00	\$15.86	\$20.12	(with L&H)	\$26.08	\$13.69	\$20.16	\$1.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5900</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.49	\$0.00	\$15.86	\$20.12		\$26.08	\$13.69	\$20.16	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.40	\$67.49	\$0.00	\$15.86	\$20.12		\$26.08	\$13.69	14.73	\$1.43
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.47	\$3.37	\$0.00	\$0.79	\$1.01	\$0.00	\$1.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.87	\$70.86	\$0.00	\$16.65	\$21.13	\$0.00	\$27.38	\$13.69	\$14.73	\$1.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4652</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.83	\$103.82	\$0.00	\$16.65	\$21.13	\$0.00	\$27.38	\$13.69	\$14.73	\$1.43
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$23.82	\$5.72	\$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	\$222.65	\$109.54	\$0.00	\$16.87	\$21.54	\$0.00	\$44.85	\$13.69	\$14.73	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.16									

\$228.57

\$158.60

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Provider: Prvdr ID:	· · · · · · · · · · · · · · · · · · ·			vth Allowance: rly BIMS score	27.59%	Add-on <u>Percent</u> 5.00% 1.0% 5.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5724 1.3828 1.4053	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
1 Cost (Center Peer Groups Type of Facility within Peer Group Seed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Group Standards & Efficiency Measure Limits Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			

Line #	Description	Calculations	lotais	Services	Services	Dietary	Houskpng	& Maint	and General	Insurance	and Related	Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
'	Type of Facility within Peer Group	(See I olley Mandall)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes All Bed Sizes								
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,036,000	\$2,805,185	\$0	\$501,638	\$593,565	\$0	\$802,744		\$332,868	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$72,932)	(\$78,271)	\$0	\$0	(\$2,650)	(\$26,746)	\$60,513		(\$25,778)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,529)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$434,816		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,180
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,234,535	\$2,726,914	\$0	\$501,638	\$590,915	(\$26,746)	\$673,728	\$434,816	\$307,090	\$26,180
8	Total Nursing Facility Days As Filed Days = 30,491	FY19 Audited C/R Days	30,491									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,283		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$175.70	\$89.43	\$0.00	\$16.45	\$18.50	(with L&H)	\$22.10	\$16.54	\$11.68	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5724</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.88	\$0.00	\$16.45	\$18.50		\$22.10	\$16.54	\$11.68	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.55	\$56.88	\$0.00	\$16.45	\$18.50		\$22.10	\$16.54	9.08	\$1.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.70	\$2.84	\$0.00	\$0.82	\$0.93	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.25	\$59.72	\$0.00	\$17.27	\$19.43	\$0.00	\$23.21	\$16.54	\$9.08	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4053</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.45	\$83.92	\$0.00	\$17.27	\$19.43	\$0.00	\$23.21	\$16.54	\$9.08	\$1.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$23.67	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.12	\$89.49	\$0.00	\$17.49	\$19.84	\$0.00	\$40.68	\$16.54	\$9.08	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.77									

\$210.96

\$145.40

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: PruittHealth - West Atlanta Specific wide Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Prvdr ID: 00256088A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3790 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 27.16% Quarterly Medicaid CMI: 1.4288 1.5485 1.0% 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: Nurse Hours per On-Site Day/Quality Incentive: 5.0% 1.4512 1.5216 3.03

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Coat Cantay Reay Cycums	(and Deline Manual)			1							
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	2 Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,276,151	\$3,466,962	\$0	\$478,324	\$989,293	\$0	\$1,138,130		\$203,442	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$117,033)	(\$60,829)	\$0	\$0	\$9,206	(\$45,307)	\$41,304		(\$61,407)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$227,531)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$522,301		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$78,073
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,531,961	\$3,406,133	\$0	\$478,324	\$998,499	(\$45,307)	\$951,903	\$522,301	\$142,035	\$78,073
8	Total Nursing Facility Days As Filed Days = 34,599	FY19 Audited C/R Days	34,599									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,633		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$191.57	\$98.45	\$0.00	\$13.82	\$27.55	(with L&H)	\$27.51	\$17.05	\$4.64	\$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3790</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.39	\$0.00	\$13.82	\$27.55		\$27.51	\$17.05	\$4.64	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.76	\$71.39	\$0.00	\$13.82	\$25.85		\$27.51	\$17.05	11.59	\$2.55
	Countries Box Birms Boto Britanto Alliano										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	\$6.93	\$3.57	\$0.00	\$0.69	¢1 20	\$0.00	\$1.38	N/A	N/A	N/A
15	Growth Allowance Percentage = 5.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.69	\$3.57 \$74.96	\$0.00	\$0.69	\$1.29 \$27.14	\$0.00	\$1.38	\$17.05	N/A \$11.59	\$2.55
17	,	per Current Qtr End	\$170.09		φυ.υυ	φ14.51	φ21.14	φυ.υυ	φ20.09	φ17.03	φ11.39 	φ∠.35
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4512 \$108.78								
		RS = Ln 18, AllOthr = Ln 16	\$210.51	\$108.78	\$0.00	\$14.51	\$27.14	\$0.00	\$28.89	\$17.05	\$11.59	\$2.55
19	Quarterly Medicald CIMA Allowed Fel Dietil	10 - 21 10, 7410411 - 211 10	Ψ210.31	ψ100.70	φυ.υυ	ψ14.51	φ21.14	φυ.υυ	φ20.09	ψ17.03	φ11.39	φ2.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.19		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.44	\$5.44								
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	\$7.06	\$0.00	\$0.22	\$0.00	\$0.00	\$17.29	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.08	\$115.84	\$0.00	\$14.73	\$27.14	\$0.00	\$46.18	\$17.05	\$11.59	\$2.55
L							·		L		•	

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$163.49

	Provider: Bainbridge Health Care	Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Faci <u>Spec</u>	,	State- wide
	Prvdr ID: 00258915A	Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.78	827	1.4759
	Case Mix Per Diem Rate Effective Date: 1/1/2	2 Qtrly BIMS score	41.07%	2.5%	Quarterly Medicaid CMI:	1.9	413	1.5485
	MDS & Nurse Hrs Data per Quarter Ending: 09/30	1 Nurse Hours per On-Site Day/Quality Incentive:	3.22	4.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.9	780	1.5216
L								

	MDO & Nuise Fils Data per Quarter Ending.	09/30/21 Nuise Hours per C	on one bay was	anty infocritive.	5.22	4.076	Griffy Modia	CIVII W IXOG V	vgni Options.		1.9700	1.3210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
-												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	"	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,596,760	\$1,942,136	\$0	\$394,340	\$445,080	\$0	\$900,053		\$915,151	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$25,945)	(\$6,366)	\$0	\$0	\$0	\$0	\$0		(\$19,579)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$23,047)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$29,010		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$29,475
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,606,253	\$1,935,770	\$0	\$394,340	\$445,080	\$0	\$877,006	\$29,010	\$895,572	\$29,475
8	Total Nursing Facility Days As Filed Days = 30,388	FY19 Audited C/R Days	30,388									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,042		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.47	\$63.70	\$0.00	\$12.98	\$14.65	(with L&H)	\$28.86	\$1.07	\$33.12	\$1.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.7827</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$35.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$35.73	\$0.00	\$12.98	\$14.65		\$28.86	\$1.07	\$33.12	\$1.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$102.20	\$35.73	\$0.00	\$12.98	\$14.65		\$27.76	\$1.07	8.92	\$1.09
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.56	\$1.79	\$0.00	\$0.65	\$0.73	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.76	\$37.52	\$0.00	\$13.63	\$15.38	\$0.00	\$29.15	\$1.07	\$8.92	\$1.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	,	1.9780	, , , , , ,	,	,	,	,	, -	, , ,	,
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.45	\$74.21	\$0.00	\$13.63	\$15.38	\$0.00	\$29.15	\$1.07	\$8.92	\$1.09
	Quarterly Per Diem Add-on Amounts	(and Daline Manual)	64.40	#0.50	# 0.00	#0.00	DO 44	Ф0.00	# 0.00		Φο οο	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.86	\$1.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97					Φ4 7 4 0			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	#F 00	#0.00	#0.00	ФО 44	#0.00	\$17.10 \$17.10	#0.00	#0.00	ФО ОО
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.09	\$5.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$166.54	\$79.57	\$0.00	\$13.85	\$15.79	\$0.00	\$46.25	\$1.07	\$8.92	\$1.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.08									

\$173.34

\$117.18

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: PruittHealth - Covington Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00265196A Base Period Overall CMI: 1.5086 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 24.53% Quarterly Medicaid CMI: 1.5881 1.5485 1.0% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6161 MDS & Nurse Hrs Data per Quarter Ending: 3.70 5.0% 1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)			1	2	1	_	_			
ļ	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
•	Emolency medical maximums (see line 20 for delidar)	(See Folloy Manual)		ψ0.00	ψ0.00	φυ.ΣΣ	ψ0.47		φο.ον			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,591,659	\$2,415,412	\$0	\$388,674	\$477,100	\$0	\$807,409		\$503,064	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$32,830)	(\$15,413)	\$0	\$0	\$0	\$0	\$9,969		(\$27,386)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$134,896)	0004.404		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$284,431		#00.00
7	As Adjusted Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	As Adjusted FY21 C/R FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,738,188	\$2,399,999	\$0	\$388,674	\$477,100	\$0	\$682,482	\$284,431	\$475,678	\$29,82 \$29,82
8	Total Nursing Facility Days As Filed Days = 23,766	FY19 Audited C/R Days	23,766	\$2,399,999	φυ	φ300,074	\$477,100	φ0	\$002,402	φ204,431	Ф475,676	\$29,02
0	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	23,700							22,406		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$201.37	\$100.98	\$0.00	\$16.35	\$20.07	(with L&H)	\$28.72	\$12.69	\$21.23	\$1.3
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY19	Ψ201.01	1.5086	ψ0.00	ψ10.55	Ψ20.07	(Will Edil)	Ψ20.72	Ψ12.03	Ψ21.20	Ψι.ο
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.94	\$0.00	\$16.35	\$20.07		\$28.72	\$12.69	\$21.23	\$1.3
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	V 1.0
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.38	\$66.94	\$0.00	\$16.35	\$20.07		\$27.76	\$12.69	11.24	\$1.3
			***************************************	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V 5.55	V	*		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	(FRV)	****
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.56	\$3.35	\$0.00	\$0.82	\$1.00	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.94	\$70.29	\$0.00	\$17.17	\$21.07	\$0.00	\$29.15	\$12.69	\$11.24	\$1.3
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6161</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	*	\$113.60	* 0.00	0.7.47	***	00.00	000.45	0.000	0.1.0.1	0.4.0
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.25	\$113.60	\$0.00	\$17.17	\$21.07	\$0.00	\$29.15	\$12.69	\$11.24	\$1.3
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$25.08	\$7.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.33	\$120.95	\$0.00	\$17.39	\$21.48	\$0.00	\$46.25	\$12.69	\$11.24	\$1.3

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$160.67

Provider:	LaGrange Nurs, & Rehab. Ctr.		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID:	00270245A		Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.5944	1.4759
	Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtrly BIMS score	38.46%	2.5%	Quarterly Medicaid CMI:	1.4693	1.5485
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per On-Site Day/Quality Incentive:	2.51	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.4980	1.5216

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per C	On-Site Day/Qua	ality Incentive:	2.51	3.0%	Qrtrly Mcaid	CMI w RUG \	Nght Options:		1.4980	1.5216
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes		All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards & Efficiency measure Effinis Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,916,247	\$2,721,234	\$0	\$561,130	\$599,833	\$0	\$884,816		\$1,149,234	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$55,323)	(\$12,000)	\$0	\$0	\$0	\$0	\$0		(\$43,323)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$51,200)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,276
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,855,000	\$2,709,234	\$0	\$561,130	\$599,833	\$0	\$833,616	\$0	\$1,105,911	\$45,276
8	Total Nursing Facility Days As Filed Days = 35,921	FY19 Audited C/R Days	35,921									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$174.25	\$75.42	\$0.00	\$15.62	\$16.70	(with L&H)	\$23.21	\$0.00	\$41.60	\$1.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5944</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.30	\$0.00	\$15.62	\$16.70		\$23.21	\$0.00	\$41.60	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.13	\$47.30	\$0.00	\$15.62	\$16.70		\$23.21	\$0.00	10.60	\$1.70
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.15	\$2.37	\$0.00	\$0.78	\$0.84	\$0.00	\$1.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.28	\$49.67	\$0.00	\$16.40	\$17.54	\$0.00	\$24.37	\$0.00	\$10.60	\$1.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4980								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.02	\$74.41	\$0.00	\$16.40	\$17.54	\$0.00	\$24.37	\$0.00	\$10.60	\$1.70
	Quarterly Per Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.86	\$0.55 \$1.86	φυ.υυ	φυ.∠∠	φυ.41	φυ.υυ	φυ.37		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivs)	Ln 19 Col b x Stfng Add-on	\$2.23	\$2.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.20					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.72	\$4.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	·							•				
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.74	\$79.03	\$0.00	\$16.62	\$17.95	\$0.00	\$41.84	\$0.00	\$10.60	\$1.70
1		1		1								

\$112.98

\$168.02

\$113.19

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Provider: Lumber City Nurs. & Rehab. Ctr. Add-on Data and Percentages Score Percent Ca	se Mix Index (CMI) Data Specific	State- wide
Prvdr ID: 00270256A Growth Allowance: N/A 5.00%	Base Period Overall CMI: 1.5629	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 42.86% 2.5%	Quarterly Medicaid CMI: 1.6291	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: 2.60 2.0% Qrtrly Mcai	d CMI w RUG Wght Options: 1.6594	1.5216

	MIDO & Nuise Fils Data per Quarter Ending.	V3/30/21 Nuise Hours per Oi	ii Oilo Day/Que	anty infocritive.	2.00	2.076	Qitily Mcala	OWN W TOO	rvgrit Options.		1.0094	1.3210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,099,544	\$1,781,352	\$0	\$353,574	\$380,951	\$0	\$624,748		\$958,919	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,658)	\$0	\$0	\$0	\$0	\$0	(\$11,689)		(\$26,969)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$49,821)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$55,559		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,481
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,091,105	\$1,781,352	\$0	\$353,574	\$380,951	\$0	\$563,238	\$55,559	\$931,950	\$24,481
8	Total Nursing Facility Days As Filed Days = 25,449	FY19 Audited C/R Days	25,449									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,134		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168.88	\$70.00	\$0.00	\$13.89	\$14.97	(with L&H)	\$22.13	\$2.63	\$44.10	\$1.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5629</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.79	\$0.00	\$13.89	\$14.97		\$22.13	\$2.63	\$44.10	\$1.16
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.53	\$44.79	\$0.00	\$13.89	\$14.97		\$22.13	\$2.63	9.96	\$1.16
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.79	\$2.24	\$0.00	\$0.69	\$0.75	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.32	\$47.03	\$0.00	\$14.58	\$15.72	\$0.00	\$23.24	\$2.63	\$9.96	\$1.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6594</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.33	\$78.04	\$0.00	\$14.58	\$15.72	\$0.00	\$23.24	\$2.63	\$9.96	\$1.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.95	\$1.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.56	\$1.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.14	\$4.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.47	\$82.08	\$0.00	\$14.80	\$16.13	\$0.00	\$40.71	\$2.63	\$9.96	\$1.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.78									_

\$169.51

\$114.31

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Willowwood Nurs. Ctr. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00271829A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3275 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 21.13% Quarterly Medicaid CMI: 1.7305 1.5485 1.0% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.7638 1.5216 2.70

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
_	Coat Contar Book Crowns	(5 F M)			1		4	1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	2 Free Standing	1 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			
I	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,192,804	\$2,169,798	\$0	\$399,991	\$426,947	\$0	\$754,796		\$441,272	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$64,765)	\$0	\$0	\$0	\$10,846	\$8,303	(\$50,929)		(\$32,985)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$210,772		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,86
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,374,672	\$2,169,798	\$0	\$399,991	\$437,793	\$8,303	\$703,867	\$210,772	\$408,287	\$35,86
8	Total Nursing Facility Days As Filed Days = 30,874	FY19 Audited C/R Days	30,874									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,538		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$143.45	\$70.28	\$0.00	\$12.96	\$14.45	(with L&H)	\$22.80	\$7.39	\$14.31	\$1.2
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3275</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.94	\$0.00	\$12.96	\$14.45		\$22.80	\$7.39	\$14.31	\$1.2
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.43	\$52.94	\$0.00	\$12.96	\$14.45		\$22.80	\$7.39	8.63	\$1.2
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$5.16	\$2.65	\$0.00	\$0.65	\$0.72	\$0.00	\$1.14	N/A	N/A	N/
16		Ln 14 + Ln 15	\$125.59	\$55.59	\$0.00	\$13.61	\$15.17	\$0.00	\$23.94	\$7.39	\$8.63	\$1.2
17		per Current Qtr End	÷.20.00	1.7638	\$3.30	7.5.51	Ų	45.50	,		\$3.30	
18		Ln 16 x Ln 17		\$98.05								
19		RS = Ln 18, AllOthr = Ln 16	\$168.05	\$98.05	\$0.00	\$13.61	\$15.17	\$0.00	\$23.94	\$7.39	\$8.63	\$1.2
			÷.00.00	\$33.30	\$3.30	7.5.51	Ų	45.50	,		\$3.30	
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22		Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$4.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.60	\$102.50	\$0.00	\$13.83	\$15.58	\$0.00	\$41.41	\$7.39	\$8.63	\$1.2

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$130.13

Facility Facility Add-on State-<u>Specific</u> wide Provider: Crestview Nursing Facility Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00273567A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.1510 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 32.61% 2.5% Quarterly Medicaid CMI: 1.2466 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.2655 1.5216 2.99 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Hosp Based 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 (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$12,768,970 \$1,552,962 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$23,365,259 \$0 \$2,289,696 \$1,482,962 \$3,797,084 \$1,473,585 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$130,656) \$0 \$9,486 (\$143,176) \$0 \$0 \$9,934 (\$6.900)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$112,687) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$100,000 As Adjusted FY21 C/R \$3,588 As Adjusted Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$23,225,504 \$12,768,970 \$2,289,696 \$1,492,448 \$1,562,896 \$3,677,497 \$100,000 \$1,330,409 \$3,588 8 FY19 Audited C/R Days 103,094 **Total Nursing Facility Days** As Filed Days = 103,094 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 106,099 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$224.89 \$123.86 \$0.00 \$22.21 \$29.64 (with L&H) \$35.67 \$0.94 \$12.54 \$0.03 10 from 4 qtrs of FY19 Base Period Facility Case Mix Index for All Residents 1.1510 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$107.61 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$107.61 \$0.00 \$22.21 \$29.64 \$35.67 \$0.94 \$12.54 \$0.03 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$32.43 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$172.35 Base Period Case Mix Adjusted Allowed Per Diem \$84.91 \$0.00 \$22.21 \$25.85 \$27.76 \$0.94 10.65 \$0.03 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$8.04 \$4.25 \$0.00 \$1.11 \$1.29 \$0.00 \$1.39 5.00% N/A N/A Ln 14 + Ln 15 \$0.00 16 CMA Allowed Per Diem (After Growth Allowance Add-on) \$180.39 \$89.16 \$0.00 \$23.32 \$27.14 \$29.15 \$0.94 \$10.65 \$0.03 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.2655 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$112.83 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$204.06 \$112.83 \$0.00 \$23.32 \$27.14 \$0.00 \$29.15 \$0.94 \$10.65 \$0.03 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.22 \$0.00 \$0.00 \$0.22 \$0.00 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.82 \$2.82 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$3.38 \$3.38 23 Nursing Home Provider Fee (Fixed Amount) \$0.00 \$0.00

24

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$6.42

\$210.48

\$157.86

\$6.20

\$119.03

\$0.00

\$0.00

\$0.22

\$23.54

\$0.00

\$27.14

\$0.00

\$0.00

\$0.00

\$29.15

\$0.00

\$0.94

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$10.65

\$0.00

\$0.03

Cost Center Costs After Audit Adjustments		rovider: Crisp Regional Nursing and Rehab Ctr rvdr ID: 00274128A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022		owth Allowance: etrly BIMS score	Facility Score N/A 35.00% 3.95	Add-on Percent 5.00% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4579 1.7496 1.7838	State- wide 1.4759 1.5485 1.5216
Control Place Control Plac	Line	Description		Totals			Dietary	,	Operatns	and	GL/PL	and	
Cost Contex Peer Circuits Cost Contex Peer Circuits Cost Contex Peer Circuits Cost Contex Peer Circuits Cost Contex Cost Contex Cost Cost Cost Cost Cost Cost Cost Cost				а	b	С	d	е	f	g	g	h	i
Price of Assistant Ventor Price Occupa Dark Side Registration Price Occupa Dark Side Registration Price Occupa Dark Side Registration Price Occupa Price Occupa Standards & Efficiency Measure Limits Price Occupa Standards & Efficiency Measure Limits Price Occupa Standards & Efficiency Measure Limits Price Occupa Standards & Efficiency Measure Limits Price Occupa Standards & Efficiency Measure Limits Price Occupa Standards & Efficiency Measure Limits Price Occupa Standards & Efficiency Measure Limits Price Occupa Standards & Efficiency Measure Limits Price Occupa Standards & Efficiency Measure Limits Price Occupa Standards & Efficiency Measure Limits Price Occupa Standards & Efficiency Measure Limits Price Occupa Standards & Standards	<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
2 Pere Group Standarders: Application 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities		Hosp Based		All Facilities	All Facilities			
Social Center Costs (Routine & Special Groce Combined) As Filed FYIS CR. PYIS GN.P.	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
Social Center Costs (Routine & Special Groce Combined) As Filed FYIS CR. PYIS GN.P.		Boss Devied Day Diem Allawad Amazinta											
Audit Adjustments and Resilications to Cost Center Costs As Adjusted Crist Cost (IC,PL) As Ad	5		As Filed FY19 C/R - FY19 GL/PL Rot	\$6 192 887	\$3 109 740	\$0	\$504.201	\$376 316	\$542 082	\$1 231 896		\$428 652	\$0
As Adjusted Cost Center Costs (OLPL) As Adjusted Cost Center Costs (OLPL) As Adjusted Cost Center Costs (CLPL) and Mausiance) As Adjusted PY21 GLPL Rpt As Adjusted Cost Center Costs After Audit Adjustments FY19 Audited CNR Days Total Nursing Facility Days As Fixed Days = 23,882 Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facility Days days Total Nursing Facili		· · ·	•		, , , , , ,					1			ΨΟ
As Adjusted Cost Center Costs (Tawes and Insurance) As Adjusted FY21 CPR Cost Center Costs (Tawes and Insurance) Cost Center Costs (Tawes and Insurance) Total Nursing Facility Days As Fled Days = 23.882 Total Nursing Facility Days As Fled Days = 23.882 FY19 Audited CR Days FY19 Aud		,	•	(422,000)	(420,022)	40		40				(\$11,010)	
Cost Center Costs After Audit Adjustments		As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$71,384		
8 Total Nursing Facility Days		As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$12,785
Total Nursing Facility Days GL-PL Ins. Rpt PY21 Audited Cir Days Not Per Diems prior to Case Mix Adjstint to Routine Strops In Strop For Prior For Prior For For For For For For For For For F	7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,926,020	\$3,081,718	\$0	\$504,201	\$376,316	\$542,082	\$919,897	\$71,384	\$417,637	\$12,785
Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 23,882	FY19 Audited C/R Days	23,882									
10 Base Period Facility Case Mix Index for All Residents From 4 qtrs of FY19 L9 /L n 10 S88.51 S0.00 S21.11 S38.46 S38.52 S3.63 S21.25 S0.65		Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,654		
Routine Srives Case Mix Adjistrit (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs		\$252.66	\$129.04	\$0.00	\$21.11	\$38.46	(with L&H)	\$38.52	\$3.63	\$21.25	\$0.65
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs	10		·										
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Case Mix Adjusted Allowed Per Diem 15 Growth Allowance Percentage = \$.00% 16 CMA Allowance Percentage = \$.00% 17 Quarterly Per Diem Rate Prior to Add-ons 18 Quarterly Per Diem Rate Prior to Add-ons 19 Quarterly Per Diem Rate Prior to Add-ons 19 Quarterly Per Diem Rate Prior to Add-ons 19 Quarterly Per Diem Rate Prior to Add-ons 10 CMA Allowance Percentage = \$.00% 10 CMA Allowance Add-on) 10 CMA Allowance And-on 11 A Ln 14 x Grwth Allwanc % 10 CMA Allowance And-on) 11 A Ln 14 Ln 15 12 State State Wix Index Growth Allowance Add-on) 12 Quarterly Facility Case Mix Index for Medicaid Residents 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 10 RS = Ln 18, AllOthr = Ln 16 10 x State State Wix Index Growth Allowance And-on Per Diem (Sind - Alwd) x.75, up to max, or 0) 10 State State Wix Index Growth Allowance Svvcs 10 Ln 19 Col b x CPS Add-on 11 State State Wix Index Growth Allowance And-on Per Diem (Sind - Alwd) x.75, up to max, or 0) 19 Nursing Home Provider Fee 10 Clied Amount) 20 Kircle And-on Per Diem (Sind - Alwd) x.75, up to max, or 0) 21 Nursing Home Provider Fee 21 Nursing Home Provider Fee 22 Sum of Ln 20 thru 23 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Sum of Lns 20 thru 23 25 Sum of Lns 20 thru 23 26 Sum of Lns 20 thru 23 27 Sum of Lns 20 thru 23 28 Sum of	11	, , ,			\$88.51								
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$174.72 \$84.91 \$0.00 \$21.11 \$25.85 \$27.76 \$3.63 \$10.81 \$0.65 \$0.00 \$1.06 \$1.29 \$0.00 \$1.39 \$1.06 \$1.29 \$0.00 \$1.39 \$1.06 \$1.29 \$1.00 \$1.39 \$1.08 \$1.0		•	,					•					\$0.65
Counterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allowance Percentage = \$5,00% Ln 14 x Grwth Allowance Percentage = \$5,00% Ln 14 x Grwth Allowance Percentage = \$5,00% Ln 14 x Grwth Allowance Percentage = \$5,00% Ln 14 x Grwth Allowance Percentage = \$5,00% Ln 14 x Grwth Allowance Percentage = \$5,00% Ln 14 x Grwth Allowance Percentage = \$5,00% N/A N/A N/A 16 CMA Allowade Per Diem (After Growth Allowance Add-on) Ln 14 x Grwth Allowance Percentage \$1,000 \$22.17 \$27.14 \$0.00 \$29.15 \$3.63 \$10.81 \$0.65 Quarterly Facility Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$159.04 Quarterly Medicaid CMA Allowade Per Diem RS = Ln 18, AllOthr = Ln 16 \$252.59 \$159.04 \$0.00 \$22.17 \$27.14 \$0.00 \$29.15 \$3.63 \$10.81 \$0.65 Quarterly Per Diem Add-on Amounts Cuarterly Per Diem Add-on Amounts Cuarterly Per Diem (Stand-Alwal) 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 \$0.00 BIMS Add-on Per Diem = \$2.5% (to Routine Srvs) Ln 19 Col b x Sting Add-on \$4.77 \$4.77 \$4.77 Vurse Staff Hrs / Quality Add-on Per Diem = \$3.0% (to Routine Srvs) Ln 19 Col b x Sting Add-on \$17.10 \$17.10 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 \$17.10 \$0.00		· ·	· ·										
Quarterly Per Diem Rate Prior to Add-ons Crowd Allowance Percentage = \$5.00% Ln 14 x Grwth Allwnc % \$7.99 \$4.25 \$0.00 \$1.06 \$1.29 \$0.00 \$1.39 N/A	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.72	\$84.91	\$0.00	\$21.11	\$25.85		\$27.76	\$3.63		\$0.65
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 Quarterly Facility Case Mix Index for Medicaid Residents Quarterly Facility Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem (Istnd - Alwd] x.75, up to max, or 0) Efficiency Add-on Per Diem = 2.5% (to Routine Srvcs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 Sum of Lns 20 thru 24 Sum of Lns 20 thru 25 Sum of Lns 20 thru 25 Sum of Lns 20 thru 25 Sum of Lns 2		Quarterly Per Diem Rate Prior to Add-ons										, ,	
17 Quarterly Facility Case Mix Index for Medicaid Residents	15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$7.99	\$4.25	\$0.00	\$1.06	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
18	16	·	Ln 14 + Ln 15	\$182.71	\$89.16	\$0.00	\$22.17	\$27.14	\$0.00	\$29.15	\$3.63	\$10.81	\$0.65
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$252.59 \$159.04 \$0.00 \$22.17 \$27.14 \$0.00 \$29.15 \$3.63 \$10.81 \$0.65 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.22 \$0.00<			•										
Quarterly Per Diem Add-on Amounts Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 Sum of Lns 20 thru 23 \$0.00													
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$0.22 \$0.00 \$0.0	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.59	\$159.04	\$0.00	\$22.17	\$27.14	\$0.00	\$29.15	\$3.63	\$10.81	\$0.65
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$3.98 \$3.98 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.77 \$4.77 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$26.07 \$8.75 \$0.00 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.77 \$4.77 \$4.77 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$26.07 \$8.75 \$0.00 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00	20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22		\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10													
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$26.07 \$8.75 \$0.00 \$0.22 \$0.00 \$17.10 \$0.00 \$0.00			_		\$4.77								
			, , ,			_				1			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$278.66 \$167.79 \$0.00 \$22.39 \$27.14 \$0.00 \$46.25 \$3.63 \$10.81 \$0.65	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.07	\$8.75	\$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	\$278.66	\$167.79	\$0.00	\$22.39	\$27.14	\$0.00	\$46.25	\$3.63	\$10.81	\$0.65

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$196.17

Facility Add-on Facility State-Provider: Thomasville Nurs. & Rehab. Ctr. Specific wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00277604A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5034 1.4759 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: Case Mix Per Diem Rate Effective Date: 37.50% 2.5% 1.8093 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 1.8448 3.05 3.0% 1.5216 Plant A&G -Admin Property Routine Laundry & Taxes and Special Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance Related Calculations & Maint General Insurance С d **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) 2 Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing 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 (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0%

3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,544,134	\$1,080,666	\$0	\$321,604	\$280,363	\$0	\$475,276		\$386,225	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$16,749)	\$0	\$0	\$0	\$0	\$0	\$0		(\$16,749)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$20,572)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,714
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,524,527	\$1,080,666	\$0	\$321,604	\$280,363	\$0	\$454,704	\$0	\$369,476	\$17,714
8	Total Nursing Facility Days As Filed Days = 16,732	FY19 Audited C/R Days	16,732									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								13,719		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.97	\$64.59	\$0.00	\$19.22	\$16.76	(with L&H)	\$27.18	\$0.00	\$26.93	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5034</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$42.96	\$0.00	\$19.22	\$16.76		\$27.18	\$0.00	\$26.93	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.96	\$42.96	\$0.00	\$19.22	\$16.76		\$27.18	\$0.00	10.55	\$1.29
	Outstands Box Bissa Batta Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	ΦE 24	©2.45	20.00	¢0.06	CO 04	\$0.00	\$1.36	NI/A	N1/A	N1/A
15	Growth Allowad Per Picer (Atra Count Allowad Add an)	Ln 14 + Ln 15	\$5.31	\$2.15 \$45.11	\$0.00	\$0.96	\$0.84	\$0.00 \$0.00	\$28.54	N/A	N/A	N/A \$1.29
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$123.27		\$0.00	\$20.18	\$17.60	\$0.00	ֆ26.54	\$0.00	\$10.55	\$1.29
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.8448								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 18. AllOthr = Ln 16	# 404.00	\$83.22	6 0.00	(000.40	047.00	#0.00	#00.54	# 0.00	# 40.55	# 4.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.38	\$83.22	\$0.00	\$20.18	\$17.60	\$0.00	\$28.54	\$0.00	\$10.55	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$184.59	\$88.33	\$0.00	\$20.40	\$18.01	\$0.00	\$46.01	\$0.00	\$10.55	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.62			L						

Facility Add-on Facility State-Provider: **Delmar Gardens of Smyrna** Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00296271A Base Period Overall CMI: 1.2718 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 27.54% Quarterly Medicaid CMI: 1.2959 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.0% 1.3122 1.5216 2.99

	Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
Cost Center Peer Groups				а	b	С	d	е	f	g	g	h	i
## Privace of Final Park Privace Group ## Bill Star Register (Privace Standards & Efficiency Measure Limits ## Privace Of Final Park Privace Standards & Efficiency Measure Limits ## Privace Of Final Park Privace Standards & Efficiency Measure Limits ## Privace Of Final Park Privace Standards & Efficiency Measure Limits ## Privace Of Final Park Privace Standards & Efficiency Measure Limits ## Privace Of Final Park Privace Standards & Efficiency Measure Limits ## Privace Of Final Park Privace Standards & Efficiency Measure Limits ## Privace Of Final Park Privace Standards & Efficiency Measure Limits ## Privace Of Final Park Privace	<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
2 Pere Group Standards (-	1	Type of Facility within Peer Group	(see Policy Manual)				Free Standing	All Facilities		7			
5 As Filed Cost Center Costs: (Routine & Spacial Sixes Combined) As Filed Firth CIR. PFITE CILIF. Rot \$7,230,374 \$3,842,312 \$0 \$924,533 \$875,568 \$0 \$1,046,013 \$\$541,948 \$6 Audit Adjustments and Realisocations to Cost Center Costs (CUPTL) As Adjusted Cost Center Costs (CUPTL) As Adjusted Cost Center Costs (CUPTL) As Adjusted Firth College As Adjusted Firth Costs (Times and Insurance) As Adjusted Firth College As Adjusted Firth Costs (Times and Insurance) As Adjusted Firth Costs (Times and Insurance) As Adjusted Firth Costs (Times and Insurance) As Adjusted Firth Costs (Times and Insurance) As Adjusted Firth Costs (Times and Insurance) As Adjusted Firth Costs (Aller Audit Adjustments and Insurance) As Adjusted Firth Costs (Times and Insurance) As	2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
6 Audit Adjustments and Reallocations to Cost Center Costs (April) A Adjusted Cost Center Costs (GLPL) A Adjusted Cost Center Costs (Tass and Insurance) FY19 PLA Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass and Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19 Adjusted Cost Center Costs (Tass And Insurance) FY19		Base Period Per Diem Allowed Amounts											
As Adjusted Cost Center Costs (GUPL) As Adjusted Cost Center Costs (GUPL) As Adjusted Cost Center Costs (GUPL) As Adjusted Cost Center Costs (GUPL) As Adjusted Cost Center Costs (GUPL) As Adjusted Cost Center Costs (GuPL) As Adjusted	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,230,374	\$3,842,312	\$0	\$924,533	\$875,568	\$0	\$1,046,013		\$541,948	\$0
As Adjusted Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments FY19 Audited CR Days 38,493 Total Nursing Facility Days As Fleed Days = 38,493 Total Nursing Facility Days See Period Facility Case Mix Adjustm to Routine Sirves Ln 7 Ln 8 Cos a \$190.06 See Period Facility Case Mix Adjustm to Routine Sirves Ln 7 Ln 8 Cos a \$190.06 See Period Facility Case Mix Adjustm to Routine Sirves Ln 7 Ln 8 Cos a \$190.06 See Period Facility Case Mix Adjustm to Routine Sirves Ln 7 Ln 8 Cos a \$190.06 See Period Facility Case Mix Adjustm to Routine Sirves Ln 7 Ln 8 Cos a \$190.06 See Period Facility Case Mix Adjustm to Routine Sirves Ln 7 Ln 8 Cos a \$190.06 See Period Facility Case Mix Adjustm to Routine Sirves Ln 9 Ln 9 Ln 10 See Period Facility Case Mix Adjustm to Routine Sirves Results Adjustm to Routine Sirves Results Adjustm to Routine Sirves Results Adjustm to Routine Sirves Results Adjustm to Routine Sirves Results Adjustm to Routine Sirves Results Adjustm to Routine Sirves Results Adjustm to Routine Sirves Results Adjustm to Routine Sirves Results Adjustm to Routine Sirves Results Adjustm to Routine Sirves Results Adjustment Ro	6	·	•	(\$75,656)	(\$69,340)	\$0	\$0	\$0	\$1,736			(\$77,392)	
Cost Center Costs After Audit Adjustments		As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$83,100		
8 Total Nursing Facility Days		As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$70,215
Total Nursing Facility Days GL-PL Ins. Rpt PY21 Audited C/R Days Net Per Diems prior to Case Mix Adjustrut to Routine Srvcs Ln 7 / Ln 8 Col a S19.0.6 S98.0.2 S22.79 (wim L&H) S26.45 S2.53 S14.12 1.2718 1.2	7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,210,833	\$3,772,972	\$0	\$924,533	\$875,568	\$1,736	\$1,018,153	\$83,100	\$464,556	\$70,215
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Ln 7 / Ln 8 Col a \$190.06 \$98.02 \$0.00 \$24.02 \$22.79 (with L4+) \$26.45 \$2.53 \$14.12	8	Total Nursing Facility Days As Filed Days = 38,493	FY19 Audited C/R Days	38,493									
10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 L2718 L9 / Ln 10 S77.07 S0.00 \$24.02 \$22.79 \$26.45 \$2.53 \$14.12 S77.07 S0.00 \$24.02 \$22.79 \$26.45 \$2.53 \$14.12 S77.07 S0.00 S24.02 S22.79 S26.45 S2.53 S14.12 S77.07 S0.00 S24.02 S22.79 S26.45 S2.53 S14.12 S77.07 S0.00 S22.66 S22.79 S26.45 S2.53 S14.12 S2.53 S14.12 S2.53 S14.12 S2.53 S14.12 S2.53 S14.12 S2.53 S27.76 S0.00 S22.66 S22.79 S26.45 S2.53 S27.76 S0.00 S22.66 S22.79 S26.45 S2.53 S27.76 S0.00 S22.66 S22.79 S26.45 S2.53 S27.76 S0.00 S22.66 S22.79 S26.45 S2.53 S27.76 S0.00 S27.77 S0.00 S22.66 S22.79 S26.45 S2.53 S27.76 S0.00 S27.77 S0.00 S22.66 S22.79 S26.45 S2.53 S27.76 S0.00 S27.77 S0.00 S22.66 S22.79 S26.45 S2.53 S23.38 S2.53 S23.38 S2.53 S23.38 S2.53 S23.38 S2.53 S23.38 S2.53 S23.38 S2.53 S23.38 S2.53 S22.39 S23.39		Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,894		
11 Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem Ln 9 Ln 10 S77.07 S0.00 \$24.02 \$22.79 \$26.45 \$2.53 \$14.12 \$12 \$13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits S44.91 S0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A \$14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$166.01 S77.07 \$0.00 \$22.66 \$22.79 \$26.45 \$2.53 \$14.12 \$12.38 \$14.12 \$12.38 \$14.12 \$12.38 \$14.12 \$12.38 \$14.12 \$12.38 \$14.12 \$12.38 \$14.12 \$12.38 \$14.12 \$12.38 \$14.12 \$12.38 \$14.12 \$12.38 \$14.12 \$12.38 \$14.12 \$12.38 \$14.12 \$14.38 \$14.12 \$14.38 \$14.12 \$14.38 \$14.12 \$14.38 \$	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$190.06	\$98.02	\$0.00	\$24.02	\$22.79	(with L&H)	\$26.45	\$2.53	\$14.12	\$2.13
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$77.07 \$0.00 \$24.02 \$22.79 \$26.45 \$2.53 \$14.12 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$166.01 \$77.07 \$0.00 \$22.66 \$22.79 \$26.45 \$2.53 \$12.38 15 Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwnc % \$7.44 \$3.85 \$0.00 \$1.13 \$1.14 \$0.00 \$1.32 N/A N/A 15 Growth Allowance Percentage = \$5.00% Ln 14 x Grwth Allwnc % \$7.44 \$3.85 \$0.00 \$23.79 \$23.93 \$0.00 \$27.77 \$2.53 \$12.38 17 Quarterly Per Diem (After Growth Allowance Add-on) Ln 14 x Ln 15 \$173.45 \$80.92 \$0.00 \$23.79 \$23.93 \$0.00 \$27.77 \$2.53 \$12.38 16 Quarterly Facility Case Mix Index for Medicaid Residents per Current Off End \$1.3122 \$1.31	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.2718</u>								
13 Per Diem Standards (After Statewide CMA for Routine Sives) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 \$NA 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$166.01 \$77.07 \$0.00 \$22.66 \$22.79 \$26.45 \$2.53 12.38 15 Growth Allowance Percentage = 5.00% Ln 14 x Grivth Allowance S7.44 \$3.85 \$0.00 \$1.13 \$1.14 \$0.00 \$1.32 N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$173.45 \$80.92 \$0.00 \$23.79 \$23.93 \$0.00 \$27.77 \$2.53 \$12.38 17 Quarterly Facility Case Mix Adjust (CMA) Net Per Diem Ln 16 x Ln 17 \$106.18 \$198.71 \$106.18 \$0.00 \$23.79 \$23.93 \$0.00 \$27.77 \$2.53 \$12.38 18 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$198.71 \$106.18 \$0.00 \$23.79 \$23.93 \$0.00 \$27.77 \$2.53 \$12.38 19 Quarterly Per Diem Add-on Amounts Court of the Court o	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.07								
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$166.01 \$77.07 \$0.00 \$22.66 \$22.79 \$26.45 \$2.53 12.38 (FRV)	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.07	\$0.00	\$24.02	\$22.79		\$26.45	\$2.53	\$14.12	\$2.13
Quarterly Per Diem Rate Prior to Add-ons CFRV	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
Counterly Per Diem Rate Prior to Add-ons Common Rate Prior	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.01	\$77.07	\$0.00	\$22.66	\$22.79		\$26.45	\$2.53		\$2.13
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem [Stnd - Alwd] x.75, up to max, or 0) 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvcs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Sum of Ln 19 Col b x Stfing Add-on 26 Sum of Lns 20 thru 23 \$2.15 \$3.71 \$0.00 \$0.00 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00		Quarterly Per Diem Rate Prior to Add-ons										(****)	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$106.18 \$106.18 \$109.00 \$23.79 \$23.93 \$0.00 \$27.77 \$2.53 \$12.38 \$12.38 \$12.38 \$109.00 \$1.31	15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.44	\$3.85	\$0.00	\$1.13	\$1.14	\$0.00	\$1.32	N/A	N/A	N/A
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.45	\$80.92	\$0.00	\$23.79	\$23.93	\$0.00	\$27.77	\$2.53	\$12.38	\$2.13
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$198.71 \$106.18 \$0.00 \$23.79 \$23.93 \$0.00 \$27.77 \$2.53 \$12.38	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3122</u>								
Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.31 \$0.53 \$0.00 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.06 \$1.06 22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.12 \$2.12 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.59 \$3.71 \$0.00 \$0.41 \$0.00 \$17.47 \$0.00	18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.18								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) Strict BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.31 \$0.53 \$0.00 \$0.00 \$0.41 \$0.00 \$0.41 \$0.00 \$0.41 \$0.00 \$0.41 \$0.00 \$0.41 \$0.00 \$0.41 \$0.00 \$0.41 \$0.00 \$0.41 \$0.00 \$0.41 \$0.00 \$0.41 \$0.00 \$0.41 \$0.00 \$0.41 \$0.00 \$0.41 \$0.00 \$0.41 \$0.00	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.71	\$106.18	\$0.00	\$23.79	\$23.93	\$0.00	\$27.77	\$2.53	\$12.38	\$2.13
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.06 \$1.06 \$22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.12 \$		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.12 \$2.12 \$2.12 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.59 \$3.71 \$0.00 \$0.41 \$0.00 \$17.47 \$0.00	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	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.59 \$3.71 \$0.00 \$0.00 \$0.41 \$0.00 \$17.47 \$0.00	21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.59 \$3.71 \$0.00 \$0.01 \$0.00 \$17.47 \$0.00 \$0.00	22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$220.30 \$109.89 \$0.00 \$23.79 \$24.34 \$0.00 \$45.24 \$2.53 \$12.38	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.59	\$3.71	\$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	\$220.30	\$109.89	\$0.00	\$23.79	\$24.34	\$0.00	\$45.24	\$2.53	\$12.38	\$2.13

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$152.40

F	Provider:	NHC of Fort Oglethorpe	<u>Ad</u>	d-on Data and P	ercentages	Facility Score	Add-on Percent	Case	e Mix Index (C	CMI) Data		Facility Specific	State- wide
F	Prvdr ID:	00344759A		Grow	th Allowance:	N/A	5.00%		Base Period	d Overall CMI:		1.3590	1.4759
		Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtr	ly BIMS score	25.00%	1.0%		Quarterly N	Medicaid CMI:		1.0683	1.5485
		MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	On-Site Day/Qua	ality Incentive:	3.55	4.0%	Qrtrly Mcaid	CMI w RUG V	Vght Options:		1.0822	1.5216
					1					1	1		
Line	Э	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE M	IIX BASED RATE CALCULATIONS											

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
					_	_						
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes					
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,509,405	\$4,112,466	\$0	\$820,279	\$877,779	\$0	\$1,327,956		\$370,925	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$112,281)	(\$3,558)	\$0	\$0	(\$3,121)	(\$3,632)	(\$25,789)		(\$76,181)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$209,600		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$63,736
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$7,670,460	\$4,108,908	\$0	\$820,279	\$874,658	(\$3,632)	\$1,302,167	\$209,600	\$294,744	\$63,736
8	Total Nursing Facility Days As Filed Days = 45,916	FY19 Audited C/R Days	45,916									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								42,758		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.96	\$89.49	\$0.00	\$17.86	\$18.97	(with L&H)	\$28.36	\$4.90	\$6.89	\$1.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3590								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.85	\$0.00	\$17.86	\$18.97		\$28.36	\$4.90	\$6.89	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.34	\$65.85	\$0.00	\$17.86	\$18.97		\$27.76	\$4.90	12.51	\$1.49
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.52	\$3.29	\$0.00	\$0.89	\$0.95	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.86	\$69.14	\$0.00	\$18.75	\$19.92		\$29.15	\$4.90	\$12.51	\$1.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	**********	1.0822	******	***************************************	******	40.00	4 _0	•	¥.=	*****
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.54	\$74.82	\$0.00	\$18.75	\$19.92	\$0.00	\$29.15	\$4.90	\$12.51	\$1.49
	Quarterly Per Diem Add-on Amounts	, 5, 1, 1, 1		40.50	40.00							
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.75	\$0.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99					* • • • •			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	• • • •					\$17.10	00.00	^	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.00	\$4.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.54	\$79.09	\$0.00	\$18.97	\$20.33	\$0.00	\$46.25	\$4.90	\$12.51	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.83		•					·		•
-		· ' '		I								

\$183.97

\$125.15

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Presbyterian Village, Inc. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00362832A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4126 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.6180 1.5485 36.59% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.6472 1.5216 4.37

	MDO & Naise File Data per Quarter Enaing.	14dise riodis per	On One Dayra	daily incontivo.	4.57	3.070	Withy Modia	OWN W IXOO	right Options.		1.0472	1.5210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 200 0.200	7 117 200 0.200	7 117 200 01200	7 11. 200 0.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,719,696	\$4,978,272	\$0	\$856,232	\$1,105,263	\$0	\$2,010,141		\$769,788	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$52,794)	\$0	\$0	\$0	\$0	\$0	\$0		(\$52,794)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(, ,				·		(\$47,507)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$129,346		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,766
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,768,507	\$4,978,272	\$0	\$856,232	\$1,105,263	\$0	\$1,962,634	\$129,346	\$716,994	\$19,766
8	Total Nursing Facility Days As Filed Days = 37,253	FY19 Audited C/R Days	37,253									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,539		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$270.42	\$133.63	\$0.00	\$22.98	\$29.67	(with L&H)	\$52.68	\$4.70	\$26.04	\$0.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4126</u>								
11		Ln 9 / Ln 10		\$94.60								
12		RS = Ln 11, AllOthr = Ln 9		\$94.60	\$0.00	\$22.98	\$29.67		\$52.68	\$4.70	\$26.04	\$0.72
13		per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.02	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$4.70	22.42	\$0.72
	, in the second										(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons		•				•					
15		Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	, ,	Ln 14 + Ln 15	\$197.08	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.70	\$22.42	\$0.72
17	, , , <u>, , , , , , , , , , , , , , , , </u>	per Current Qtr End		1.6472								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	A	\$146.86								.
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.78	\$146.86	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.70	\$22.42	\$0.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.67	\$3.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.41	\$4.41								
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	\$8.08	\$8.08	\$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	\$262.86	\$154.94	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.70	\$22.42	\$0.72

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$197.15

Facility Add-on Facility State-Provider: Camellia Gardens of Life Care Specific Score Percent Case Mix Index (CMI) Data wide Add-on Data and Percentages Prvdr ID: 00366341A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3751 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 31.11% 2.5% 1.0214 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 1.0295 3.24 3.0% 1.5216 Plant A&G -Admin Property Routine Laundry & Taxes and Special Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance Related Calculations & Maint General Insurance С **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) 2 Type of Facility within Peer Group All Facilities All Facilities All Facilities Free Standing All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits

2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
'		(coo i oney manual)		ψο.οο	ψο.σσ	ψ0.22	φο. 11		ψ0.07			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,121,434	\$2,705,219	\$0	\$574,658	\$650,486	\$0	\$971,143		\$219,928	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$46,270)	(\$1,100)	\$0	(\$2,196)	(\$1,732)	\$426	\$0		(\$41,668)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$63,098)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$80,827		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,685
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,138,578	\$2,704,119	\$0	\$572,462	\$648,754	\$426	\$908,045	\$80,827	\$178,260	\$45,685
8	Total Nursing Facility Days As Filed Days = 27,611	FY19 Audited C/R Days	27,611									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,403		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$189.31	\$97.94	\$0.00	\$20.73	\$23.51	(with L&H)	\$32.89	\$3.78	\$8.33	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3751</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.23	\$0.00	\$20.73	\$23.51		\$32.89	\$3.78	\$8.33	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.88	\$71.23	\$0.00	\$20.73	\$23.51		\$27.76	\$3.78	9.74	\$2.13
	Ottorforby Day Diam Rate Brian to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.17	\$3.56	\$0.00	\$1.04	\$1.18	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.05	\$74.79	\$0.00	\$21.77	\$24.69	\$0.00	\$29.15	\$3.78	\$9.74	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	φ100.03	1.0295	ψ0.00	Ψ21.77	Ψ24.09	Ψ0.00	Ψ29.13	ψ5.76	ψ9.74	Ψ2.13
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.00								
19		RS = Ln 18, AllOthr = Ln 16	\$168.26	\$77.00	\$0.00	\$21.77	\$24.69	\$0.00	\$29.15	\$3.78	\$9.74	\$2.13
19	Quarterly Medicald CIMA Allowed Fet Dieffi	K3 = Eli 10, AllOttii = Eli 10	\$100.20	\$77.00	φυ.υυ	φ21.77	\$24.09	φυ.υυ	φ29.13	φ3.70	φ9.74	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.93	\$1.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.50	\$4.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.76	\$81.77	\$0.00	\$21.99	\$25.10	\$0.00	\$46.25	\$3.78	\$9.74	\$2.13

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$130.25

	ovider: Quiet Oaks Health Care Center odr ID: 00370851A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	Facility Score N/A 65.38% 3.50	Add-on Percent 5.00% 5.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3788 1.5241 1.5545	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE 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			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY19 C/R - FY19 GL/PL Rp	\$2 837 698	\$1,324,943	\$0	\$376,255	\$487,767	\$0	\$536,887		\$111,846	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$86,874)		\$0	(\$1,607)	' '	(\$2,534)			(\$59,370)	ΨΟ
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(+==,===,	, , ,	, ,	(41,551)	(+=, += +)	(+=,== -,	(\$95,303)		(+==,===)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$110,444		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$41,995
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/	\$2,807,960	\$1,325,002	\$0	\$374,648	\$484,363	(\$2,534)	\$421,566	\$110,444	\$52,476	\$41,995
8	Total Nursing Facility Days As Filed Days = 21,272	FY19 Audited C/R Days	21,272									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,344		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.96	\$62.29	\$0.00	\$17.61	\$22.65	(with L&H)	\$19.82	\$5.71	\$2.71	\$2.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3788</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.18	\$0.00	\$17.61	\$22.65		\$19.82	\$5.71	\$2.71	\$2.17
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.41	\$45.18	\$0.00	\$17.61	\$22.65		\$19.82	\$5.71	12.27	\$2.17
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.26	\$2.26	\$0.00	\$0.88	\$1.13	\$0.00	\$0.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.67	\$47.44	\$0.00	\$18.49	\$23.78	\$0.00	\$20.81	\$5.71	\$12.27	\$2.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5545								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.98	\$73.75	\$0.00	\$18.49	\$23.78	\$0.00	\$20.81	\$5.71	\$12.27	\$2.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.06	\$4.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$24.90	\$6.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.88	\$80.55	\$0.00	\$18.71	\$24.19	\$0.00	\$38.28	\$5.71	\$12.27	\$2.17

\$123.59

\$192.69

\$131.69

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Westwood Nursing Ctr Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00370862A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4956 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 34.69% 2.5% Quarterly Medicaid CMI: 1.9210 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 2.95 3.0% 1.9589 1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
	Coat Contax Book Craying	(and Deliter Manual)			1	2	4	1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	1 All Facilities	Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,644,166	\$1,255,280	\$0	\$227,061	\$263,384	\$0	\$470,669		\$427,772	;
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$65,429)	(\$17,819)	\$0	\$0	(\$2,494)	(\$2,493)	(\$6,985)		(\$35,638)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$178,476)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$119,552		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$32,63
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,552,443	\$1,237,461	\$0	\$227,061	\$260,890	(\$2,493)	\$285,208	\$119,552	\$392,134	\$32,63
8	Total Nursing Facility Days As Filed Days = 12,579	FY19 Audited C/R Days	12,579									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								14,406		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$197.43	\$98.38	\$0.00	\$18.05	\$20.54	(with L&H)	\$22.67	\$8.30	\$27.22	\$2.2
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4956</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.78	\$0.00	\$18.05	\$20.54		\$22.67	\$8.30	\$27.22	\$2.2
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.06	\$65.78	\$0.00	\$18.05	\$20.54		\$22.67	\$8.30	10.45	\$2.2
ĺ	Constants Box Birm Bots Britants Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	\$6.35	\$3.29	\$0.00	\$0.90	¢1.02	\$0.00	\$1.13	N/A	N/A	N/
15 16	Growth Allowance Percentage = <u>5.00%</u> CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$6.35 \$154.41	\$3.29 \$69.07	\$0.00	\$0.90	\$1.03 \$21.57	\$0.00	\$1.13	\$8.30	N/A \$10.45	\$2.2
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	φ104.41		φυ.υυ	φ10.93	Φ∠1.37	φυ.υυ	φ23.00	φο.ου	φ10.45	φ2.2
	Quarterly Facility Case Mix Index for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.9589</u> \$135.30								
18	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.64	\$135.30	\$0.00	\$18.95	\$21.57	\$0.00	\$23.80	\$8.30	\$10.45	\$2.2
19	Quarterly Medicaid CMA Allowed Per Diem	KS = LII 10, AllOllii = LII 10	\$220.04	\$135.30	\$0.00	\$16.95	\$21.57	\$0.00	\$23.80	φο.30	\$10.45	Φ Ζ
	Quarterly 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 Srvs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.06	\$4.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.07	\$7.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.71	\$143.27	\$0.00	\$19.17	\$21.98	\$0.00	\$41.27	\$8.30	\$10.45	\$2.2

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$172.21

Facility Add-on Facility State-Provider: Life Care Center of Gwinnett Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00370873A Base Period Overall CMI: Growth Allowance: 5.00% 1.3728 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 37.78% 2.5% Quarterly Medicaid CMI: 1.2573 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.0% 1.2733 1.5216 3.27 Admin A&G -

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,969,434	\$5,007,890	\$0	\$963,088	\$1,027,491	\$0	\$1,579,109		\$391,856	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$89,080)	\$0	\$0	\$0	\$0	\$0	\$0 (\$118,278)		(\$89,080)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$161,998		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$100,959
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,025,033	\$5,007,890	\$0	\$963,088	\$1,027,491	\$0	\$1,460,831	\$161,998	\$302,776	\$100,959
8	Total Nursing Facility Days As Filed Days = 39,751	FY19 Audited C/R Days	39,751									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,099		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$238.41	\$125.98	\$0.00	\$24.23	\$25.85	(with L&H)	\$36.75	\$7.33	\$13.70	\$4.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3728</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.77	\$0.00	\$24.23	\$25.85		\$36.75	\$7.33	\$13.70	\$4.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.82	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$7.33	11.74 (FRV)	\$4.57
	Quarterly Per Diem Rate Prior to Add-ons										(1111)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.88	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$7.33	\$11.74	\$4.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2733								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.25	\$113.53	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$7.33	\$11.74	\$4.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.27	\$2.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.21	\$5.11	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.46	\$118.64	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$7.33	\$11.74	\$4.57
\vdash						1						

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$166.77

Facility Add-on Facility State-Specific Provider: Delmar Gardens of Gwinnett, Inc. wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00395161A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3646 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.2506 17.95% 0.0% 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.68 3.0% 1.2641 1.5216 Plant A&G -Admin Property Routine Special Laundry & Taxes and Line Sources / Totals Dietary Operatns and GL/PL and

#	Description	Calculations	Totals	Services	Services	Dietaly	Houskpng	& Maint	General	Insurance	Related	Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,600,318	\$2,539,807	\$0	\$654,060	\$821,244	\$0	\$876,600		\$708,607	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$168,305)	\$0	\$0	\$0	(\$14,238)	(\$12,913)	\$0 (\$77,100)		(\$141,154)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$63,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$129,613
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,547,526	\$2,539,807	\$0	\$654,060	\$807,006	(\$12,913)	\$799,500	\$63,000	\$567,453	\$129,613
8	Total Nursing Facility Days As Filed Days = 21,520	FY19 Audited C/R Days	21,520									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,298		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$261.84	\$118.02	\$0.00	\$30.39	\$36.90	(with L&H)	\$37.15	\$3.26	\$29.40	\$6.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3646</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.49	\$0.00	\$30.39	\$36.90		\$37.15	\$3.26	\$29.40	\$6.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.51	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$3.26	10.35	\$6.72
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.57	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$3.26	\$10.35	\$6.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2641								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.12	\$112.71	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$3.26	\$10.35	\$6.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$20.48	\$3.38	\$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	\$233.60	\$116.09	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$3.26	\$10.35	\$6.72

Quarterly Per Diem Rate for Bed Hold and Leave Days

26

\$162.38

Facility Facility Add-on Statewide Provider: Lafayette Nursing & Rehab Center Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00399737A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4214 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 33.33% 2.5% Quarterly Medicaid CMI: 1.7602 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.7934 1.5216 4.53 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$10,956,390 \$5,986,076 \$0 \$946,310 \$915.325 \$0 \$1,740,689 \$1,367,990 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$224,188) (\$133,558) \$0 \$0 \$0 \$10,710 (\$101,340) \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$0 As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$49,397 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$22,488 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$10,804,087 \$5,852,518 \$946,310 \$915,325 \$1,751,399 \$49,397 \$1,266,650 \$22,488 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 53,373 53,373 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 7.521 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$355.32 \$109.65 \$0.00 \$17.73 \$17.15 (with L&H) \$32.81 \$6.57 \$168.42 \$2.99 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4214 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$77.14 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$77.14 \$0.00 \$17.73 \$17.15 \$32.81 \$6.57 \$168.42 \$2.99 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$165.98 \$77.14 \$0.00 \$17.73 \$17.15 \$27.76 \$6.57 16.64 \$2.99 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$7.00 \$3.86 \$0.00 \$0.89 \$0.86 \$0.00 \$1.39 5.00% N/A N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$172.98 \$81.00 \$0.00 \$18.62 \$18.01 \$29.15 \$6.57 \$16.64 \$2.99 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.7934 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$145.27 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$237.25 \$145.27 \$0.00 \$18.62 \$18.01 \$0.00 \$29.15 \$6.57 \$16.64 \$2.99 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$3.63 \$3.63 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$4.36 \$4.36 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 \$26.25 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$8.52 \$0.00 \$0.00

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$263.50

\$184.80

\$153.79

\$0.00

\$18.84

\$18.42

\$0.00

\$46.25

\$6.57

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$16.64

\$2.99

Facility Add-on Facility State-Provider: Lake Crossing Heath Care Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00403939A Base Period Overall CMI: 1.4759 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 57.38% 5.5% Quarterly Medicaid CMI: 1.5307 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5599 3.21 3.0% 1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u> /	ASE MIX BASED RATE CALCULATIONS											
4	Cost Center Peer Groups	(and Delige Marrial)		,	1	2	4	1	4			
'	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		φυ.53	\$0.00	φυ.22	φ <i>0.41</i>		φ0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,753,050	\$2,458,274	\$0	\$554,005	\$578,189	\$0	\$725,713		\$436,869	;
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$62,839)	(\$1,639)	\$0	\$0	(\$13)	(\$59)	(\$27,070)		(\$34,058)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,346)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$229,705		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$44,7
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,775,307	\$2,456,635	\$0	\$554,005	\$578,176	(\$59)	\$509,297	\$229,705	\$402,811	\$44,73
8	Total Nursing Facility Days As Filed Days = 34,648	FY19 Audited C/R Days	34,648									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,902		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.55	\$70.90	\$0.00	\$15.99	\$16.69	(with L&H)	\$14.70	\$8.23	\$14.44	\$1.6
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4759</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.04	\$0.00	\$15.99	\$16.69		\$14.70	\$8.23	\$14.44	\$1.0
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.73	\$48.04	\$0.00	\$15.99	\$16.69		\$14.70	\$8.23	11.48	\$1.0
	Overdark Bas Diana Bata Britanta Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.77	\$2.40	\$0.00	\$0.80	\$0.83	\$0.00	\$0.74	N/A	N/A	N/
		Ln 14 + Ln 15			\$0.00			\$0.00	·		\$11.48	\$1.6
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$121.50	\$50.44	φυ.υυ	\$16.79	\$17.52	φυ.υυ	\$15.44	\$8.23	φ11.48	\$1.0
17 18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qir End Ln 16 x Ln 17		<u>1.5599</u> \$78.68								
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.74	\$78.68 \$78.68	\$0.00	\$16.79	\$17.52	\$0.00	\$15.44	\$8.23	\$11.48	¢4.
19	Quarterly intellicate Civia Allowed Fet Dietti	NO = LITTO, AIIOUII = LITTO	φ149.74	φ/6.08	φυ.υυ	φ10.79	\$17.52	φυ.υυ	φ15.44	ან.∠ა	φ11.48	\$1.6
	Quarterly 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 = $\frac{5.5\%}{}$ (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.33	\$4.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.32	\$7.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.06	\$85.90	\$0.00	\$17.01	\$17.93	\$0.00	\$32.91	\$8.23	\$11.48	\$1.0

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$118.47

Facility Add-on Facility State-Provider: Townsend Park H & R Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00404995A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4084 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 46.15% 5.5% Quarterly Medicaid CMI: 1.2707 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 1.2904 1.5216 3.31 4.0% Admin A&G -

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,993,766	\$4,148,542	\$0	\$731,204	\$953,672	\$0	\$1,759,882		\$400,466	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$72,284)	\$0	\$0	\$0	(\$5,285)	(\$4,928)	(\$48,455) (\$65,260)		(\$13,616)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$128,960		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,767
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,999,949	\$4,148,542	\$0	\$731,204	\$948,387	(\$4,928)	\$1,646,167	\$128,960	\$386,850	\$14,767
8	Total Nursing Facility Days As Filed Days = 41,065	FY19 Audited C/R Days	41,065									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,134		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$198.40	\$101.02	\$0.00	\$17.81	\$22.97	(with L&H)	\$40.09	\$4.01	\$12.04	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4084</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.73	\$0.00	\$17.81	\$22.97		\$40.09	\$4.01	\$12.04	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.03	\$71.73	\$0.00	\$17.81	\$22.97		\$27.76	\$4.01	14.29	\$0.46
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.02	\$3.59	\$0.00	\$0.89	\$1.15	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.05	\$75.32	\$0.00	\$18.70	\$24.12	\$0.00	\$29.15	\$4.01	\$14.29	\$0.46
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2904								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.92	\$97.19	\$0.00	\$18.70	\$24.12	\$0.00	\$29.15	\$4.01	\$14.29	\$0.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.35	\$5.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.89	\$3.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.50	\$9.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.42	\$106.96	\$0.00	\$18.92	\$24.53	\$0.00	\$46.25	\$4.01	\$14.29	\$0.46
		İ	i	1								

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$148.74

	vider: Four County Health Care Center dr ID: 00405292A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022	Qtr	th Allowance: ly BIMS score		Add-on Percent 5.00% 5.5% 4.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.5731 1.4469 1.4713	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
CAS	SE MIX BASED RATE CALCULATIONS		a	b	С	d	е	I	g	g	П	ı
	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
E	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,356,773	\$2,116,838	\$0	\$505,376	\$504,447	\$0	\$771,130		\$458,982	\$0
	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$49,748)	\$0	\$0	\$0	\$0	(\$5,559)	(\$11,269) (\$45,175)		(\$32,920)	
	As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt							(\$45,175)	\$89,505		
	As Adjusted Cost Center Costs (GEFE) As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R								Ψ09,303		\$33,730
	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/	\$4,385,085	\$2,116,838	\$0	\$505,376	\$504,447	(\$5,559)	\$714,686	\$89,505	\$426,062	\$33,730
8	Total Nursing Facility Days As Filed Days = 28,672	FY19 Audited C/R Days	28,672	ψ=,σ,σσσ	,	4000,010	Ψοσ 1, 1 11	(\$0,000)	ψ,σσσ	400,000	ψ.20,002	400,.00
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,645		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$159.17	\$73.83	\$0.00	\$17.63	\$17.40	(with L&H)	\$24.93	\$4.14	\$19.68	\$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5731								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.93	\$0.00	\$17.63	\$17.40		\$24.93	\$4.14	\$19.68	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.06	\$46.93	\$0.00	\$17.63	\$17.40		\$24.93	\$4.14	10.47	\$1.56
,	Quartarly Par Diam Pata Prior to Add-one										(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.35	\$2.35	\$0.00	\$0.88	\$0.87	\$0.00	\$1.25	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.41	\$49.28	\$0.00	\$18.51	\$18.27	\$0.00	\$26.18	\$4.14	\$10.47	\$1.56
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	Ų.20.11	1.4713	\$3.50		Ų.O.Z7	ψ0.00	Ψ=0.10	Ψ [Ψ10.17	Ţ1.00
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.51								
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.64	\$72.51	\$0.00	\$18.51	\$18.27	\$0.00	\$26.18	\$4.14	\$10.47	\$1.56
	Quarterly Per Diem Add-on Amounts											
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.99	\$3.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$25.52	\$7.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 0	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.16	\$79.93	\$0.00	\$18.73	\$18.68	\$0.00	\$43.65	\$4.14	\$10.47	\$1.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.05									
27 H	old Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$177.19									

\$120.07

(Ln 27 - Ln 23) * 0.75

Facility Add-on Facility State-Provider: Southland Nursing Home Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00409054A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.7292 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 32.43% 2.5% Quarterly Medicaid CMI: 1.6334 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6630 4.0% 1.5216 3.50

	MDO & Naise File Data per Quarter Enaing.	14dise riodis pe	. On one bayra	dainy moonings.	3.50	4.070	Qitily Would	OWI W IXOO	right Options.		1.0000	1.5210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u>~</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 200 0.200	7 117 200 0.200	7 117 200 01200	7 200 O.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,537,793	\$6,120,756	\$0	\$865,475	\$1,148,098	\$0	\$1,401,922		\$2,001,542	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$19,893)	\$0	\$0	\$0	(\$3,399)	(\$4,311)	\$62,908		(\$75,091)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	,				(, , ,	,	(\$81,250)		(, , ,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$161,200		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$71,887
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,669,737	\$6,120,756	\$0	\$865,475	\$1,144,699	(\$4,311)	\$1,383,580	\$161,200	\$1,926,451	\$71,887
8	Total Nursing Facility Days As Filed Days = 48,816	FY19 Audited C/R Days	48,816									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,118		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$254.60	\$125.38	\$0.00	\$17.73	\$23.36	(with L&H)	\$28.34	\$4.46	\$53.34	\$1.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.7292								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$72.51	\$0.00	\$17.73	\$23.36		\$28.34	\$4.46	\$53.34	\$1.99
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.25	\$72.51	\$0.00	\$17.73	\$23.36		\$27.76	\$4.46	14.44	\$1.99
ĺ											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Lo 44 v Courth Alliuma 9/	47.00	#0.00	# 0.00	#0.00	04.47	# 0.00	# 4.00	N1/A	N 1/A	N1/A
15		Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$7.08	\$3.63	\$0.00	\$0.89	\$1.17	\$0.00	\$1.39	N/A	N/A	N/A
16	, ,		\$169.33	\$76.14	\$0.00	\$18.62	\$24.53	\$0.00	\$29.15	\$4.46	\$14.44	\$1.99
17		per Current Qtr End		1.6630								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	004004	\$126.62	***	M40.00	***	***		64.40		04.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.81	\$126.62	\$0.00	\$18.62	\$24.53	\$0.00	\$29.15	\$4.46	\$14.44	\$1.99
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$26.49	\$8.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.30	\$135.38	\$0.00	\$18.84	\$24.94	\$0.00	\$46.25	\$4.46	\$14.44	\$1.99
							-				-	•

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$171.90

Facility Facility Add-on State-<u>Specific</u> wide Provider: PruittHealth - Toomsboro. LLC Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00409494A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4734 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 25.00% 1.0% Quarterly Medicaid CMI: 1.5293 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 5.0% 1.5582 1.5216 3.12 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$3,397,825 \$1,710,516 \$0 \$313,302 \$460,722 \$0 \$632,682 \$280,603 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$40,154) (\$40,289) \$0 (\$3.089)(\$4,326) \$31,851 \$0 (\$24,301)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$117,611) As Adjusted FY21 GL/PL Rpt \$268,711 As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$25,053 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$3,533,824 \$1,670,227 \$313,302 \$457,633 (\$4,326) \$546,922 \$268,711 \$256,302 \$25,053 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 20,361 20,361 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 18.484 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$176.31 \$82.03 \$0.00 \$15.39 \$22.26 (with L&H) \$26.86 \$14.54 \$13.87 \$1.36 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4734 11 Ln 9 / Ln 10 \$55.67 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$55.67 \$0.00 \$15.39 \$22.26 \$26.86 \$14.54 \$13.87 \$1.36 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$150.26 \$55.67 \$0.00 \$15.39 \$22.26 \$26.86 \$14.54 14.18 \$1.36 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.00 \$2.78 \$0.00 \$0.77 \$1.11 \$0.00 \$1.34 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$156.26 \$58.45 \$0.00 \$16.16 \$23.37 \$0.00 \$28.20 \$14.54 \$14.18 \$1.36 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.5582 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$91.08 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$188.89 \$91.08 \$0.00 \$16.16 \$23.37 \$0.00 \$28.20 \$14.54 \$14.18 \$1.36 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$0.91 \$0.91 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) \$4.55 \$4.55 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.09 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$5.99 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$212.98 \$97.07 \$0.00 \$16.38 \$23.78 \$0.00 \$45.67 \$14.54 \$14.18 \$1.36

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$146.91

	ovider: Cherry Blossom Health Care odr ID: 00413509A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add 1/1/2022 09/30/21 Nurse Hours per C	Qtr	th Allowance: ly BIMS score	Facility Score N/A 26.42% 3.38	Add-on Percent 5.00% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.8210 1.4727 1.5011	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>CA</u>	SE 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			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,372,571	\$2,301,566	\$0	\$409,609	\$534,812	\$0	\$706,296		\$420,288	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$60,368)	(\$549)	\$0	\$0	(\$22,044)	(\$5,346)	\$4,864 (\$43,860)		(\$37,293)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$86,501		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,996
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,390,840	\$2,301,017	\$0	\$409,609	\$512,768	(\$5,346)	\$667,300	\$86,501	\$382,995	\$35,996
8	Total Nursing Facility Days As Filed Days = 25,101	FY19 Audited C/R Days	25,117									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,633		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$181.81	\$91.61	\$0.00	\$16.31	\$20.20	(with L&H)	\$26.57	\$4.64	\$20.55	\$1.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19 Ln 9 / Ln 10		1.8210								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11. AllOthr = Ln 9		\$50.31	* 0.00	¢46.24	\$20.20		\$26.57	\$4.64	\$20.55	\$1.93
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$50.31 \$84.91	\$0.00 \$0.00	\$16.31 \$22.66	\$20.20 \$25.85		\$26.57 \$27.76	\$4.64 \$0.00	\$20.55 N/A	\$1.93
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.42	\$50.31	\$0.00	\$16.31	\$20.20		\$27.76	\$0.00 \$4.64	11.46	\$1.93
14	Base I chou dase with Adjusted Allowed I of Bleffi	200001 01 211 12 01 211 10	Ψ101.42	ψ30.51	Ψ0.00	ψ10.51	Ψ20.20		Ψ20.51	Ψ0-	(FRV)	ψ1.55
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.68	\$2.52	\$0.00	\$0.82	\$1.01	\$0.00	\$1.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.10	\$52.83	\$0.00	\$17.13	\$21.21	\$0.00	\$27.90	\$4.64	\$11.46	\$1.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5011								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	#400 57	\$79.30	#0.00	M47.40	#04.04	# 0.00	ФО Т ОС	64.04	044.40	64.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.57	\$79.30	\$0.00	\$17.13	\$21.21	\$0.00	\$27.90	\$4.64	\$11.46	\$1.93
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.80	\$3.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.37	\$83.00	\$0.00	\$17.35	\$21.62	\$0.00	\$45.37	\$4.64	\$11.46	\$1.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.20									

\$214.30

\$147.90

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

FINAL

Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
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			*****	70.00	70	74		70.01			
GL-PL- Insurance Costs	FY2021 GL-PL Ins. Rpt								\$ 52.000		
Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								12,528		
Standard Per Diem (After CMA for Routine Srvcs)	FY 2019 Peer Group Limit		\$84.91		\$22.66	\$25.85		\$27.76	12,520	\$38.39	\$0.68
Allowed @ 95% of Std	F1 2019 Feet Group Limit	\$192.19	\$80.66		\$21.53	\$24.56		\$26.37		\$38.39	1
Growth Allowance 5.0%		1 '	\$4.03			\$1.23		\$1.32		გა ი.აყ	φυ.σο
		\$7.66	•		\$1.08					#00.00	00.00
CMA Allowed Per Diem (After Growth Alowance)		\$204.00	\$84.69		\$22.61	\$25.79		\$27.69	\$ 4.15	\$38.39	\$0.68
Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.4676</u>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$124.30								
Quarterly Medicaid CMA Allowed Per Diem		\$243.60	\$124.30		\$22.61	\$25.79		\$27.69	4.15	\$38.39	\$0.68
Quarterly Per Diem Add-On Amounts											
BIMS Add-on Per Diem = 1.0% to Routine Srys)		\$1.24	\$1.24								
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$4.97	\$4.97								
Nursing Home Provider Fee		\$17.10	ψτ.07					17.10			
Total Quarterly Per Diem Add-On Amounts		\$23.31						17.10			
Quarterly Case Mix Based Per Diem Rate		\$266.91	\$130.51		\$22.61	\$25.79		\$44.79	\$4.15	\$38.39	\$0.68
					322.01	323./9	1	344./3	· 54.15	330.35	30.00

^{* 1002.3}B - 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.

	rovider: The Fountainview Ctr for Alzheimer's Disease rvdr ID: 00421429A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q	owth Allowance: trly BIMS score	Facility Score N/A 86.05% 2.27	Add-on Percent 5.00% 5.5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4231 1.4581 1.4790	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,689,278	\$4,675,394	\$0	\$1,072,103	\$1,005,825	\$0	\$1,296,071		\$639,885	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$178,592)	(\$170,053)	\$0	\$0	\$0	\$0	\$170,053		(\$178,592)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$148,309)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$197,109		****
_	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R	* 0.004.044	04.505.044	•	44 070 400	0. 4 005 005	•	04.047.045	0407.400	A 404.000	\$301,825
/	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,861,311	\$4,505,341	\$0	\$1,072,103	\$1,005,825	\$0	\$1,317,815	\$197,109	\$461,293	\$301,825
8	Total Nursing Facility Days As Filed Days = 42,267	FY19 Audited C/R Days FY21 Audited C/R Days	42,267							24.004		
	Total Nursing Facility Days GL-PL Ins. Rpt	Ln 7 / Ln 8 Col a	¢215.00	\$106.59	\$0.00	\$25.37	\$23.80	(with L&H)	\$31.18	34,221 \$5.76	¢12.40	\$8.82
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 qtrs of FY19	\$215.00	\$106.59 1.4231	\$0.00	\$25.37	\$23.80	(WILLI L&FI)	\$31.16	φο./ο	\$13.48	φ0.02
10	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.90								
12	Net Per Diems after Case Mix Adjstut to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.90	\$0.00	\$25.37	\$23.80		\$31.18	\$5.76	\$13.48	\$8.82
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$23.37	\$25.85		\$27.76	\$0.00	\$13.46 N/A	φ0.02
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.72	\$74.90	\$0.00	\$22.66	\$23.80		\$27.76	\$5.76	14.02	\$8.82
	Quarterly Per Diem Rate Prior to Add-ons		ψ171.72	ψ14.00	ψ0.00	Ψ22.00	Ψ20.00		ψ27.70	ψ0.70	(FRV)	ψ0.02
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.46	\$3.75	\$0.00	\$1.13	\$1.19	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.18	\$78.65	\$0.00	\$23.79	\$24.99	\$0.00	\$29.15	\$5.76	\$14.02	\$8.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4790</u>								
18	Qrtrly Routine Srvcs 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	\$222.85	\$116.32	\$0.00	\$23.79	\$24.99	\$0.00	\$29.15	\$5.76	\$14.02	\$8.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.40	\$6.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$26.77	\$9.26	\$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	\$249.62	\$125.58	\$0.00	\$23.79	\$25.40	\$0.00	\$46.25	\$5.76	\$14.02	\$8.82

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$174.39

Facility Add-on Facility State-Provider: Northeast Atlanta H & R Ctr. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00426214A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.6007 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 2.5% Quarterly Medicaid CMI: 1.6941 1.5485 41.86% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.7257 1.5216 3.53

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u> /	ASE MIX BASED RATE CALCULATIONS											
_	Cont Conton Book Chause	(5 ° M		4	1			1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,444,411	\$4,621,709	\$0	\$775,112	\$912,212	\$0	\$3,025,062		\$2,110,316	;
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$105,410)	(\$8,450)	\$0	\$0	(\$3,369)	(\$3,696)	\$0		(\$89,895)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$1,512,757)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$97,412		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$111,33
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,034,991	\$4,613,259	\$0	\$775,112	\$908,843	(\$3,696)	\$1,512,305	\$97,412	\$2,020,421	\$111,33
8	Total Nursing Facility Days As Filed Days = 44,835	FY19 Audited C/R Days	44,835									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								38,333		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$232.25	\$102.89	\$0.00	\$17.29	\$20.19	(with L&H)	\$33.73	\$2.54	\$52.71	\$2.9
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6007</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.28	\$0.00	\$17.29	\$20.19		\$33.73	\$2.54	\$52.71	\$2.9
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.47	\$64.28	\$0.00	\$17.29	\$20.19		\$27.76	\$2.54	12.51	\$2.9
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.47	\$3.21	\$0.00	\$0.86	\$1.01	\$0.00	\$1.39	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.94	\$67.49	\$0.00	\$18.15	\$21.20	\$0.00	\$29.15	\$2.54	\$12.51	\$2.9
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ψ100.0 1	1.7257	ψ0.00	ψ10.10	Ψ21.20	Ψο.οο	Ψ20.10	Ψ2.07	ψ12.31	ΨΖ.
18		Ln 16 x Ln 17		\$116.47								
19		RS = Ln 18, AllOthr = Ln 16	\$202.92	\$116.47	\$0.00	\$18.15	\$21.20	\$0.00	\$29.15	\$2.54	\$12.51	\$2.9
.5	additional structure of structu		Ψ202.02	ψ110.71	ψ0.00	\$10.10	Ψ21.20	Ψ0.00	Ψ20.10	Ψ2.07	ψ12.31	ΨΖ.
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.91	\$2.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.58	\$123.40	\$0.00	\$18.37	\$21.61	\$0.00	\$46.25	\$2.54	\$12.51	\$2.9

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$157.86

	e Mix Per Diem Rate Effective Date: Nurse Hrs Data per Quarter Ending:	1/1/2022 09/30/21 Nurse Hours		th Allowance: ly BIMS score	43.14%	Add-on Percent 5.00% 2.5% 4.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5584 1.4290 1.4542	State- wide 1.4759 1.5485 1.5216
Line # Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATION	<u>ONS</u>											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts												
5 As Filed Cost Center Costs (Routine & Specia	Srvcs Combined)	As Filed FY19 C/R - FY19 GL/P	L Rpt \$4,391,451	\$2,260,216	\$0	\$429,902	\$508,394	\$0	\$724,547		\$468,392	\$0
6 Audit Adjustments and Reallocations to Cost As Adjusted Cost Center Costs (GL/PL)	Center Costs	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL R	(\$62,833)	\$0	\$0	\$0	(\$231)	(\$4,074)	(\$9,996) (\$42,185)		(\$48,532)	
As Adjusted Cost Center Costs (GL/PL)		As Adjusted FY21 GL/PL R	pt							\$82,355		
As Adjusted Cost Center Costs (Taxes and In:	*	As Adjusted FY21 C/R	1.51.7					(0.4.0=0)		***		\$42,850
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days	As Filed Days = 25,033	19 Audited C/R (As Adj. FY21 G FY19 Audited C/R Days	\$4,411,638 25,033	\$2,260,216	\$0	\$429,902	\$508,163	(\$4,074)	\$672,366	\$82,355	\$419,860	\$42,850
Total Nursing Facility Days GL-PL Ins. Rpt		FY21 Audited C/R Days								21,384		
9 Net Per Diems prior to Case Mix Adjstmt to R		Ln 7 / Ln 8 Col a	\$179.94	\$90.29	\$0.00	\$17.17	\$20.14	(with L&H)	\$26.86	\$3.85	\$19.63	\$2.00
Base Period Facility <u>Case Mix Index</u> for All		from 4 qtrs of FY19		1.5584								
11 Routine Srvcs Case Mix Adjstd (CMA) Net I		Ln 9 / Ln 10		\$57.94					***	44.4-		
Net Per Diems after Case Mix Adjstmt to Rou		RS = Ln 11, AllOthr = Ln 9		\$57.94	\$0.00	· ·	\$20.14		\$26.86	\$3.85	\$19.63	\$2.00
Per Diem Standards (After Statewide CMA for Ro Base Period Case Mix Adjusted Allowed Per	,	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$138.89	\$84.91 \$57.94	\$0.00 \$0.00		\$25.85 \$20.14		\$27.76 \$26.86	\$0.00 \$3.85	N/A 10.93	\$2.00
Base Fellou Case Wilk Aujusteu Alloweu Fel	Diem	Lesser of Lif 12 of Lif 13	\$130.09	φ57.94	φυ.υυ	φ17.17	φ20.14		φ20.00	φ3.63	(FRV)	φ2.00
Quarterly Per Diem Rate Prior to Add-ons												
15 Growth Allowance Percentage =	<u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.11	\$2.90	\$0.00	\$0.86	\$1.01	\$0.00	\$1.34	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance	,	Ln 14 + Ln 15	\$145.00	\$60.84	\$0.00	\$18.03	\$21.15	\$0.00	\$28.20	\$3.85	\$10.93	\$2.00
17 Quarterly Facility <u>Case Mix Index</u> for Medica		per Current Qtr End		1.4542								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0470.00	\$88.47	# 0.00	# 40.00	004.45	# 0.00	# 00.00	#0.05	# 40.00	#0.00
19 Quarterly Medicaid CMA Allowed Per Diem		RS = Ln 18, AllOthr = Ln 16	\$172.63	\$88.47	\$0.00	\$18.03	\$21.15	\$0.00	\$28.20	\$3.85	\$10.93	\$2.00
Quarterly Per Diem Add-on Amounts												
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75	5, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	· · · · · ·	\$2.21								
22 Nurse Staff Hrs / Quality Add-on Per Diem =	4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-or	, , ,	\$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	\$24.38	\$6.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00

\$197.01

\$134.93

\$198.77

\$136.25

\$94.75

\$0.00

\$18.25

\$21.56

\$0.00

\$45.67

\$3.85

\$10.93

\$2.00

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Prov Prvd	3	Add	on Data and P	ercentages /th Allowance:	Facility Score N/A	Add-on Percent 5.00%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.3978	State- wide 1.4759
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			ly BIMS score ality Incentive:	36.59%	2.5% 3.0%	Qrtrly Mcaid	•	Medicaid CMI: Wght Options:		1.3222 1.3452	1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS											
1 0	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
В	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,800,348	\$1,914,416	\$0	\$338,290	\$532,236	\$0	\$648,852		\$366,554	\$0
	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$40,833)	\$0	\$0	\$0	\$0	\$0	(\$13,961) (\$87,284)		(\$26,872)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$96,964		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R	40.700.050	04.044.440		0000000	\$500.000	40	05.47.007	400.004	# 000 000	\$24,461
7 8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 23,850	19 Audited C/R (As Adj. FY21 GLPL/T FY19 Audited C/R Days	\$3,793,656 23,850	\$1,914,416	\$0	\$338,290	\$532,236	\$0	\$547,607	\$96,964	\$339,682	\$24,461
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days Ln 7 / Ln 8 Col a	\$162.52	\$80.27	\$0.00	\$14.18	\$22.32	(with 1 9 1 1)	\$22.06	20,236 \$4.79	\$16.79	£4.04
9 10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY19	\$102.52	1.3978	\$0.00	\$14.16	\$22.32	(with L&H)	\$22.96	\$4.79	\$10.79	\$1.21
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.42								
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.42	\$0.00	\$14.18	\$22.32		\$22.96	\$4.79	\$16.79	\$1.21
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.04	\$57.42	\$0.00	\$14.18	\$22.32		\$22.96	\$4.79	11.16 (FRV)	\$1.21
Q	Quarterly Per Diem Rate Prior to Add-ons										,	
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.85	\$2.87	\$0.00	\$0.71	\$1.12	\$0.00	\$1.15	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.89	\$60.29	\$0.00	\$14.89	\$23.44	\$0.00	\$24.11	\$4.79	\$11.16	\$1.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3452</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0.100 = 5	\$81.10	40.00	01100	# 20.41	**	00444	0.4.76		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.70	\$81.10	\$0.00	\$14.89	\$23.44	\$0.00	\$24.11	\$4.79	\$11.16	\$1.21
Q	Quarterly 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.03	\$2.03								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.43	\$2.43								
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.09	\$4.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Q	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.79	\$86.09	\$0.00	\$15.11	\$23.85	\$0.00	\$41.58	\$4.79	\$11.16	\$1.21

\$125.02

\$191.66

\$130.92

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: A.G. Rhodes Home - Cobb, Inc. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00493292A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.6140 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 28.33% Quarterly Medicaid CMI: 1.5649 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: 1.5932 Nurse Hours per On-Site Day/Quality Incentive: 3.0% 1.5216 3.71

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
		(B.F. M. B						1	1			
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	, , , , , , , , , , , , , , , , , , ,	(coo : oney mandary		\$0.00	φυ.σσ	φυ. <u></u>	φοι		φυ.σ.			
_	Base Period Per Diem Allowed Amounts										^	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,169,553	\$5,506,604	\$0	\$1,192,313	\$1,273,342	\$0	' ' '		\$342,872	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$24,473)	\$0	\$0	\$0	\$0	\$0	\$0 (\$138,229)		(\$24,473)	
	As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt							(\$130,229)	\$172,149		
	As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R								\$172,149		\$44,418
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,223,418	\$5,506,604	\$0	\$1,192,313	\$1,273,342	\$0	\$1,716,193	\$172,149	\$318,399	\$44,418
8	Total Nursing Facility Days As Filed Days = 42,478	FY19 Audited C/R Days	42,478	ψο,οοο,οο	Ψ0	ψ1,102,010	Ψ1,270,042	Ψ0	ψ1,710,100	ψ172,143	φο το,σσσ	Ψ44,410
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	12,							32,781		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$244.39	\$129.63	\$0.00	\$28.07	\$29.98	(with L&H)	\$40.40	\$5.25	\$9.71	\$1.35
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6140								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.32	\$0.00	\$28.07	\$29.98		\$40.40	\$5.25	\$9.71	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.00	\$80.32	\$0.00	\$22.66	\$25.85		\$27.76	\$5.25	15.81	\$1.35
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.83	\$4.02	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.83	\$84.34	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15		\$15.81	\$1.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5932			·				·	
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.86	\$134.37	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$5.25	\$15.81	\$1.35
	Overterly Box Biom Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34	φυ.υυ	φυ.υυ	φυ.υυ	φυ.υυ	φυ.υυ		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.03	\$4.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.00	\$5.90	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10		\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$259.86	\$140.27	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25		\$15.81	\$1.35
	dance. y date min bacea i ei biem nate		\$200.00	Ų.40.21	ψ0.00	Ų20.13	Ψ21.17	ψ0.50	7-0.20	ψ0.20	ψ10.01	ψ1.00

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$182.07

Facility Add-on Facility State-Specific Provider: New London Health Center Score Percent Case Mix Index (CMI) Data wide Add-on Data and Percentages Prvdr ID: 00494139A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5551 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 42.55% Quarterly Medicaid CMI: 2.5% 1.6624 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 2.0% 1.6914 1.5216 2.60 Plant A&G -Admin Property Routine Special Laundry & Taxes and Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance Related Calculations & Maint General Insurance b С **CASE MIX BASED RATE CALCULATIONS**

<u> </u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,579,381	\$3,922,923	\$0	\$764,862	\$714,397	\$0	\$1,414,450		\$2,762,749	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$72,547)	\$0	\$0	\$0	\$4,522	\$5,292	(\$7,732) (\$212,852)		(\$74,629)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$282,987		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$140,640
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,717,609	\$3,922,923	\$0	\$764,862	\$718,919	\$5,292	\$1,193,866	\$282,987	\$2,688,120	\$140,640
8	Total Nursing Facility Days As Filed Days = 47,641	FY19 Audited C/R Days	47,641									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days					0			41,130		22.12
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$214.31	\$82.34	\$0.00	\$16.05	\$15.20	(with L&H)	\$25.06	\$6.88	\$65.36	\$3.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.5551</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.95			•				•	•
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.95	\$0.00	\$16.05	\$15.20		\$25.06	\$6.88	\$65.36	\$3.42
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	# 0.40
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.89	\$52.95	\$0.00	\$16.05	\$15.20		\$25.06	\$6.88	12.33 (FRV)	\$3.42
	Quarterly Per Diem Rate Prior to Add-ons										(17(0)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.46	\$2.65	\$0.00	\$0.80	\$0.76	\$0.00	\$1.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.35	\$55.60	\$0.00	\$16.85	\$15.96	\$0.00	\$26.31	\$6.88	\$12.33	\$3.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6914								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.79	\$94.04	\$0.00	\$16.85	\$15.96	\$0.00	\$26.31	\$6.88	\$12.33	\$3.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35		.	•					
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$22.86	\$4.76	\$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	\$198.65	\$98.80	\$0.00	\$17.07	\$16.37	\$0.00	\$43.78	\$6.88	\$12.33	\$3.42

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$136.16

Facility Facility Add-on State-<u>Specific</u> wide Provider: Powder Springs Nurs. & Rehab. Ctr. Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00530824A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.4911 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 29.37% 1.0% Quarterly Medicaid CMI: 1.5455 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 2.0% 1.5720 1.5216 3.52 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt \$5,947,837 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$12,673,371 \$0 \$1,176,666 \$1,383,527 \$0 \$1,864,480 \$2,300,861 \$0 (\$25,230) 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$203,368) \$0 \$0 \$15,700 \$3,773 (\$74,096) (\$123,515) As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$307,453)As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$356,864 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$50,532 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$12,569,946 \$5,922,607 \$0 \$1,176,666 \$1,399,227 \$3,773 | \$1,482,931 \$356,864 \$2,177,346 \$50,532 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 66,523 66,523 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 29.721 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$237.07 \$89.03 \$0.00 \$17.69 \$21.09 (with L&H) \$22.29 \$12.01 \$73.26 \$1.70 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.4911 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$59.71 RS = Ln 11, AllOthr = Ln 9 \$73.26 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$59.71 \$0.00 \$17.69 \$21.09 \$22.29 \$12.01 \$1.70 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 \$147.71 Base Period Case Mix Adjusted Allowed Per Diem \$59.71 \$0.00 \$17.69 \$21.09 \$22.29 \$12.01 13.22 \$1.70 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.03 \$2.99 \$0.00 \$0.88 \$1.05 \$0.00 \$1.11 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$153.74 \$62.70 \$0.00 \$18.57 \$22.14 \$23.40 \$12.01 \$13.22 \$1.70 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.5720 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$98.56 \$98.56 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$189.60 \$0.00 \$18.57 \$22.14 \$0.00 \$23.40 \$12.01 \$13.22 \$1.70 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$0.99 \$0.99 1.0% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) \$1.97 \$1.97 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.59 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$3.49 \$0.00 **Quarterly Case Mix Based Per Diem Rate** Ln 19 + Ln 24 \$211.19 \$102.05 \$0.00 \$18.79 \$22.55 \$0.00 \$40.87 \$12.01 \$13.22 \$1.70

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$145.57

Facility Add-on Facility State-Provider: Jonesboro Nurs. & Rehab Ctr. Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00531033A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.5750 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 26.04% Quarterly Medicaid CMI: 1.5118 1.5485 1.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5388 3.0% 1.5216 2.71

								Plant	Admin	A&G -	Property	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
	On a Company Design Company	, , , , ,										
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0%	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,111,786	\$4,316,360	\$0	\$716,091	\$730,086	\$0	\$1,584,988		\$764,261	9
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$91,717)	(\$23,369)	\$0	(\$3,200)	(\$3,347)	(\$7,355)	\$18,861		(\$73,307)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$310,975)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$85,95
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,795,053	\$4,292,991	\$0	\$712,891	\$726,739	(\$7,355)	\$1,292,874	\$0	\$690,954	\$85,95
8	Total Nursing Facility Days As Filed Days = 43,565	FY19 Audited C/R Days	43,565									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								40,676		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$180.19	\$98.54	\$0.00	\$16.36	\$16.51	(with L&H)	\$29.68	\$0.00	\$16.99	\$2.1
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5750</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.57	\$0.00	\$16.36	\$16.51		\$29.68	\$0.00	\$16.99	\$2.1
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.68	\$62.57	\$0.00	\$16.36	\$16.51		\$27.76	\$0.00	13.37	\$2.1
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.17	\$3.13	\$0.00	\$0.82	\$0.83	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.85	\$65.70	\$0.00	\$17.18	\$17.34	\$0.00	\$29.15	\$0.00	\$13.37	\$2.1
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	,	1.5388			,			, , , ,	,	
18		Ln 16 x Ln 17		\$101.10								
19		RS = Ln 18, AllOthr = Ln 16	\$180.25	\$101.10	\$0.00	\$17.18	\$17.34	\$0.00	\$29.15	\$0.00	\$13.37	\$2.1
	, and the second											·
	Quarterly Per Diem Add-on Amounts				_			_			_	
20		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.30	\$4.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.55	\$105.67	\$0.00	\$17.40	\$17.75	\$0.00	\$46.25	\$0.00	\$13.37	\$2.1

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$139.09

Provider: Maple Ridge Health Care Center			<u>Ad</u>	Add-on Data and Percentages		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
	Prvdr ID:	00534619A		Growth Allowance:			5.00%	Base Period Overall CM				1.4592	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nu				Qtrly BIMS score urse Hours per On-Site Day/Quality Incentive:			5.5% 3.0%	Quarterly Medicaid CM Qrtrly Mcaid CMI w RUG Wght Options				1.7599 1.7939	1.5485 1.5216
Lin	е	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
				а	b	С	d	е	f	g	g	h	i
<u>c</u>	CASE M	IX BASED RATE CALCULATIONS											

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,045,863	\$1,060,159	\$0	\$255,001	\$196,087	\$0	\$385,283		\$149,333	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$38,104)	(\$15,744)	\$0	(\$1,058)	\$747	(\$193)	(\$3,218) (\$60,080)		(\$18,637)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$153,798		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,429
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$2,158,906	\$1,044,415	\$0	\$253,943	\$196,834	(\$193)	\$321,985	\$153,798	\$130,696	\$57,429
8	Total Nursing Facility Days As Filed Days = 12,987	FY19 Audited C/R Days	12,987									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,750		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$154.30	\$80.42	\$0.00	\$19.55	\$15.14	(with L&H)	\$24.79	\$6.48	\$5.50	\$2.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4592</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.11	\$0.00	\$19.55	\$15.14		\$24.79	\$6.48	\$5.50	\$2.42
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.68	\$55.11	\$0.00	\$19.55	\$15.14		\$24.79	\$6.48	14.19	\$2.42
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.74	\$2.76	\$0.00	\$0.98	\$0.76	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.42	\$57.87	\$0.00	\$20.53	\$15.90	\$0.00	\$26.03	\$6.48	\$14.19	\$2.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	·	1.7939			,	·		·	·	
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.36	\$103.81	\$0.00	\$20.53	\$15.90	\$0.00	\$26.03	\$6.48	\$14.19	\$2.42
	Quarterly Per Diem Add-on Amounts	(and Dalla Marcall	A 4.50	40.50	Φ0.00	40.00	00.44	# 0.00	#0.07		40.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.71	\$5.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11					M47.40			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	#0.05	#0.00	#0.00	00.44	#0.00	\$17.10	#0.00	Ф0.00	ma aa
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.45	\$9.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.81	\$113.16	\$0.00	\$20.75	\$16.31	\$0.00	\$43.50	\$6.48	\$14.19	\$2.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.78									

\$227.27

\$157.63

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

_	ovider: Rosemont at Stone Mountain odr ID: 00587331A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add- 1/1/2022 09/30/21 Nurse Hours per O	Qtr	th Allowance: ly BIMS score	Facility Score N/A 47.25% 2.76	Add-on <u>Percent</u> 5.00% 5.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4573 1.7946 1.8288	State-wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,678,842	\$2,145,247	\$0	\$416,663	\$338,186	\$0	\$562,667		\$216,079	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$112,200)	(\$68,354)	\$0	\$0	\$6,913	\$2,708	(\$7,011)		(\$46,456)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$120,973)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$303,595		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$408,111
7		19 Audited C/R (As Adj. FY21 GLPL/T		\$2,076,893	\$0	\$416,663	\$345,099	\$2,708	\$434,683	\$303,595	\$169,623	\$408,111
8	Total Nursing Facility Days As Filed Days = 25,813	FY19 Audited C/R Days	25,813							47.040		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days Ln 7 / Ln 8 Col a	\$145.57	\$80.46	\$0.00	\$16.14	\$13.47	(with L&H)	\$16.84	47,216	\$3.59	\$8.64
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19	φ145.5 <i>1</i>	1.4573	\$0.00	\$16.14	\$13.47	(WILIT L&TT)	\$10.64	\$6.43	ф 3.39	\$6.04
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.21	\$0.00	\$16.14	\$13.47		\$16.84	\$6.43	\$3.59	\$8.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	φ0.04
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.82	\$55.21	\$0.00	\$16.14	\$13.47		\$16.84	\$6.43	12.09	\$8.64
	·									, ,	(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	1.44.0 (1.41)	A- a-	**			** • •	*	45.5			
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.08	\$2.76	\$0.00	\$0.81	\$0.67	\$0.00	\$0.84	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$133.90	\$57.97	\$0.00	\$16.95	\$14.14	\$0.00	\$17.68	\$6.43	\$12.09	\$8.64
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.8288 \$106.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.95	\$106.02	\$0.00	\$16.95	\$14.14	\$0.00	\$17.68	\$6.43	\$12.09	\$8.64
			ψ101.00	\$100.02	Ψ0.00	ψ.0.00	ψιτ.ι-τ	Ψ0.00	ψ.7.00	ψυ.τυ	Ψ12.00	ψ0.04
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.83	\$5.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$3.18 \$17.10	\$3.18					¢47.40			
23	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$27.64	\$9.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	¢0.00
	•		\$27.64	-	-							\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.59	\$115.56	\$0.00	\$17.17	\$14.55	\$0.00	\$35.15	\$6.43	\$12.09	\$8.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.37									

\$216.51

\$149.56

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

Facility Add-on Facility State-Provider: Bayview Nursing Home Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00624951A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4427 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 41.46% 2.5% Quarterly Medicaid CMI: 1.3845 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 3.0% 1.4107 1.5216 4.13

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(aca Policy Manual)		4	1	2	1	1	1			
' '	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(See Folioy Maridal)		φυ.σσ	φο.σσ	ΨΟ.ΖΖ	ψ0.47		ψυ.στ			
	Base Period Per Diem Allowed Amounts						_					
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,632,979	\$1,884,865	\$0	' '	\$442,380	\$0	\$483,793		\$366,991	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$73,623)	(\$6,096)	\$0	\$0	\$0	(\$5,150)	(\$2,640)		(\$59,737)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$50,807)	0 50.000		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$59,930		Φ.E.Z. E.O.
7	As Adjusted Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	As Adjusted FY21 C/R FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	¢2 626 049	\$1,878,769	\$0	\$454,950	\$442,380	(\$5,150)	\$430,346	\$59,930	\$307,254	\$57,56 \$57,56
8	Total Nursing Facility Days As Filed Days = 21,890	FY19 Audited C/R Days	\$3,626,048 21,890	\$1,676,769	Φ0	\$454,950	\$442,36U	(\$5,150)	Φ430,340	φ39,930	\$307,234	φ57,50
8	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	21,090							17,327		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$170.75	\$85.83	\$0.00	\$20.78	\$19.97	(with L&H)	\$19.66	\$3.46	\$17.73	\$3.3
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY19	ψ170.75	1.4427	ψ0.00	Ψ20.70	ψ13.37	(Will Edil)	Ψ13.00	ψ3.40	ψ17.73	ψ0.0
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.49	\$0.00	\$20.78	\$19.97		\$19.66	\$3.46	\$17.73	\$3.3
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00		\$25.85		\$27.76	\$0.00	N/A	, ,,,,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.70	\$59.49	\$0.00		\$19.97		\$19.66	\$3.46	37.02	\$3.3
	·								·		(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons		•				•					
	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.99	\$2.97	\$0.00		\$1.00	\$0.00	\$0.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.69	\$62.46	\$0.00	\$21.82	\$20.97	\$0.00	\$20.64	\$3.46	\$37.02	\$3.3
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4107								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	¢10F 24	\$88.11	\$0.00	¢24.02	¢20.07	* 0.00	#20.64	60.46	\$27.00	фо o
19	Quarterly Medicaid CMA Allowed Per Diem	KS = LII 10, AllOulii = LII 10	\$195.34	\$88.11	\$0.00	\$21.82	\$20.97	\$0.00	\$20.64	\$3.46	\$37.02	\$3.3
(Quarterly 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.81	\$93.48	\$0.00	\$22.04	\$21.38	\$0.00	\$38.11	\$3.46	\$37.02	\$3.3

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$151.28

FY19 Audited CR (As Asi, FY21 GEUTIA) S7,500,014 S3,776,772 S0 S660,932 S653,996 S0 S1,094,730 S6,547 S1,386,432 S120,605		rovider: Briarwood Health & Rehab Center rvdr ID: 00706813A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	1/1/2022		owth Allowance: atrly BIMS score	Facility Score N/A 33.96% 3.49	Add-on Percent 5.00% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.6214 1.7030 1.7336	State- wide 1.4759 1.5485 1.5216
CASE MIX BASED RATE CALCULATIONS 1000 Policy Memoral 1	Line	Description		Totals			Dietary	,	Operatns	and	GL/PL	and	
Cost Center Peer Group Secretary Cost Center Peer Group Design Register Cost Center Cost				а	b	С	d	е	f	g	g	h	i
## Provided Control Co	<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
2 Peer Gricky Shandards: Minipplier Issa Palaty Manual) 100 0/6 10	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities		Free Standing		All Facilities	All Facilities			
Base Period Per Diem Allowed Amounts	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
S As Filled Cost Center Costs (Routen's Special Sizes Combined) As Filed FVFF OR PLY BOLL PRITE \$7,498,992 \$3,780,858 \$0 \$560,932 \$553,996 \$0 \$1,099,234 \$1,503,971 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$			(coo i oney manada)		\$0.00	φο.σσ	φυ.22	φο		\$0.07			
Audit Adjustments and Reallocations to Cost Center Costs Apa Adjusted PT to CIFE Rpt Apa Adjusted PT to CIFE Rpt Apa Adjusted PT to CIFE Rpt Apa Adjusted PT to CIFE Rpt Apa Adjusted Cost Center Costs (CIFE) Apa Adjusted PT to CIFE Rpt Apa Adjusted PT to CIFE R	_		A- 5%-4 5W40 O/D 5W40 OL/DI D-4	\$7,400,000	#0.700.050	*	#500.000	# 550,000	•	* 4 000 004		04 500 074	# 0
As Adjusted Cost Center Costs (GUPL) As Adjusted FYS GUPL Rpt As Adjusted Cost Center Costs (GUPL) As Adjusted FYS GUPL Rpt As Adjusted Cost Center Costs (GUPL) As Adjusted FYS GUPL Rpt As Adjuste					+-,,								\$0
As Adjusted Cost Center Costs (GUPL) As Adjusted Cost Center Costs (Tues and Insurance) As Adjusted Cost Center Costs (Tues and Insurance) FY19 Audied COR (A Pal, FY21 GUPL Tai) Total Nursing Facility Days As Field Days = 34,124 Total Nursing Facility Days As Field Days = 34,124 FY19 Audied COR Days Total Nursing Facility Days As Field Days = 34,124 FY19 Audied COR Days Total Nursing Facility Days As Field Days = 34,124 FY19 Audied COR Days As Field Days = 34,124 FY19 Audied COR Days Total Nursing Facility Days As Field Days = 34,124 FY19 Audied COR Days As Field Days As Field Days As Field Days As Field Days As Field Days As Fiel	0	,	•	(\$121,020)	(\$4,087)	\$0	\$0	\$0	\$0			(\$117,539)	
As Adjusted Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs (Taxes and Insurance) 8 Total Nursing Facility Days 8 Total Nursing Facility Days 9 As Filed Days 9 As										(+ 1,22 1)	\$6.547		
Total Nursing Facility Days GL-PL Ins. Rpt			As Adjusted FY21 C/R								* - / -		\$120,605
Total Nursing Facility Days GL-PL Ins. Rpt FY21 Audited CIR Days Net Per Diems prior to Case Mix Adjstnt to Routine Stross Base Period Facility Case Mix Adjstnt to Routine Stross RS = Ln 11. Allohor = Ln 9 Per Diem Standards (Alma Norwane Per Diem Atter Crowth Allowance Add-on) Caraterly Per Diem Rate Prior to Add-ons Growth Allowance Per Diem (Alma Growth Allowance Add-on) Caraterly Per Diem Rate Prior to Add-ons To Quarterly Per Diem (Alma Growth Allowance Add-on) Caraterly Per Diem (Alma Growth Allowance Add-on) Caraterly Per Diem (Alma Growth Allowance Add-on) Caraterly Per Diem Add-on Amounts Description (Allowance Point Counted Pro Diem) Caraterly Per Diem Add-on Amounts Total Nursing Facility Days GL-PL Ins. Rpt FY21 Audited CIR Days Ln 7/Ln 8 Cot a S22,562 \$110.68 \$0.00 \$16.44 \$16.23 \$32.08 \$0.02 \$45.97 \$4.00 \$0.00 NA \$45.97 \$4.00 \$45.97 \$4.00 \$45.97 \$4.00 \$45.97 \$4.00 \$45.97 \$4.00 \$45.97 \$4.00 \$45.97 \$4.00 \$45.97 \$4.00 \$45.97 \$4.00 \$45.97 \$4.00 \$45	7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,500,014	\$3,776,772	\$0	\$560,932	\$553,996	\$0	\$1,094,730	\$6,547	\$1,386,432	\$120,605
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 34,124	FY19 Audited C/R Days	34,124									
10 Base Period Facility Case Mix Index for All Residents from 4 gtrs of FY19 Ling 1/th 10 S88.26 S8.26 S8.20 S8.26 S8.27 S8.20 S8.20 S		Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,161		
Routine Srvcs Case Mix Adjistnt to Routine Srvcs Rs = Ln 1. All/Othr = Ln 9 \$68.26 \$0.00 \$16.44 \$16.23 \$32.08 \$0.22 \$45.97 \$4.00	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.62	\$110.68	\$0.00	\$16.44	\$16.23	(with L&H)	\$32.08	\$0.22	\$45.97	\$4.00
12 Net Per Dierms after Case Mix Adjistmit to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$68.26 \$0.00 \$16.44 \$16.23 \$32.08 \$0.22 \$45.97 \$4.00 13 Per Dierm Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Base Period Case Mix Adjusted Allowed Per Dierm Lesser of Ln 12 or Ln 13 \$144.32 \$68.26 \$0.00 \$16.44 \$16.23 \$27.76 \$0.02 \$11.41 \$4.00 15 Growth Allowance Percentage = \$5.00\sqrt{\s	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6214</u>								
13 Per Diem Standards (After Statewide CMA for Routine Sinces) Per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.26								
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$144.32 \$68.26 \$0.00 \$16.44 \$16.23 \$27.76 \$0.22 \$11.41 \$4.00	12	•	,								\$0.22		\$4.00
Quarterly Per Diem Rate Prior to Add-ons Crowth Allowance Percentage = 5.00% Ln 14 x Grwth Allwnc % \$6.43 \$3.41 \$0.00 \$0.82 \$0.81 \$0.00 \$1.39 N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A												1	
Counterly Per Diem Rate Prior to Add-ons Crowth Allowance Percentage = \$5.00%	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.32	\$68.26	\$0.00	\$16.44	\$16.23		\$27.76	\$0.22		\$4.00
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$150.75 \$71.67 \$0.00 \$17.26 \$17.04 \$0.00 \$29.15 \$0.22 \$11.41 \$4.00 17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.7336 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$124.25 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$203.33 \$124.25 \$0.00 \$17.26 \$17.04 \$0.00 \$29.15 \$0.22 \$11.41 \$4.00 Quarterly Per Diem Add-on Amounts 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 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$3.11 \$3.11 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfing Add-on \$3.73 \$3.73 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$25.10 \$7.37 \$0.00 \$0.02 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 27 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 28 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 29 \$0.00 \$0.00 \$0.00 \$0.00 20 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 20 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 20 \$0.00 \$0.00 \$0.00 \$0.00 20 \$0.00 \$0.00 \$0.00 \$0.00 20 \$0.00 \$0.00 \$0.00 20 \$0.00 \$0.00 \$0.00 20 \$0.00 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 20 \$0.00 \$0.00 2		Quarterly Per Diem Rate Prior to Add-ons										(,,,,,,	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$124.25 \$124.25 \$19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$203.33 \$124.25 \$0.00 \$17.26 \$17.04 \$0.00 \$29.15 \$0.22 \$11.41 \$4.00 \$11.41 \$11.41 \$4.00 \$11.41	15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.43	\$3.41	\$0.00	\$0.82	\$0.81	\$0.00	\$1.39	N/A	N/A	N/A
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.75	\$71.67	\$0.00	\$17.26	\$17.04	\$0.00	\$29.15	\$0.22	\$11.41	\$4.00
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$203.33 \$124.25 \$0.00 \$17.26 \$17.04 \$0.00 \$29.15 \$0.22 \$11.41 \$4.00			·										
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([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 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$3.11 \$3.11 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.73 \$3.73 23 Nursing Home Provider Fee (Fixed Amount) \$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													
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.33	\$124.25	\$0.00	\$17.26	\$17.04	\$0.00	\$29.15	\$0.22	\$11.41	\$4.00
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$3.11 \$3.11 \$3.11 \$2 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.73 \$3.73 \$3.73 \$3.73 \$3.73 \$17.10 \$17.10 \$17.10 \$17.10 \$17.10 \$0.00 \$17.10 \$0.00 \$0		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	
23 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	21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.11	\$3.11								
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	22		Ln 19 Col b x Stfng Add-on		\$3.73								
			, ,							1			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$228.43 \$131.62 \$0.00 \$17.48 \$17.45 \$0.00 \$46.25 \$0.22 \$11.41 \$4.00	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	\$228.43	\$131.62	\$0.00	\$17.48	\$17.45	\$0.00	\$46.25	\$0.22	\$11.41	\$4.00

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$158.50

Facility Add-on Facility State-Provider: Lee County Health Care Specific wide Score Percent Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00712665A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.6313 1.4759 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.5485 Case Mix Per Diem Rate Effective Date: 18.60% 0.0% 1.6910 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.7229 1.5216 3.54 Plant A&G -Admin Property Routine Special Laundry & Taxes and Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance & Maint Related Calculations General Insurance h b С d **CASE MIX BASED RATE CALCULATIONS**

1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			7 200 0.200	7 117 200 01200	7 117 200 01200	7 20u 0.200	7 200 0.200	7 200 0.200			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,946,845	\$1,999,552	\$0	\$407,967	\$444,386	\$0	\$643,866		\$451,074	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$51,379)	\$4,308	\$0	\$0	\$0	(\$4,308)	(\$8,540)		(\$42,839)	
As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$31,915)			
As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$62,985		
As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$41,239
7 Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,967,775	\$2,003,860	\$0	\$407,967	\$444,386	(\$4,308)	\$603,411	\$62,985	\$408,235	\$41,239
8 Total Nursing Facility Days As Filed Days = 20,995	FY19 Audited C/R Days	20,995									
Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,605		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$193.68	\$95.44	\$0.00	\$19.43	\$20.96	(with L&H)	\$28.74	\$3.58	\$23.19	\$2.34
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6313</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.51								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.51	\$0.00	\$19.43	\$20.96		\$28.74	\$3.58	\$23.19	\$2.34
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.30	\$58.51	\$0.00	\$19.43	\$20.96		\$27.76	\$3.58	15.72	\$2.34
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.34	\$2.93	\$0.00	\$0.97	\$1.05	\$0.00	\$1.39	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.64	\$61.44	\$0.00	\$20.40	\$22.01	\$0.00	\$29.15	\$3.58	\$15.72	\$2.34
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7229								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.85								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.05	\$105.85	\$0.00	\$20.40	\$22.01	\$0.00	\$29.15	\$3.58	\$15.72	\$2.34
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.44	\$3.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.49	\$109.56	\$0.00	\$20.62	\$22.42	\$0.00	\$46.25	\$3.58	\$15.72	\$2.34

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$152.54

Facility Facility Add-on Statewide **Bryan County Health & Rehab Ctr** Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00715569A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5889 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 58.73% 5.5% Quarterly Medicaid CMI: 1.6850 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.7184 1.5216 3.82 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$5,373,891 \$2,736,591 \$0 \$612,959 \$723.984 \$0 \$846,167 \$454,190 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$99,878) (\$3,203) \$0 (\$2,232) (\$11,044) \$0 (\$2,001)(\$81,398)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$162,139) As Adjusted FY21 GL/PL Rpt \$171,709 As Adjusted Cost Center Costs (GL/PL) As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$118,171 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$5,401,754 \$2,733,388 \$612,959 \$721,752 (\$2,001 \$672,984 \$171,709 \$372,792 \$118,171 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 32,554 32,554 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 25.744 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$171.31 \$83.96 \$0.00 \$18.83 \$22.11 (with L&H) \$20.67 \$6.67 \$14.48 \$4.59 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.5889 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$52.84 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$52.84 \$0.00 \$18.83 \$22.11 \$20.67 \$6.67 \$14.48 \$4.59 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$139.63 \$52.84 \$0.00 \$18.83 \$22.11 \$20.67 \$6.67 13.92 \$4.59 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$5.72 \$2.64 \$0.00 \$0.94 \$1.11 \$0.00 \$1.03 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$145.35 \$55.48 \$0.00 \$19.77 \$23.22 \$21.70 \$6.67 \$13.92 \$4.59 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.7184 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$95.34 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$185.21 \$95.34 \$0.00 \$19.77 \$23.22 \$0.00 \$21.70 \$6.67 \$13.92 \$4.59

5.5% (to Routine Srvs)

Quarterly Per Diem Add-on Amounts

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)

Quarterly Per Diem Rate for Bed Hold and Leave Days

Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)

20

21

22

23

24

\$1.53

\$5.24

\$2.86

\$17.10

\$26.73

\$211.94

\$146.13

\$0.53

\$5.24

\$2.86

\$8.63

\$103.97

\$0.00

\$0.00

\$0.00

\$0.22

\$0.22

\$19.99

\$0.41

\$0.41

\$23.63

\$0.00

\$0.00

\$0.00

\$0.37

\$17.10

\$17.47

\$39.17

\$0.00

\$6.67

(see Policy Manual)

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$0.00

\$13.92

\$0.00

\$4.59

	Provider: Tara at Thunderbolt Nursing & Rehab Center Prvdr ID: 00727801A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	A 1/1/2022 09/30/21 Nurse Hours pe	Q	owth Allowance: trly BIMS score	Facility Score N/A 29.11% 2.99	Add-on Percent 5.00% 1.0% 1.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5514 1.3860 1.4078	State- wide 1.4759 1.5485 1.5216
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,059,830	\$4,256,450	\$0	\$634,345	\$810,383	\$0	\$1,342,915		\$2,015,737	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$224,022)	(\$56,649)	\$0	(\$3,503)	\$0	\$0	\$11,439		(\$175,309)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$198,071)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$234,529		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$131,255
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,003,521	\$4,199,801	\$0	\$630,842	\$810,383	\$0	\$1,156,283	\$234,529	\$1,840,428	\$131,255
8	Total Nursing Facility Days As Filed Days = 43,931	FY19 Audited C/R Days	43,931									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,400		
9	,	Ln 7 / Ln 8 Col a	\$268.46	\$95.60	\$0.00	\$14.36	\$18.45	(with L&H)	\$26.32	\$12.09	\$94.87	\$6.77
10	,	from 4 qtrs of FY19		<u>1.5514</u>								
11	, , ,	Ln 9 / Ln 10		\$61.62								
12	·	RS = Ln 11, AllOthr = Ln 9		\$61.62	\$0.00	\$14.36	\$18.45		\$26.32	\$12.09	\$94.87	\$6.77
13		per Peer Group Limits	4	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	^
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.83	\$61.62	\$0.00	\$14.36	\$18.45		\$26.32	\$12.09	18.22 (FRV)	\$6.77
	Quarterly Per Diem Rate Prior to Add-ons										. ,	
15		Ln 14 x Grwth Allwnc %	\$6.04	\$3.08	\$0.00	\$0.72	\$0.92	\$0.00	\$1.32	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$163.87	\$64.70	\$0.00	\$15.08	\$19.37	\$0.00	\$27.64	\$12.09	\$18.22	\$6.77
17	, , ,	per Current Qtr End		<u>1.4078</u>								
18		Ln 16 x Ln 17		\$91.08			.			.		.
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.25	\$91.08	\$0.00	\$15.08	\$19.37	\$0.00	\$27.64	\$12.09	\$18.22	\$6.77
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	,	Ln 19 Col b x Stfng Add-on	\$0.91	\$0.91								
23		(Fixed Amount)	\$17.10	_	_			_	\$17.10			_
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.45	\$2.35	\$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	\$210.70	\$93.43	\$0.00	\$15.30	\$19.78	\$0.00	\$45.11	\$12.09	\$18.22	\$6.77

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$145.20

Facility Facility Add-on Statewide **Gwinnett Extended Care Center** Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Provider: Prvdr ID: 00781382A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5910 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 39.13% 2.5% Quarterly Medicaid CMI: 1.3737 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 5.0% 1.4003 1.5216 5.22 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Description Services Services Houskpng Insurance Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Hosp Based 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 (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$12,054,038 \$6,271,543 \$0 \$1,198,625 \$572,970 \$965,334 \$1,950,526 \$1,095,040 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts \$0 \$0 \$0 \$0 \$0 \$0 \$0 As Adjusted FY19 GL/PL Rpt \$0 As Adjusted Cost Center Costs (GL/PL) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$21,768 As Adjusted FY21 C/R As Adjusted Cost Center Costs (Taxes and Insurance) \$0 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$12,075,806 \$6,271,543 \$0 \$1,198,625 \$572,970 \$965,334 \$1,950,526 \$21,768 \$1,095,040 \$0 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 30,289 30,289 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 30.289 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$398.92 \$207.06 \$0.00 \$39.57 \$50.79 (with L&H) \$64.40 \$0.95 \$36.15 \$0.00 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.5910 11 Ln 9 / Ln 10 \$130.15 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$130.15 \$0.00 \$39.57 \$50.79 \$64.40 \$0.95 \$36.15 \$0.00 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$32.43 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$185.97 \$84.91 \$0.00 \$32.43 \$25.85 \$27.76 \$0.95 14.07 \$0.00 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$8.55 \$4.25 \$0.00 \$1.62 \$1.29 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$194.52 \$89.16 \$0.00 \$34.05 \$27.14 \$29.15 \$0.95 \$14.07 \$0.00 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.4003 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$124.85 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$230.21 \$124.85 \$0.00 \$34.05 \$27.14 \$0.00 \$29.15 \$0.95 \$14.07 \$0.00 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$3.12 \$3.12 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) \$6.24 \$6.24 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 \$26.46 \$0.00 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 \$9.36 \$0.00

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$256.67

\$179.68

\$134.21

\$0.00

\$34.05

\$27.14

\$0.00

\$46.25

\$0.95

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$14.07

\$0.00

	ovider: Dunwoody Health and Rehab Ctr odr ID: 00815295A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	rth Allowance: ly BIMS score	Facility Score N/A 31.18% 3.26	Add-on Percent 5.00% 2.5% 2.0%		Quarterly N	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.7799 1.8279 1.8613	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$18,173,212	\$8,484,178	\$0	\$1,070,051	\$1,558,344	\$0	\$2,628,414		\$4,432,225	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$262,294)	(\$21,000)	\$0	\$0	\$0	\$0	\$0 (\$16,663)		(\$241,294)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$56,086		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R	212 222 227	20 100 170	Ф0	24 070 054	24 ==0 044	ФО.	20 014 754	* =2.000	21 100 001	\$139,866
7 8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 72,214	19 Audited C/R (As Adj. FY21 GLPL/T FY19 Audited C/R Days	\$18,090,207 72,214	\$8,463,178	φυ	\$1,070,051	\$1,558,344	φυ	\$2,611,751	\$56,086	\$4,190,931	\$139,866
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	12,217							46,851		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$283.41	\$117.20	\$0.00	\$14.82	\$21.58	(with L&H)	\$36.17	\$1.20	\$89.45	\$2.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.7799	•			•	.	·		•
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.85	\$0.00	\$14.82	\$21.58		\$36.17	\$1.20	\$89.45	\$2.99
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.38	\$65.85	\$0.00	\$14.82	\$21.58		\$27.76	\$1.20	16.18	\$2.99
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.50	\$3.29	\$0.00	\$0.74	\$1.08	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.88	\$69.14	\$0.00	\$15.56	\$22.66	\$0.00	\$29.15	\$1.20	\$16.18	\$2.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8613								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.43	\$128.69	\$0.00	\$15.56	\$22.66	\$0.00	\$29.15	\$1.20	\$16.18	\$2.99
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.22	\$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$24.05	\$6.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00

\$240.48

\$167.54

\$256.20

\$179.33

\$135.01

\$0.00

\$15.78

\$23.07

\$0.00

\$46.25

\$1.20

\$16.18

\$2.99

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

	rovider: D. Scott Hudgens Center for Skilled Nursing outer ID: 000815493B Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022		owth Allowance: trly BIMS score	Facility Score N/A 40.74% 4.65	Add-on Percent 5.00% 2.5% 3.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3957 1.2045 1.2190	State-wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,905,580	\$1,288,520	\$0	\$346,721	\$391,282	\$0	\$697,575		\$181,482	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$19,097)	\$75,619	\$0	\$0	\$0	\$380	(\$75,619) (\$4,767)		(\$19,477)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$8,924		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$18,850
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,909,490	\$1,364,139	\$0	\$346,721	\$391,282	\$380	\$617,189	\$8,924	\$162,005	\$18,850
8	Total Nursing Facility Days As Filed Days = 11,431	FY19 Audited C/R Days	11,431									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	****	**	#0.00	* 000.00	* 04.00	/ 3/ 1010	#50.00	11,163	044.54	# 4.00
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY19	\$254.92	\$119.34	\$0.00	\$30.33	\$34.26	(with L&H)	\$53.99	\$0.80	\$14.51	\$1.69
10	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		<u>1.3957</u> \$85.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.51	\$0.00	\$30.33	\$34.26		\$53.99	\$0.80	\$14.51	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	ψ1.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.20	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.80	23.53	\$1.69
	, , , , , , , , , , , , , , , , , , ,										(FRV)	-
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	Growth Allowance Percentage = 5.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.26	\$4.25 \$89.16	\$0.00	\$23.79	\$1.29	\$0.00	\$29.15	\$0.80	\$23.53	\$1.69
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ψ100.20	1.2190	ψ0.00	Ψ20.13	Ψ21.14	ψ0.00	Ψ20.10	ψ0.00	Ψ20.00	ψ1.09
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.79	\$108.69	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$0.80	\$23.53	\$1.69
	Quarterly Day Diam Add on Assessments											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72	φυ.υυ	φυ.υυ	φυ.υυ	φυ.υυ	φυ.υυ		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	JO.23					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.08	\$5.98	\$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	\$237.87	\$114.67	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$0.80	\$23.53	\$1.69
-	•		-	•			•				•	

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$165.58

Facility Facility Add-on Statewide Provider: Life Care Center of Lawrenceville Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00818914A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.5844 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 25.00% 1.0% Quarterly Medicaid CMI: 1.3321 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.3496 1.5216 5.37 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Description Services Services Houskpng Insurance Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$8,133,160 \$4,345,921 \$0 \$846,027 \$852,185 \$0 \$1,504,420 \$584.607 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$166,779) \$0 (\$2,655)\$0 \$4,572 (\$44,531) (\$124,165) \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$98,730) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$128,113 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$175,493 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$8,171,257 \$4,345,921 \$843,372 \$852,185 \$4,572 \$1,361,159 \$128,113 \$460,442 \$175,493 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 33,958 33,958 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 24.222 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$249.68 \$127.98 \$0.00 \$24.84 \$25.23 (with L&H) \$40.08 \$5.29 \$19.01 \$7.25 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.5844 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$80.78 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$80.78 \$0.00 \$24.84 \$25.23 \$40.08 \$5.29 \$19.01 \$7.25 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$186.54 \$80.78 \$0.00 \$22.66 \$25.23 \$27.76 \$5.29 17.57 \$7.25 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$7.82 \$4.04 \$0.00 \$1.13 \$1.26 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$194.36 \$84.82 \$0.00 \$23.79 \$26.49 \$0.00 \$29.15 \$5.29 \$17.57 \$7.25 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.3496 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$114.47 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$224.01 \$114.47 \$0.00 \$23.79 \$26.49 \$0.00 \$29.15 \$5.29 \$17.57 \$7.25 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.94 \$0.53 \$0.00 \$0.00 \$0.41 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$1.14 1.0% (to Routine Srvs) \$1.14 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$3.43 \$3.43 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.61 \$0.00 \$0.00 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 \$5.10

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$246.62

\$172.14

\$119.57

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$23.79

\$26.90

\$0.00

\$46.25

\$5.29

\$0.00

\$17.57

\$7.25

Facility Add-on Facility State-Provider: Senior Care Ctr.-Brunswick Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 000830827B Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.2880 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 28.83% 1.0% Quarterly Medicaid CMI: 1.2808 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.3019 1.5216 3.95 3.0% Admin A&G -

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$16,154,976	\$10,886,636	\$0	\$1,505,151	\$781,808	\$500,814	\$1,818,932		\$661,635	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$8,222)	(\$33,906)	\$0	\$0	(\$19,724)	\$0	(\$182,200) \$0		\$227,608	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$339,582		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$33,546
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$16,519,882	\$10,852,730	\$0	\$1,505,151	\$762,084	\$500,814	\$1,636,732	\$339,582	\$889,243	\$33,546
8	Total Nursing Facility Days As Filed Days = 68,679	FY19 Audited C/R Days	68,679									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								56,845		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$244.36	\$158.02	\$0.00	\$21.92	\$18.39	(with L&H)	\$23.83	\$5.97	\$15.64	\$0.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.2880								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$122.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$122.68	\$0.00	\$21.92	\$18.39		\$23.83	\$5.97	\$15.64	\$0.59
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.36	\$84.91	\$0.00	\$21.92	\$18.39		\$23.83	\$5.97	15.75	\$0.59
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.46	\$4.25	\$0.00	\$1.10	\$0.92	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.82	\$89.16	\$0.00	\$23.02	\$19.31	\$0.00	\$25.02	\$5.97	\$15.75	\$0.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3019</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.74	\$116.08	\$0.00	\$23.02	\$19.31	\$0.00	\$25.02	\$5.97	\$15.75	\$0.59
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.48	\$3.48								
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	\$4.64	\$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	\$211.38	\$120.72	\$0.00	\$23.24	\$19.72	\$0.00	\$25.39	\$5.97	\$15.75	\$0.59
			 	1						1		

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$158.54

Facility Facility Add-on Statewide Roselane Health and Rehab Center Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Provider: Prvdr ID: 00831751A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.6728 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 36.36% 2.5% Quarterly Medicaid CMI: 1.7008 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.5216 3.50 1.7301 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals GL/PL Sources / Dietary Operatns and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$10,445,698 \$5,100,863 \$0 \$720,934 \$817,363 \$0 \$1,794,155 \$2,012,383 \$0 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts (\$141,649) (\$51,340) \$0 \$0 \$0 (\$12,816) \$0 (\$77,493)As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$10,005) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$64,495 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$99,310 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$10,457,849 \$5,049,523 \$720,934 \$817,363 \$1,771,334 \$64,495 \$1,934,890 \$99,310 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 45,747 45,747 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 42.284 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$232.37 \$110.38 \$0.00 \$15.76 \$17.87 (with L&H) \$38.72 \$1.53 \$45.76 \$2.35 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.6728 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$65.98 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$65.98 \$0.00 \$15.76 \$17.87 \$38.72 \$1.53 \$45.76 \$2.35 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 14.38 Base Period Case Mix Adjusted Allowed Per Diem \$145.63 \$65.98 \$0.00 \$15.76 \$17.87 \$27.76 \$1.53 \$2.35 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$6.37 \$3.30 \$0.00 \$0.79 \$0.89 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$14.38 CMA Allowed Per Diem (After Growth Allowance Add-on) \$152.00 \$69.28 \$0.00 \$16.55 \$18.76 \$0.00 \$29.15 \$1.53 \$2.35 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.7301 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$119.86 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$202.58 \$119.86 \$0.00 \$16.55 \$18.76 \$0.00 \$29.15 \$1.53 \$14.38 \$2.35 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$3.00 \$3.00 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) \$3.60 \$3.60 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.86 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$7.13 \$0.00

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$227.44

\$157.76

\$126.99

\$0.00

\$16.77

\$19.17

\$0.00

\$46.25

\$1.53

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$14.38

\$2.35

Facility Add-on Facility State-Provider: Regency Park Health Care Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00837207A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4391 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 0.0% Quarterly Medicaid CMI: 1.3155 1.5485 16.33% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Qrtrly Mcaid CMI w RUG Wght Options: Nurse Hours per On-Site Day/Quality Incentive: 3.0% 1.3364 1.5216 2.53

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	All Facilities	2 Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
-	Efficiency ineasure maximums (see line 20 for actual)	(See Folicy Maridar)		ψ0.55	φυ.υυ	φυ.ΖΖ	φυ.+1		φυ.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,302,270	\$4,763,250	\$0	\$926,141	\$710,837	\$0	' ' '		\$344,844	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$52,751)	(\$154,818)	\$0	\$0	\$0	\$0	\$102,067		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$128,450)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$50,977		
_	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R	#0.400.000	* 4 000 400	•	\$000 444	#740.007		#4 500 045	ΦE0.077	***	\$10,282
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,182,328	\$4,608,432	\$0	\$926,141	\$710,837	\$0	\$1,530,815	\$50,977	\$344,844	\$10,282
8	Total Nursing Facility Days As Filed Days = 33,152	FY19 Audited C/R Days FY21 Audited C/R Days	33,254							04.004		
	Total Nursing Facility Days GL-PL Ins. Rpt	Ln 7 / Ln 8 Col a	¢250.20	\$138.58	\$0.00	\$27.85	#24.20	(with L&H)	\$46.03	24,681 \$2.07	\$13.97	\$0.42
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 qtrs of FY19	\$250.30		\$0.00	\$21.65	\$21.38	(WIUI L&H)	\$46.03	\$2.07	\$13.97	\$0.42
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.4391 \$96.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.29	\$0.00	\$27.85	\$21.38		\$46.03	\$2.07	\$13.97	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$27.65	\$25.85		\$27.76	\$0.00	\$13.97 N/A	\$0.42
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.86	\$84.91	\$0.00	\$22.66	\$21.38		\$27.76	·	21.66	\$0.42
'-	Base I chou dase with Aujustea Allowed I of Bieth	200001 01 211 12 01 211 10	ψ100.00	ψ04.51	Ψ0.00	Ψ22.00	Ψ21.30		Ψ21.10	Ψ2.01	(FRV)	ψ0.42
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.84	\$4.25	\$0.00	\$1.13	\$1.07	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.70	\$89.16	\$0.00	\$23.79	\$22.45	\$0.00	\$29.15	\$2.07	\$21.66	\$0.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3364</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.69	\$119.15	\$0.00	\$23.79	\$22.45	\$0.00	\$29.15	\$2.07	\$21.66	\$0.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.08	\$3.57	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.77	\$122.72	\$0.00	\$23.79	\$22.86	\$0.00	\$46.25	\$2.07	\$21.66	\$0.42

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$167.00

Facility Add-on Facility State-Provider: Rockdale Healthcare Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 00838252A Base Period Overall CMI: 1.6004 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 27.42% Quarterly Medicaid CMI: 1.5823 1.5485 1.0% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6115 MDS & Nurse Hrs Data per Quarter Ending: 3.0% 1.5216 3.89

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(con Delieu Manuel)		4	1	2	4	1				
'	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	•	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 1	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency ineasure maximums (see line 20 for actual)	(see Policy Maridar)		φυ.υυ	φυ.υυ	φυ.22	φυ.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,550,065	\$3,558,298	\$0	\$567,605	\$654,973	\$0	\$1,145,696		\$2,623,493	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$45,007)	(\$66,095)	\$0	\$0	\$0	\$0	\$141,959		(\$120,871)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$148,292)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$196,225		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$123,79
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,676,781	\$3,492,203	\$0	\$567,605	\$654,973	\$0	\$1,139,363	\$196,225	\$2,502,622	\$123,79
8	Total Nursing Facility Days As Filed Days = 33,959	FY19 Audited C/R Days	33,959									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,552		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$259.10	\$102.84	\$0.00	\$16.71	\$19.29	(with L&H)	\$33.55	\$6.03	\$76.88	\$3.8
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6004</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.26	\$0.00	\$16.71	\$19.29		\$33.55	\$6.03	\$76.88	\$3.8
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.31	\$64.26	\$0.00	\$16.71	\$19.29		\$27.76	\$6.03	13.46	\$3.8
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$6.40	\$3.21	\$0.00	\$0.84	\$0.96	\$0.00	\$1.39	N/A	N/A	N/
16		Ln 14 + Ln 15	\$157.71	\$67.47	\$0.00	\$17.55	\$20.25	\$0.00	\$29.15	\$6.03	\$13.46	\$3.8
17	, ,	per Current Qtr End	•	1.6115								
18		Ln 16 x Ln 17		\$108.73								
19		RS = Ln 18, AllOthr = Ln 16	\$198.97	\$108.73	\$0.00	\$17.55	\$20.25	\$0.00	\$29.15	\$6.03	\$13.46	\$3.8
											-	
	Quarterly Per Diem Add-on Amounts		.									
20		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22		Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26								
23		(Fixed Amount)	\$17.10		_		_		\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.61	\$4.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.58	\$113.61	\$0.00	\$17.77	\$20.66	\$0.00	\$46.25	\$6.03	\$13.46	\$3.8

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$153.36

Provider: Coastal Mano	r		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID: 00856028A			Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.4097	1.4759
	Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtrly BIMS score	49.30%	5.5%	Quarterly Medicaid CMI:	1.5896	1.5485
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per On-Site Day/Quality Incentive:	5.63	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.6181	1.5216

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per 0	On-Site Day/Qua	ality Incentive:	5.63	3.0%	Qrtrly Mcaid	CMI w RUG W	/ght Options:		1.6181	1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
-												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	1 Hosp Based	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards & Efficiency Measure Ellinis Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,547,385	\$3,420,736	\$0	\$902,222	\$375,944	\$611,470	\$689,267		\$547,746	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$53,874)	(\$175,856)	\$0	\$59,176	\$0	(\$20,720)	\$114,193		(\$30,667)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$106,719)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$136,765		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,960
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$6,550,517	\$3,244,880	\$0	\$961,398	\$375,944	\$590,750	\$696,741	\$136,765	\$517,079	\$26,960
8	Total Nursing Facility Days As Filed Days = 37,667	FY19 Audited C/R Days	37,667									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,920		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$174.79	\$86.15	\$0.00	\$25.52	\$25.66	(with L&H)	\$18.50	\$3.81	\$14.40	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.4097</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.11	\$0.00	\$25.52	\$25.66		\$18.50	\$3.81	\$14.40	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.53	\$61.11	\$0.00	\$25.52	\$25.66		\$18.50	\$3.81	16.18	\$0.75
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.55	\$3.06	\$0.00	\$1.28	\$1.28	\$0.00	\$0.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.08	\$64.17	\$0.00	\$26.80	\$26.94	\$0.00	\$19.43	\$3.81	\$16.18	\$0.75
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6181							·	
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.74	\$103.83	\$0.00	\$26.80	\$26.94	\$0.00	\$19.43	\$3.81	\$16.18	\$0.75
200	Quarterly Per Diem Add-on Amounts	(and Deliay Manual)	#4.00	фо г о	фо oo	фо оо	CO 44	фо оо	¢o o z		#0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.26	\$0.53	\$0.00	\$0.22	\$0.14	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)		\$0.00	\$0.00								
22		Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$3.11 \$17.10	\$3.11					¢17.10			
23	Nursing Home Provider Fee	Sum of Lns 20 thru 23	\$17.10 \$21.47	#2.64	#0.00	ФО 20	ФО 4.4		\$17.10 \$17.47	60.00	фо oo	\$0.00
24	Total Quarterly Per Diem Add-on Amounts		\$21.47	\$3.64	\$0.00	\$0.22	\$0.14	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.21	\$107.47	\$0.00	\$27.02	\$27.08	\$0.00	\$36.90	\$3.81	\$16.18	\$0.75
							·					

\$151.58

\$246.10

\$171.75

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

ı	Provider:	Candler Hospital Sub-Acute Unit		Add-on Dat	a and Percentages	Facility Score	Add-on Percent	Case	e Mix Index (C	CMI) Data		Facility Specific	State- wide
	Prvdr ID:	00870911A			Growth Allowance:	N/A	5.00%		Base Period	d Overall CMI:		2.2646	1.4759
		Case Mix Per Diem Rate Effective Date:	1/1/2022		Qtrly BIMS score	#N/A	#N/A		Quarterly N	Medicaid CMI:		1.5485	1.5485
		MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per On-Site	Day/Quality Incentive:	8.12	0.0%	Qrtrly Mcaid	CMI w RUG V	Vght Options:		1.5216	1.5216
									Plant	Admin	A&G -	Property	

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per C	on-Site Day/Qua	anty incentive:	8.12	0.0%	Qrtriy Mcaid	CIVII W RUG I	wgnt Options:		1.5216	1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>	NOE WIN BASED HATE GALGGEATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	·			7 200 0.200	7 200 0.200	7 200 0.200	7 200 0.200	7 III 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$1,882,028	\$996,996	\$0	\$69,846	\$95,518	\$109,522	\$376,793		\$233,353	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$6,720)	(\$760)	\$0	(\$10,911)	(\$2,679)	(\$7,866)	(\$3,899)		\$19,395	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$3,419		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,418
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$1,896,145	\$996,236	\$0	\$58,935	\$92,839	\$101,656	\$372,894	\$3,419	\$252,748	\$17,418
8	Total Nursing Facility Days As Filed Days = 3,165	FY19 Audited C/R Days	3,165									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								3,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$598.53	\$314.77	\$0.00	\$18.62	\$61.45	(with L&H)	\$117.82	\$0.51	\$79.86	\$5.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>2.2646</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$138.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$138.99	\$0.00	\$18.62	\$61.45		\$117.82	\$0.51	\$79.86	\$5.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.58	\$84.91	\$0.00	\$18.62	\$25.85		\$27.76	\$0.51	11.43	\$5.50
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.86	\$4.25	\$0.00	\$0.93	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.44	\$89.16	\$0.00	\$19.55	\$27.14	\$0.00	\$29.15	\$0.51	\$11.43	\$5.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	·	1.5216								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.95	\$135.67	\$0.00	\$19.55	\$27.14	\$0.00	\$29.15	\$0.51	\$11.43	\$5.50
00	Quarterly Per Diem Add-on Amounts	(coo Policy Manual)	ФО ОО	#0.00	#0.00	фо.00	#0.00	#0.00	фо oo		#0.00	
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 = #N/A (to Routine Srvs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs) Nursing Home Provider Fee	(Fixed Amount)	\$0.00 \$17.10	\$0.00					\$17.10			
23		Sum of Lns 20 thru 23	\$17.10 \$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10 \$17.10	ድር ርር	\$0.00	\$0.00
	Total Quarterly Per Diem Add-on Amounts									\$0.00		\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.27	\$135.67	\$0.00	\$19.77	\$27.14	\$0.00	\$46.25	\$0.51	\$11.43	\$5.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.88									

\$309.10

\$219.00

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Specific Provider: PruittHealth - Laurel Park Score Percent Case Mix Index (CMI) Data wide Add-on Data and Percentages Prvdr ID: 00908553A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.6065 1.4759 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: Case Mix Per Diem Rate Effective Date: 20.45% 1.0% 1.6360 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 3.57 1.6666 1.5216 5.0% Plant A&G -Admin Property Routine Special Laundry & Taxes and Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance & Maint Related Calculations General Insurance h С **CASE MIX BASED RATE CALCULATIONS** 1 Cost Center Peer Groups 2 (see Policy Manual)

	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Emolotoy Woodare Waximamo (See line 2010) deday	(See I only Mariaar)		ψο.σσ	φ0.00	φυ.ΖΣ	ψ0.47		φο.στ			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,703,371	\$4,016,912	\$0	\$497,744	\$746,599	\$0	\$1,255,413		\$186,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$40,008)	(\$97,139)	\$0	\$0	(\$4,623)	(\$6,146)			(\$17,123)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$177,138)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$383,193		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$15,537
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,884,955	\$3,919,773	\$0	\$497,744	\$741,976	(\$6,146)	\$1,163,298	\$383,193	\$169,580	\$15,537
8	Total Nursing Facility Days As Filed Days = 31,012	FY19 Audited C/R Days	31,012									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,472		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$226.00	\$126.40	\$0.00	\$16.05	\$23.73	(with L&H)	\$37.51	\$15.04	\$6.66	\$0.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6065</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.68	\$0.00	\$16.05	\$23.73		\$37.51	\$15.04	\$6.66	\$0.61
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.05	\$78.68	\$0.00	\$16.05	\$23.73		\$27.76	\$15.04	21.18	\$0.61
											(FRV)	
4-	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	27.04	00.00	00.00				04.00	.		
15	Growth Allowance Percentage = 5.00%		\$7.31	\$3.93	\$0.00	\$0.80	\$1.19	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.36	\$82.61	\$0.00	\$16.85	\$24.92	\$0.00	\$29.15	\$15.04	\$21.18	\$0.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6666								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.43	\$137.68	\$0.00	\$16.85	\$24.92	\$0.00	\$29.15	\$15.04	\$21.18	\$0.61
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.88	\$6.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.14	\$7.41	\$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	\$270.57	\$145.09	\$0.00	\$17.07	\$25.33	\$0.00	\$46.25	\$15.04	\$21.18	\$0.61
	Quarterly Guest mix Bussel i of Biolif Nato		ΨΣ. 0.51	ψ1-70.00	ψ3.00	ψ	Ψ20.00	ψυ.υυ	ψ-10.20	ψ.5.04	Ψ21.10	Ψ0.01

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$190.10

Facility Add-on Facility State-Provider: Oconee Regional SNF Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 00947658A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.8401 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.5485 1.5485 0.00% 0.0% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.5216 MDS & Nurse Hrs Data per Quarter Ending: 7.15 0.0% 1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
·	Type of Facility within Peer Group Bed Size Range within Peer Group	(ccc : s.icya.ica)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,037,510	\$1,030,218	\$0	\$137,572	\$72,806	\$126,565	\$536,279		\$134,070	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$16,063)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$71,985		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,093,432	\$1,030,218	\$0	\$137,572	\$72,806	\$126,565	\$520,216	\$71,985	\$134,070	\$
8	Total Nursing Facility Days As Filed Days = 3,108	FY19 Audited C/R Days	3,108									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								3,108		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$674.14	\$331.47	\$0.00	\$44.26	\$64.15	(with L&H)	\$167.38	\$23.74	\$43.14	\$0.0
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.8401</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$180.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$180.14	\$0.00	\$44.26	\$64.15		\$167.38	\$23.74	\$43.14	\$0.0
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.35	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$23.74	20.66	\$0.0
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.90	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$23.74	\$20.66	\$0.0
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5216</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.41	\$135.67	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$23.74	\$20.66	\$0.0
	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 = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	\$5.50	45.55	43.30	\$3.30			\$3.30	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	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	\$0.0
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$287.51	\$135.67	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$23.74	\$20.66	\$0.0
			Ţ 2 0.101	Ţ.00.07	\$5.50	JO00	Ψ=	\$5.50	7.5.20	Ţ_0	Ų0.50	\$5.0

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$202.81

FINAL

Prvd	rider: Southern Pines Nursing Home Ir ID: 00140918A /B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/22 09/30/21 Nurse		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 33.3% 4.02	Add-on Percent 5.00% 2.5% 3.0%		Quarterl caid CMI w RU0	iod Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific 1.7362 1.6916 1.7241	State- wide 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
	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			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Freestanding All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Liftins Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			1
	Peer Group Standards: Percentile 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			φυ.53	\$0.00	\$0.22	φυ.41		\$0.37			
1 1 -	GL-PL- Insurance Costs	FY2021 GL-PL Ins. Rpt								\$ 92,553		
1 1		FY2021 GL-PL Ins. Rpt								φ 92,553 16.384		1
	Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs)	FY 2019 Peer Group Limit		\$84.91		\$22.66	\$25.85		\$27.76	10,304	\$36.42	\$5.70
1 1	Allowed @ 95% of Std	FT 2019 Feet Gloup Lillin	\$195.24	\$80.66		\$21.53	\$24.56		\$26.37		\$36.42	
	Growth Allowance 5.0%		\$7.66	\$4.03		\$1.08	\$1.23		\$1.32		ψ50.42	\$5.70
	CMA Allowed Per Diem (After Growth Allowance)		\$208.54	\$84.69		\$22.61	\$25.79		\$27.69		\$36.42	\$5.70
	Quarterly Facility Case Mix Index for Medicaid Residents		Ψ200.54	1.7241		Ψ22.01	Ψ23.73		Ψ27.03	Ψ 3.05	(FRV Rate)	ψ5.70
	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$146.02							(i i i i i i i i i i i i i i i i i i i	
	Quarterly Medicaid CMA Allowed Per Diem		\$268.41	\$146.02		\$22.61	\$25.79		\$27.69	4.19	\$36.42	\$5.70
	Quarterly Per Diem Add-On Amounts		ֆ∠00.41	\$140.02		\$22.01	φ25.79		\$27.09	4.19	φ30.4Z	\$5.70
	BIMS Add-on Per Diem = 2.5% to Routine Srvs)		\$3.65	\$3.65								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$4.38	\$4.38								
	Nursing Home Provider Fee		\$17.10	φ4.30					17.10			(
	otal Quarterly Per Diem Add-On Amounts		\$25.13						''			
	uarterly Case Mix Based Per Diem Rate		\$293.54	\$154.05		\$22.61	\$25.79		\$44.79	\$4.19	\$36.42	\$5.70
	eave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$207.33		Ţ.3 NOC			+=====			70	<u>-</u>	1

^{* 1002.3}B - 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.

Facility Facility Add-on State-Provider: Zebulon Park Health And Rehab wide Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 003125041B Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.6504 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 38.89% 2.5% Quarterly Medicaid CMI: 1.5018 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: **Qrtrly Mcaid CMI w RUG Wght Options:** MDS & Nurse Hrs Data per Quarter Ending: 0.0% 1.5274 1.5216 3.62 Plant Admin A&G -Property Routine Special Laundry & Taxes and Totals Operatns GL/PL Sources / Dietary and and l ine Services Services Houskpng Insurance Description Calculations & Maint General Insurance Related b С d h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups 2 1 (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier 100.0% 100 0% 100 0% 100.0% 105 0% 3 (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed FY19 C/R - FY19 GL/PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$5,672,494 \$2,926,461 \$0 \$443,375 \$579,441 \$0 \$939,702 \$783,515 \$0 \$116,629 6 Audit Adjustments and Reallocations to Cost Center Costs FY19 C/R Audit Adistmts \$103,066 \$0 \$0 \$11,177 (\$24,740) \$0 \$0 As Adjusted FY19 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) (\$35,612) As Adjusted FY21 GL/PL Rpt As Adjusted Cost Center Costs (GL/PL) \$69,498 As Adjusted Cost Center Costs (Taxes and Insurance) As Adjusted FY21 C/R \$19,755 7 Cost Center Costs After Audit Adjustments FY19 Audited C/R (As Adj. FY21 GLPL/T&I) \$5,829,201 \$2,926,461 \$443,375 \$579,441 \$11,177 \ \$1,020,719 \$69,498 \$758,775 \$19,755 8 FY19 Audited C/R Days **Total Nursing Facility Days** As Filed Days = 21,398 21,398 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt 20.022 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$275.14 \$136.76 \$0.00 \$20.72 \$27.60 (with L&H) \$47.70 \$3.47 \$37.90 \$0.99 10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY19 1.6504 11 Ln 9 / Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$82.86 RS = Ln 11, AllOthr = Ln 9 \$37.90 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$82.86 \$0.00 \$20.72 \$27.60 \$47.70 \$3.47 \$0.99 13 Per Diem Standards (After Statewide CMA for Routine Srycs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$197.50 \$82.86 \$0.00 \$20.72 \$25.85 \$27.76 \$3.47 35.85 \$0.99 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** Growth Allowance Percentage = Ln 14 x Grwth Allwnc % \$7.86 \$4.14 \$0.00 \$1.04 \$1.29 \$0.00 \$1.39 N/A 5.00% N/A 16 Ln 14 + Ln 15 \$0.00 CMA Allowed Per Diem (After Growth Allowance Add-on) \$205.36 \$87.00 \$0.00 \$21.76 \$27.14 \$29.15 \$3.47 \$35.85 \$0.99 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.5274 Ln 16 x Ln 17 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$132.88 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$251.24 \$132.88 \$0.00 \$21.76 \$27.14 \$0.00 \$29.15 \$3.47 \$35.85 \$0.99 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([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 Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$3.32 \$3.32 2.5% (to Routine Srvs) 22 Ln 19 Col b x Stfng Add-on Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs) \$0.00 \$0.00 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.17 \$0.00 \$0.22 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 \$3.85

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$272.41

\$191.48

\$136.73

\$0.00

\$21.98

\$27.14

\$0.00

\$46.25

\$3.47

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$35.85

\$0.99

Facility Add-on Facility State-Provider: Ansley Park Health And Rehab Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 003136416A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.6732 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.3664 1.5485 12.50% 0.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: 4.19 Qrtrly Mcaid CMI w RUG Wght Options: 1.3925 2.0% 1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
•	Type of Facility within Peer Group Bed Size Range within Peer Group	(see I only manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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%			
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,435,062	\$3,170,278	\$0	\$478,775	\$513,905	\$0	\$890,376		\$381,728	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	\$118,603	\$0	\$0	\$0	\$1,442	\$12,920	\$129,376 (\$35,580)		(\$25,135)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt							,	\$68,640		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,946
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,606,671	\$3,170,278	\$0	\$478,775	\$515,347	\$12,920	\$984,172	\$68,640	\$356,593	\$19,946
8	Total Nursing Facility Days As Filed Days = 21,566	FY19 Audited C/R Days	21,566									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								16,432		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$266.43	\$147.00	\$0.00	\$22.20	\$24.50	(with L&H)	\$45.64	\$4.18	\$21.70	\$1.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.6732</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.86	\$0.00	\$22.20	\$24.50		\$45.64	\$4.18	\$21.70	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.53	\$84.91	\$0.00	\$22.20	\$24.50		\$27.76	\$4.18	37.77	\$1.21
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.98	\$4.25	\$0.00	\$1.11	\$1.23	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.51	\$89.16	\$0.00	\$23.31	\$25.73	\$0.00	\$29.15	\$4.18	\$37.77	\$1.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3925								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.51	\$124.16	\$0.00	\$23.31	\$25.73	\$0.00	\$29.15	\$4.18	\$37.77	\$1.21
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$20.21	\$2.48	\$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	\$265.72	\$126.64	\$0.00	\$23.53	\$26.14	\$0.00	\$46.25	\$4.18	\$37.77	\$1.21

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$186.47

Facility Add-on Facility State-Provider: Stevens Park Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 003143404A Growth Allowance: 5.00% Base Period Overall CMI: 1.5018 1.4759 1/1/2022 Qtrly BIMS score 13.33% Quarterly Medicaid CMI: 1.5657 1.5485 Case Mix Per Diem Rate Effective Date: 0.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: 3 68 4.0% Ortrly Meaid CMI w RUG Waht Options: 1 5949 1.5216

	MDS & Nurse Hrs Data per Quarter Ending:	09/30/21 Nurse Hours per	On-Site Day/Q	uality Incentive:	3.68	4.0%	Ortrly Mcaid	CMI w RUG \	Wght Options:		1.5949	1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C/	SE MIX BASED RATE CALCULATIONS											
	0(0(_		2						
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	Free Standing	1 All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,736,576	\$1,654,419	\$0	\$386,866	\$355,252	\$0	\$590,517		\$749,522	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$36,529	\$0	\$0	\$0	\$0	\$5,441	\$40,942		(\$9,854)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$22,100)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$43,680		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$9,758
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,804,443	\$1,654,419	\$0	\$386,866	\$355,252	\$5,441	\$609,359	\$43,680	\$739,668	\$9,758
8	Total Nursing Facility Days As Filed Days = 14,857	FY19 Audited C/R Days	14,857									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,618		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$270.96	\$111.36	\$0.00	\$26.04	\$24.28	(with L&H)	\$41.01	\$3.76	\$63.67	\$0.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5018</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.15	\$0.00	\$26.04	\$24.28		\$41.01	\$3.76	\$63.67	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.08	\$74.15	\$0.00	\$22.66	\$24.28		\$27.76	\$3.76	33.63	\$0.84
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.44	\$3.71	\$0.00	\$1.13	\$1.21	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.52	\$77.86	\$0.00	\$23.79	\$25.49	\$0.00	\$29.15	\$3.76	\$33.63	\$0.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ101.02	1.5949	ψ0.00	Ψ20.70	Ψ20.10	Ψ0.00	ΨΣοιτο	ψ0.1 σ	ψου.σσ	φο.στ
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.84	\$124.18	\$0.00	\$23.79	\$25.49	\$0.00	\$29.15	\$3.76	\$33.63	\$0.84
	Quantity included Cita is monocal to 2.5	, , , ,	ψ= 10.0 .	Ų. <u> </u>	ψ0.00	4200	Ψ=0.10	ψο.σσ	Ψ20.10	ψο σ	φουσο	40.01
	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 = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.97	\$4.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.01	\$5.50	\$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	\$263.85	\$129.68	\$0.00	\$23.79	\$25.90	\$0.00	\$46.25	\$3.76	\$33.63	\$0.84

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$185.06

	vider: Chelsey Park Health And Rehabilitation dr ID: 003165720A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	A 1/1/2022 09/30/21	Q	owth Allowance: etrly BIMS score	32.43%	Add-on Percent 5.00% 2.5% 0.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:				Facility <u>Specific</u> 1.7649 1.3851 1.4083	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,295,010	\$3,030,378	\$0	\$458,144	\$501,472	\$0	\$775,819		\$529,197	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	\$80,390	\$0	\$0	\$0	\$0	\$10,940	\$100,292 (\$31,525)		(\$30,842)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$62,400		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,836
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,432,111	\$3,030,378	\$0	\$458,144	\$501,472	\$10,940	\$844,586	\$62,400	\$498,355	\$25,836
8	Total Nursing Facility Days As Filed Days = 20,044	FY19 Audited C/R Days	20,044									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	0075 44	0.5.1.0	40.00		405.50	(;; , , , , , , ,	**	17,426		04.40
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY19	\$275.41	\$151.19	\$0.00	\$22.86	\$25.56	(with L&H)	\$42.14	\$3.58	\$28.60	\$1.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.7649 \$85.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.67	\$0.00	\$22.86	\$25.56		\$42.14	\$3.58	\$28.60	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	\$20.00 N/A	Ψ1.40
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.46	\$84.91	\$0.00		\$25.56		\$27.76	\$3.58	36.51 (FRV)	\$1.48
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.05	\$4.25	\$0.00	\$1.13	\$1.28	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.51	\$89.16	\$0.00	\$23.79	\$26.84	\$0.00	\$29.15	\$3.58	\$36.51	\$1.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4083</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.56			_				_	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.91	\$125.56	\$0.00	\$23.79	\$26.84	\$0.00	\$29.15	\$3.58	\$36.51	\$1.48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.14	\$3.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on		\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)							\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23		\$3.14	\$0.00	\$0.00	\$0.22	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$267.37	\$128.70	\$0.00	\$23.79	\$27.06	\$0.00	\$46.25	\$3.58	\$36.51	\$1.48

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$187.70

6 Audit Adjustments and Reallocations to Cost Center Costs Acquisited Cost Center Costs (GLPL) Ac Adjusted Cost Center Costs (GLPL) Ac Adjusted Cost Center Costs (GLPL) Acquisited Allower Costs (GLPL) Acquisited Cost Center Costs (GLPL) Acquisited Cost Center Costs (GLPL) Acquisited Allower Costs (GLPL) Acquisited Allo		rovider: Harrington Park Health And Rehabilitation rvdr ID: 003165726A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:		ce: N/A 5.00% Base Period Overall CMI: ore 19.23% 0.0% Quarterly Medicaid CMI: ve: 3.58 0.0% Qrtrly Mcaid CMI w RUG Wght Options:					Facility <u>Specific</u> 1.6438 1.2662 1.2841	State- wide 1.4759 1.5485 1.5216	
CASE MIX BASED RATE CALCULATIONS 1	Line	Description		Totals			Dietary	,	Operatns	and	GL/PL	and	
Cost Center Peer Groups				а	b	С	d	е	f	g	g	h	i
AP Final Park Of the Original Wilson Per Cincip Standards A Efficiency Massaries Comp. AP Final Park Standards A Efficiency Massaries Limits AP Final Park Standards A Efficiency Massaries Limi	<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
Peer Group Standards: Manipler (see Pelay Manual) (see Pelay Manua	1	Type of Facility within Peer Group	(see Policy Manual)				Free Standing		All Facilities	All Facilities			
As Filed Cost Centrer Costs (Noutne & Special Snoe Combined)	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
6 Audit Adjustments and Reallocations to Cost Center Costs Adjusted Cost Center Costs (GLPL) As Adjusted Cost Center Costs (GLP		Base Period Per Diem Allowed Amounts											
As Adjusted Cost Center Costs (GLPL) As Adjusted FY12 GUPL Rpt FY19 Adjusted FY12 GUP FY19 Adjusted FY12 GUPL Rpt FY19 Adjusted FY12 GUP FY19 Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUPL Rpt In Till Adjusted FY12 GUP In Till Adjusted FY12 GUP In Till Adjusted FY12 GUP In Till Adjusted FY12 GUP In Till Adjusted FY12 GUP In Till Adjusted FY12 GUP In Till Adjusted FY12 GUP In Till	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,441,668	\$2,821,644	\$0	\$475,643	\$434,358	\$0	\$878,920		\$831,103	\$0
As Adjusted Cost Center Costs (GUPL) As Adjusted Cost Center Costs (Toxes and Insurance) As Adjusted Cost Center Costs (Toxes and Insurance) As Adjusted Cost Center Costs (Toxes and Insurance) As Adjusted Cost Center Costs (Toxes and Insurance) As Adjusted FY21 CUPL Rpt As Adjusted FY21 CUPL Rpt As Adjusted FY21 CUPL Rpt As Adjusted FY21 CUPL Rpt As Adjusted FY21 CUPL Rpt As Adjusted FY21 CUPL Rpt As Adjusted FY21 CUPL Rpt As Adjusted FY21 CUPL Rpt As Adjusted FY21 CUPL Rpt As Adjusted FY21 CUPL Rpt As Adjusted FY21 CUPL Rpt As Adjusted Rpt FY21 Addition Cost Spt Total Nursing Facility Days As Field Days = 19,881 FY19 Audied COR Days Total Nursing Facility Days (L-PL Ins. Rpt Total Nursing Facility Days	6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$119,322	\$0	\$0	\$0	\$0	\$8,589	\$137,652		(\$26,919)	
As Adjusted Cost Center Costs (Taws and Insuranco) As Adjusted PC21 CR 7 Cost Center Costs (Taws and Insuranco) 8 As Eled Days 19,881 FY91 Audited CR Days 19,681 FY91 Audited CR Days		As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$30,355)			
7 Cost Center Costs After Audit Adjustments		As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$60,320		
Total Nursing Facility Days As Filed Days = 19,881 FY19 Audited CR Days 19,881 Total Nursing Facility Days GL-PL Ins. Rpt F121 Audited CR Days 19,881 F121 Audited CR Days 19,881 F121 Audited CR Days 19,881 F121 Audited CR Days 19,881 15,611 15		As Adjusted Cost Center Costs (Taxes and Insurance)	•										\$25,517
Total Nursing Facility Days GL-PL Ins. Rpt FY21 Audited CR Days Nat Per Diems prior to Case Mix Adjustret to Routine Sives Ln 7 / Ln 8 Col a S297.16 S143.37 S0.00 S24.17 S22.51 (with LRH) S50.11 S3.86 S51.51 S1.63 S	7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,616,472	\$2,821,644	\$0	\$475,643	\$434,358	\$8,589	\$986,217	\$60,320	\$804,184	\$25,517
9 Net Per Diems prior to Case Mix Adjistmrt to Routine Srvcs 1. 7 / Ln 8 Col a \$297.16 \$143.37 \$0.00 \$24.17 \$22.51 \$0.00 \$3.86 \$51.51 \$1.65 \$1.	8		•	19,681									
Base Period Facility Case Mix Algistd (CMA) Net Per Diem Ln 9/Ln 10 S87.22 S0.00 \$24.17 \$22.51 \$50.11 \$3.86 \$51.51 \$1.63 \$1.63 \$1.64 \$1.00			•										
11 Routine Srvcs Case Mix Adjistrd (CMA) Net Per Diem				\$297.16		\$0.00	\$24.17	\$22.51	(with L&H)	\$50.11	\$3.86	\$51.51	\$1.63
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$87.22 \$0.00 \$24.17 \$22.51 \$50.11 \$3.86 \$51.51 \$1.65 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 14 Base Period Case Mix Adjisted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$201.50 \$84.91 \$0.00 \$22.66 \$25.85 \$27.76 \$0.00 N/A 15 Growth Allowance Percentage = \$5.00% Ln 14 x Grwth Allowance North Allowance Percentage = \$5.00% Ln 14 x Grwth Allowance Percentage = \$5.00% Ln 14 x Ln 15 \$209.40 \$89.16 \$0.00 \$23.79 \$23.64 \$0.00 \$29.15 \$3.86 \$38.17 \$1.63 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$209.40 \$89.16 \$0.00 \$23.79 \$23.64 \$0.00 \$29.15 \$3.86 \$38.17 \$1.63 17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End \$1.2841 \$1.44.9 \$1.			·										
Per Diem Standards (After Statewide CMA for Routine Sixes)		, , ,											
Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$201.50 \$84.91 \$0.00 \$22.66 \$22.51 \$27.76 \$3.86 38.17 \$1.63		·	,										\$1.63
Quarterly Per Diem Rate Prior to Add-ons CFRV		, ,	, ,				·						
Counterly Per Diem Rate Prior to Add-ons Condition	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 of Ln 13	\$201.50	\$84.91	\$0.00	\$22.66	\$22.51		\$27.76	\$3.86		\$1.63
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 20 Efficiency Add-on Per Diem (Istnd - Alwd] x.75, up to max, or 0) 21 BIMS Add-on Per Diem = 0.0% (to Routine Srvcs) 22 Nurse Staff Hrs / Qualting Add-on Per Diem = 0.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 31 Ln 14 + Ln 15 320,40 \$89.16 30.00 \$23.79 323.64 30.00 \$23.79 323.64 30.00 \$23.79 323.64 30.00 \$29.15 33.86 338.17 31.63 324.73 3114.49 30.00 \$0.00 323.79 323.64 30.00 \$23.79 323.64 30.00 \$23.79 323.64 30.00 \$29.15 33.86 338.17 31.63 324.73 3114.49 30.00 \$0.00 30.00		Quarterly Per Diem Rate Prior to Add-ons										()	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$114.49	15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.90	\$4.25	\$0.00	\$1.13		\$0.00	\$1.39	N/A	N/A	N/A
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 S114.49 \$0.00 \$23.79 \$23.64 \$0.00 \$29.15 \$3.86 \$38.17 \$1.63	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.40	\$89.16	\$0.00	\$23.79	\$23.64	\$0.00	\$29.15	\$3.86	\$38.17	\$1.63
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$234.73 \$114.49 \$0.00 \$23.79 \$23.64 \$0.00 \$29.15 \$3.86 \$38.17 \$1.63	17		F										
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 \$0.41 \$0.00	18												
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.73	\$114.49	\$0.00	\$23.79	\$23.64	\$0.00	\$29.15	\$3.86	\$38.17	\$1.63
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.00 \$0.00 22 Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs) 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 \$17.51 \$0.00 \$0.00 \$0.41 \$0.00 \$17.10 \$0.00		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$17.51 \$0.00 \$0.00 \$0.00 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00	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	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$17.51 \$0.00 \$0.00 \$0.41 \$0.00 \$17.10 \$0.00	21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$17.51 \$0.00 \$0.00 \$0.00 \$0.00 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00	22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
	23		(Fixed Amount)	\$17.10						\$17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$252.24 \$114.49 \$0.00 \$23.79 \$24.05 \$0.00 \$46.25 \$3.86 \$38.17 \$1.63	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.51	\$0.00	\$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	\$252.24	\$114.49	\$0.00	\$23.79	\$24.05	\$0.00	\$46.25	\$3.86	\$38.17	\$1.63

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$176.36

Facility Add-on Facility State-Specific **Budd Terrace At Wesley Woods** Score Percent Case Mix Index (CMI) Data wide Provider: Add-on Data and Percentages Prvdr ID: 003167547A Growth Allowance: N/A 5.00% Base Period Overall CMI: 1.3897 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.2830 26.51% 1.0% 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 0.0% 1.3020 1.5216 8.51 Plant A&G -Admin Property Routine Special Laundry & Taxes and Totals Dietary Operatns and GL/PL and Line Sources / Description Services Services Houskpng Insurance Related Calculations & Maint General Insurance b С **CASE MIX BASED RATE CALCULATIONS**

<u> </u>	ASE WIX 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 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(coo : choy mandary		φυ.σσ	φοιοσ	φυ. <u>Σ</u> Ξ	φο		φοιο.			
	Base Period Per Diem Allowed Amounts	. = . = . = . = . =		^								
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$23,107,950	\$13,374,113	\$0	, , ,	\$2,877,323		\$3,942,048		\$724,826	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$1,127,684)	\$0	\$0	\$0	\$0	\$0	(\$1,127,684)		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$197,640)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$17,853		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$21,800,479	\$13,374,113	\$0	\$2,189,640	\$2,877,323	\$0	\$2,616,724	\$17,853	\$724,826	\$0
8	Total Nursing Facility Days As Filed Days = 70,754	FY19 Audited C/R Days	70,754									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								52,947		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$311.65	\$189.02	\$0.00	\$30.95	\$40.67	(with L&H)	\$36.98	\$0.34	\$13.69	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3897</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$136.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$136.02	\$0.00	\$30.95	\$40.67		\$36.98	\$0.34	\$13.69	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.64	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.34	15.12	\$0.00
	Overteely Day Diam Date Driay to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.70	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$0.34	\$15.12	\$0.00
17	· · · · · · · · · · · · · · · · · · ·	per Current Qtr End	\$104.70	·	φυ.υυ	φ23.79	φ27.14	φυ.υυ	φ29.13	φ0.34	\$13.12	\$0.00
18	Quarterly Facility <u>Case Mix Index for Medicaid Residents</u>	Ln 16 x Ln 17		1.3020 \$116.09								
	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 18, AllOthr = Ln 16	©044 C0	·	#0.00	#00.70	CO7 4.4	#0.00	₽00.4 <i>E</i>	CO 04	Φ45.40	#0.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = LIT 10, AllOUII = LIT 10	\$211.63	\$116.09	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$0.34	\$15.12	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	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	\$18.26	\$1.16	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.89	\$117.25	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$0.34	\$15.12	\$0.00
- 1			1 1		1	1		1	1 1			

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$159.59

	rovider: Meadows Park Health And Rehabilitation rvdr ID: 003167911A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2022	Qtr	th Allowance: ly BIMS score	Facility Score N/A 30.91% 3.62	Add-on Percent 5.00% 2.5% 0.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.7006 1.7020 1.7359	State- wide 1.4759 1.5485 1.5216
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,485,545	\$2,938,177	\$0	\$447,276	\$488,296	\$0	\$993,000		\$618,796	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	\$32,185	\$2,268	\$0	\$0	\$0	\$3,923	\$52,416 (\$39,520)		(\$26,422)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$78,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,318
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,580,528	\$2,940,445	\$0	\$447,276	\$488,296	\$3,923	\$1,005,896	\$78,000	\$592,374	\$24,318
8	Total Nursing Facility Days As Filed Days = 25,593	FY19 Audited C/R Days	25,593									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,663		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$224.52	\$114.89	\$0.00	\$17.48	\$19.23	(with L&H)	\$39.30	\$3.77	\$28.67	\$1.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.7006</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.56	\$0.00	\$17.48	\$19.23		\$39.30	\$3.77	\$28.67	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.70	\$67.56	\$0.00	\$17.48	\$19.23		\$27.76	\$3.77	31.72 (FRV)	\$1.18
	Quarterly Per Diem Rate Prior to Add-ons										(//(//	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.60	\$3.38	\$0.00	\$0.87	\$0.96	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.30	\$70.94	\$0.00	\$18.35	\$20.19	\$0.00	\$29.15	\$3.77	\$31.72	\$1.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7359</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.50	\$123.14	\$0.00	\$18.35	\$20.19	\$0.00	\$29.15	\$3.77	\$31.72	\$1.18
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			

\$21.34

\$248.84

\$173.81

\$271.20

\$190.57

\$3.61

\$126.75

\$0.00

\$0.00

\$0.22

\$18.57

\$0.41

\$20.60

\$0.00

\$0.00

\$17.10

\$46.25

\$0.00

\$3.77

\$0.00

\$31.72

\$0.00

\$1.18

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

(Ln 27 - Ln 23) * 0.75

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

Provider:	Rockmart Health			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID:	003182988A			Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.5528	1.4759
		Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtrly BIMS score	22.22%	1.0%	Quarterly Medicaid CMI:	1.5089	1.5485
		MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per On-Site Day/Quality Incentive:	3.94	0.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5363	1.5216

h	i
	•
	\$0
(\$18,518)	
	\$21,815
\$269,404	\$21,815
\$19.45	\$1.57
\$19.45	\$1.57
N/A	
	\$1.57
(FRV)	
N/A	N/A
\$9.25	\$1.57
\$9.25	\$1.57
\$0.00	
Ψ0.00	
Ψ0.00	
ψο.σσ	
\$1000	
\$0.00	\$0.00
	\$0.00 \$1.5 7
	\$19.45 \$19.45 N/A 9.25 (FRV) N/A \$9.25

\$213.60

\$147.37

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

	vider: Advanced Health And Rehab Of Twiggs County dr ID: 003185378A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add- 1/1/2022 09/30/21 Nurse Hours per O	Qtr	rth Allowance: ly BIMS score		Add-on Percent 5.00% 2.5% 0.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4720 1.5536 1.5836	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	SE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,972,785	\$3,583,313	\$0	\$538,812	\$628,583	\$0	\$1,411,048		\$811,029	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$105,289)	\$0	\$0	\$0	\$0	\$0	(\$71,440)		(\$33,849)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$118,601		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,704
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$7,031,801	\$3,583,313	\$0	\$538,812	\$628,583	\$0	\$1,339,608	\$118,601	\$777,180	\$45,704
8	Total Nursing Facility Days As Filed Days = 36,097	FY19 Audited C/R Days	36,097							04.007		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days Ln 7 / Ln 8 Col a	\$195.63	\$99.27	\$0.00	\$14.93	\$17.41	(with L&H)	\$37.11	34,987	\$22.21	¢4.24
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19	\$195.03	1.4720	\$0.00	\$14.93	\$17.41	(WILIT L&FI)	ф37.11	\$3.39	Φ 22.21	\$1.31
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11. AllOthr = Ln 9		\$67.44	\$0.00	\$14.93	\$17.41		\$37.11	\$3.39	\$22.21	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	Ψ1.01
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.29	\$67.44	\$0.00	\$14.93	\$17.41		\$27.76	\$3.39	16.05	\$1.31
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	Landa Octobrilla and	# 0.00	40.07	# 0.00	00.75	#0.0 7	40.00	# 4.00		21/2	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$6.38	\$3.37	\$0.00	\$0.75	\$0.87	\$0.00	\$1.39	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	\$154.67	\$70.81	\$0.00	\$15.68	\$18.28	\$0.00	\$29.15	\$3.39	\$16.05	\$1.31
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.5836 \$112.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.99	\$112.13	\$0.00	\$15.68	\$18.28	\$0.00	\$29.15	\$3.39	\$16.05	\$1.31
	·											
	Quarterly Per Diem Add-on Amounts	(ago Policy Marriel)	#4.40	Φ0.50	#0.00	фо. со	₽ 0.44	#0.00	#0.00		Ф0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 22	BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.80 \$0.00	\$2.80 \$0.00								
23	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$0.00 \$17.10	φυ.υυ					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23		\$3.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Sum of Lns 20 thru 23 \$21.06 Ln 19 + Ln 24 \$217.05 \$1			\$0.00	\$15.90	\$18.69	\$0.00	\$46.25	\$3.39	\$16.05	\$1.31
				‡ 131.10	ļ .	\$15.50	ļ	45.50	Ţ.U9	75.55	Ţ.5. 3 0	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.96									

\$245.37

\$171.21

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: Archway Transitional Care Center Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 003185502A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3912 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 68.00% 5.5% Quarterly Medicaid CMI: 1.3147 1.5485 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 0.0% 1.3357 1.5216 3.60

	MDO & Naise File Data per Quarter Enaing.	14disc riodis per	On One Dayra	daily incomito.	3.00	0.070	Qitily Would	OWN W IXOO V	vgiit Options.		1.0007	1.3210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u>~</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 200 0.200	7 200 0.200	7 200 0.200	7 II. 200 O.200	7 111 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,908,980	\$3,935,265	\$0	\$488,775	\$676,397	\$0	\$973,709		\$834,834	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$145,021)	(\$52,434)	\$0	\$0	(\$670)	(\$3,901)	(\$13,464)		(\$74,552)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	,				,	,	(\$52,900)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$105,351		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$68,550
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,884,960	\$3,882,831	\$0	\$488,775	\$675,727	(\$3,901)	\$907,345	\$105,351	\$760,282	\$68,550
8	Total Nursing Facility Days As Filed Days = 21,566	FY19 Audited C/R Days	30,212									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,882		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$229.31	\$128.52	\$0.00	\$16.18	\$22.24	(with L&H)	\$30.03	\$3.65	\$26.32	\$2.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3912								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$92.38	\$0.00	\$16.18	\$22.24		\$30.03	\$3.65	\$26.32	\$2.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.45	\$84.91	\$0.00	\$16.18	\$22.24		\$27.76	\$3.65	25.34	\$2.37
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	\$7.56	¢4.05	\$0.00	© 0.04	C1 11	* 0.00	£4.20	NI/A	NI/A	NI/A
15 16		Ln 14 + Ln 15	\$7.56 \$100.01	\$4.25 \$90.16	\$0.00	\$0.81	\$1.11 \$22.35	\$0.00 \$0.00	\$1.39 \$20.15	N/A \$3.65	N/A \$25.34	N/A \$2.37
16	, ,	Ln 14 + Ln 15 per Current Qtr End	\$190.01	\$89.16	\$0.00	\$16.99	\$23.35	φυ.υυ	\$29.15	φ3.65	φ∠5.34	φ∠.37
17	, , , , <u>———</u>	·		1.3357 \$110.00								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$219.94	\$119.09 \$119.09	\$0.00	\$16.99	\$23.35	\$0.00	\$29.15	\$3.65	\$25.34	\$2.37
19	Quarterry Medicald CIMA Allowed Fel Dieffi	NO = LITTO, AIIOUIII = LITTO	φ 2 19.94	φ119.09	φυ.υυ	काठ.५५	ֆ∠ა.პ5	φυ.υυ	φ∠9.15	φ3.00	ֆ∠5.34	ֆ∠.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)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.55	\$6.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	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	\$24.28	\$6.55	\$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	\$244.22	\$125.64	\$0.00	\$17.21	\$23.76	\$0.00	\$46.25	\$3.65	\$25.34	\$2.37

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$170.34

Facility Add-on Facility State-Provider: Oceanside Health And Rehab Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 003188970A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.3145 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.7544 1.5485 35.19% 2.5% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.7881 1.5216 3.49 0.0% Plant A&G -GL/PL Admin Property Routine Special Laundry & Taxes and

Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	GL/PL Insurance	and Related	Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Facilities All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4		(see Policy Manual)		φυ.53	\$0.00	φ0.22	φυ.41		\$0.37			
_	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,585,044	\$2,367,150	\$0	\$316,400	\$548,093	\$0	\$711,124		\$642,277	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$139,939)	\$0	\$0	\$0	\$0	\$0	\$0	1	(\$139,939)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$89,356		
_	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$106,676
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,641,137	\$2,367,150	\$0	\$316,400	\$548,093	\$0	\$711,124	\$89,356	\$502,338	\$106,676
8	Total Nursing Facility Days As Filed Days = 26,301	FY19 Audited C/R Days	26,301									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,106		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$180.14	\$90.00	\$0.00	\$12.03	\$20.84	(with L&H)	\$27.04	\$3.87	\$21.74	\$4.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.3145</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.47	\$0.00	\$12.03	\$20.84		\$27.04	\$3.87	\$21.74	\$4.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.24	\$68.47	\$0.00	\$12.03	\$20.84		\$27.04	\$3.87	17.37 (FRV)	\$4.62
	Quarterly Per Diem Rate Prior to Add-ons										(1117)	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.41	\$3.42	\$0.00	\$0.60	\$1.04	\$0.00	\$1.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.65	\$71.89	\$0.00	\$12.63	\$21.88	\$0.00	\$28.39	\$3.87	\$17.37	\$4.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7881</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.31	\$128.55	\$0.00	\$12.63	\$21.88	\$0.00	\$28.39	\$3.87	\$17.37	\$4.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.21	\$3.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.84	\$3.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.15	\$132.29	\$0.00	\$12.85	\$22.29	\$0.00	\$45.86	\$3.87	\$17.37	\$4.62
	,		,	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	Ţ==: -				, 	

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$166.54

Facility Add-on Facility State-Provider: Bostick Nursing Center Percent Specific wide Add-on Data and Percentages Score Case Mix Index (CMI) Data Prvdr ID: 003192286A Base Period Overall CMI: 1.0948 Growth Allowance: N/A 5.00% 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score Quarterly Medicaid CMI: 1.3018 1.5485 18.00% 0.0% MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 2.55 0.0% 1.3260 1.5216

	MDO a Nuise File Data per Quarter Enaing.	14disc Flours per	On One Dayra	daily incontive.	2.55	0.070	Willy Would	OWN W IXOO	right Options.		1.5200	1.5210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 200 0.200	7 117 200 0.200	7 117 200 01200	7 200 O.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,497,921	\$3,666,183	\$0	\$866,497	\$930,473	\$0	\$1,205,894		\$1,828,874	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$296,136)	\$0	\$0	\$0	\$0	\$0	(\$3,346)		(\$292,790)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	,						(\$55,233)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$82,202		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$288,409
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,517,163	\$3,666,183	\$0	\$866,497	\$930,473	\$0	\$1,147,315	\$82,202	\$1,536,084	\$288,409
8	Total Nursing Facility Days As Filed Days = 43,774	FY19 Audited C/R Days	43,774									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								77,249		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$175.68	\$83.75	\$0.00	\$19.79	\$21.26	(with L&H)	\$26.21	\$1.06	\$19.88	\$3.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.0948								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.50	\$0.00	\$19.79	\$21.26		\$26.21	\$1.06	\$19.88	\$3.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.26	\$76.50	\$0.00	\$19.79	\$21.26		\$26.21	\$1.06	20.71	\$3.73
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	¢7.40	¢2.02	* 0.00	¢0.00	£4.06	¢0.00	¢4.24	NI/A	NI/A	NI/A
15	Growth Allowance Percentage = 5.00% CMA Allowed Por Diom (After Crowth Allowance Add on)	Ln 14 + Ln 15	\$7.19 \$176.45	\$3.83	\$0.00	\$0.99	\$1.06 \$22.32	\$0.00 \$0.00	\$1.31 \$27.52	N/A \$1.06	N/A \$20.71	N/A \$3.73
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$176.45	\$80.33	\$0.00	\$20.78	Φ ΖΖ. 3 Ζ	\$0.00	\$27.52	\$1.06	φ 2 0./1	φ3./3
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	·		1.3260 \$106.52								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$202.64	\$106.52 \$106.52	\$0.00	\$20.78	\$22.32	\$0.00	\$27.52	\$1.06	\$20.71	\$3.73
19	Quarterly inedicale Civia Allowed Fet Dietit	10 - Lii 10, AilOuii = Lii 10	φ202.04	φ100.52	φυ.υυ	φ20.78	ΦΖΖ.3Ζ	φυ.υυ	φ21.52	φ1.00	φ20./1	φ3./3
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	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	\$221.27	\$107.05	\$0.00	\$21.00	\$22.73	\$0.00	\$44.99	\$1.06	\$20.71	\$3.73
					l			<u> </u>	I			

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$153.13

Provider:	GLEN EAGLE HEA	LTHCARE & REHAB (eff. 10/12/20	18)	Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	003214231A			Growth Allowance:	N/A	5.00%	Base Period Overall CMI:	1.7625	1.4759
		Case Mix Per Diem Rate Effective Date:	1/1/2022	Qtrly BIMS score	36.07%	2.5%	Quarterly Medicaid CMI:	1.5643	1.5485
		MDS & Nurse Hrs Data per Quarter Ending:	09/30/21	Nurse Hours per On-Site Day/Quality Incentive:	3.11	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5919	1.5216

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	SE MIX BASED RATE CALCULATIONS											
	Cont Contan Born Consume	(D F - M D		1	1	2	1	1	1			
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$1,251,562	\$642,763	\$0	\$125,936	\$177,522	\$0	\$270,606		\$34,735	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$24,499)	\$0	\$0	\$0	\$0	\$0	\$0		(\$24,499)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$18,799)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$140,604		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,343
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$1,384,211	\$642,763	\$0	\$125,936	\$177,522	\$0	\$251,807	\$140,604	\$10,236	\$35,343
8	Total Nursing Facility Days As Filed Days = 5,134	FY19 Audited C/R Days	5,134									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,855		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$241.88	\$125.20	\$0.00	\$24.53	\$34.58	(with L&H)	\$49.05	\$6.43	\$0.47	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.7625								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.03	\$0.00	\$24.53	\$34.58		\$49.05	\$6.43	\$0.47	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.91	\$71.03	\$0.00	\$22.66	\$25.85		\$27.76	\$6.43	14.56	\$1.62
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	47.00	***	***			****				
15	Growth Allowance Percentage = 5.00%		\$7.36	\$3.55	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.27	\$74.58	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$6.43	\$14.56	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5919								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	*****	\$118.72	****	***	***		***	** **		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.41	\$118.72	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$6.43	\$14.56	\$1.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.37	\$2.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.97	\$5.87	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.38	\$124.59	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$6.43	\$14.56	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.46		+	-		•	+	+		

	ovider: Reliable Health and Rehab vdr ID: 321026473A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add 1/1/2022 09/30/21 Nurse Hours per C	Qtr	th Allowance: ly BIMS score	Facility Score N/A 44.12% 2.53	Add-on Percent 5.00% 2.5% 3.0%		Quarterly N	CMI) Data d Overall CMI: Medicaid CMI: Nght Options:		Facility <u>Specific</u> 1.4034 1.6510 1.6823	State- wide 1.4759 1.5485 1.5216
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,250,801	\$3,008,327	\$0	\$538,140	\$819,764	\$0	\$1,122,187		\$762,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Adjusted Cost Center Costs (GL/PL)	FY19 C/R Audit Adjstmts As Adjusted FY19 GL/PL Rpt	(\$167,289)	\$0	\$0	\$0	\$1,545	\$0	(\$52,380) \$0		(\$116,454)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$155,807		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$93,775
7	7	9 Audited C/R (As Adj. FY21 GLPL/T	\$6,333,094	\$3,008,327	\$0	\$538,140	\$821,309	\$0	\$1,069,807	\$155,807	\$645,929	\$93,775
8	Total Nursing Facility Days As Filed Days = 34,451 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	34,451							27,111		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$190.87	\$87.32	\$0.00	\$15.62	\$23.84	(with L&H)	\$31.05	\$5.75	\$23.83	\$3.46
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		<u>1.4034</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.22	\$0.00	\$15.62	\$23.84		\$31.05	\$5.75	\$23.83	\$3.46
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	* 450.50	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	00.40
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.53	\$62.22	\$0.00	\$15.62	\$23.84		\$27.76	\$5.75	11.88 <i>(FRV)</i>	\$3.46
	Quarterly Per Diem Rate Prior to Add-ons										()	
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.47	\$3.11	\$0.00	\$0.78	\$1.19	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.00	\$65.33	\$0.00	\$16.40	\$25.03	\$0.00	\$29.15	\$5.75	\$11.88	\$3.46
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6823</u>								
18	Qrtrly Routine Srvcs 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	\$201.57	\$109.90	\$0.00	\$16.40	\$25.03	\$0.00	\$29.15	\$5.75	\$11.88	\$3.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$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	\$223.13	\$113.73	\$0.00	\$16.62	\$25.44	\$0.00	\$46.25	\$5.75	\$11.88	\$3.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.52		1		•					

\$226.17

\$156.80

(Ln 27 - Ln 23) * 0.75

27 Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate

28 Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Provider: Glenwood Healthcare Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: **701562744A** Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.4809 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 26.83% Quarterly Medicaid CMI: 1.5927 1.5485 1.0% 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: 1.6238 MDS & Nurse Hrs Data per Quarter Ending: 2.0% 1.5216 2.74

	MIDS & Nuise his Data per Quarter Ending.	09/30/21 Nuise Hours per	r On-Site Day/Q	uality incentive:	2.74	2.0%	Qitily Micalo	CIVII W RUG I	wgni Options:		1.0230	1.5216
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
ြင	ASE 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	·	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
-		(see I only Manual)		ψ0.00	φο.σσ	φυ.ΣΣ	ψ0.47		φο.στ			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,537,839	\$1,236,341	\$0	\$246,610	\$262,455	\$0	\$437,553		\$354,880	\$0
6	,,	FY19 C/R Audit Adjstmts	(\$31,468)	\$0	\$0	\$0	\$0	\$0	(\$8,053)	1	(\$23,415)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$15,324)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$36,081		ФОТ 000
7	As Adjusted Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	As Adjusted FY21 C/R FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,552,164	\$1,236,341	\$0	\$246,610	\$262,455	\$0	\$414,176	\$36,081	\$331,465	\$25,036 \$25,036
8	· ·	FY19 Audited C/R Days	16,964	\$1,230,341	φυ	φ240,010	φ202,433	φ0	φ414,176	φ30,001	φ331,403	\$25,030
"	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days	10,304							15,681		
9		Ln 7 / Ln 8 Col a	\$152.34	\$72.88	\$0.00	\$14.54	\$15.47	(with L&H)	\$24.41	\$2.30	\$21.14	\$1.60
10		from 4 qtrs of FY19	ψ10 2 .01	1.4809	ψ0.00	ψ11.01	V10.11	(17.0.7 20.17)	ψ2	ψ2.00	Ψ2	ψ1.00
11		Ln 9 / Ln 10		\$49.21								
12		RS = Ln 11, AllOthr = Ln 9		\$49.21	\$0.00	\$14.54	\$15.47		\$24.41	\$2.30	\$21.14	\$1.60
13		per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.91	\$49.21	\$0.00	\$14.54	\$15.47		\$24.41	\$2.30	13.38	\$1.60
	· ·										(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Cardo Albara 0/	05.40	00.40		A0.70	00.77		04.00		N/A	
15		Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$5.18	\$2.46	\$0.00	\$0.73	\$0.77	\$0.00	\$1.22	N/A	N/A	N/A
16		per Current Qtr End	\$126.09	\$51.67	\$0.00	\$15.27	\$16.24	\$0.00	\$25.63	\$2.30	\$13.38	\$1.60
17 18		Ln 16 x Ln 17		1.6238 \$83.90								
19		RS = Ln 18, AllOthr = Ln 16	\$158.32	\$83.90	\$0.00	\$15.27	\$16.24	\$0.00	\$25.63	\$2.30	\$13.38	\$1.60
13	Quarterly inedicald Civia Allowed Fel Dieffi	110 - 211 10, 7410411 - 211 10	ψ130.32	ψ03.90	φ0.00	ψ15.27	ψ10.24	φ0.00	ψ25.05	ψ2.50	Ψ13.30	ψ1.00
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	· —	Ln 19 Col b x Stfng Add-on	\$1.68	\$1.68								
23		(Fixed Amount)	\$17.10				_		\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.31	\$2.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.63	\$86.11	\$0.00	\$15.49	\$16.65	\$0.00	\$43.10	\$2.30	\$13.38	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.15									

FINAL

	Provider: Evergreen Health and Rehab Prvdr ID: 835154999A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/22	Add-on Data and Percentages Growth Allowanc BIN lours per On-Site Day/Quality Incentiv		Facility Score N/A 76.6% 3.14	Add-on Percent 5.00% 5.5% 4.0%	В	ix Index (CM ase Period (Quarterly Me I w RUG We		Facility Specific 1.4549 1.8030 1.8363	State wide 1.475 1.546 1.573	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL- PL Insurance	Property and Related	Taxes and Insurar e
2405	MIN DACED DATE CALCULATIONS		а	b	С	d	е	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			1 All Facilities All Bed Sizes								
	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier			90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
	Efficiency Measures (Maximums) Base Period Per Diem Allowed Amounts Net Historical Cost 2018	FY2018 C/R -FY 2021 GL-PL Rpt		<i>\$0.53</i> 2,402,310	\$0.00	<i>\$0.22</i> 561,864	<i>\$0.41</i> 274,136	244,123	<i>\$0.37</i> 484,055	######	413,367	22,45
	Inflation (July 2019) @ 2.20% Patient Days Total Nursing Facility Days GL-PL Ins. Rpt	FY 2018 Cost Rpt FY 21 GL-PL Ins Rpt Days		52,851 33,173		12,361 33,173	11,402 33,173		10,649 33,173	30.107	33,173	30.10
	Inflated NHC/ Patient Days Base Period Facility CMI for all Residents Routine Services Case Mix Adjusted Net Per Diem	, ,		74.01 <u>1.4549</u> \$50.87		17.31	15.97		14.91	5.46	12.46	0.
	Net Per Diems After Case Mix Adjustments Per Diem Standards Base Period Case Mix Adjusted Allowed Per Diem		\$117.73 \$111.68	\$50.87 \$84.91 \$50.87		\$17.31 \$22.66 \$17.31	\$15.97 \$25.85 \$15.97		\$14.91 \$27.76 \$14.91	\$5.46 \$4.19	\$12.46 7.68	0. 0.
	Quarterly Per Diem Rate Prior to Add-Ons Growth Allowance 5.00%		\$4.95	\$2.54		\$0.87	\$0.80		\$0.75		(FRV Rate)	
	CMA Allowed Per Diem After Growth Allowance Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$116.63	\$53.41 <u>1.8363</u> \$98.08		\$18.18	\$16.76		\$15.66	\$4.19	\$7.68	\$0.
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$161.29	\$98.08		\$18.18	\$16.76		\$15.66	\$4.19	\$7.68	\$0.
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0) BIMS Add-on Per Diem = 5.5% Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$1.53 \$5.39 \$3.92	\$0.53 5.39 3.92		\$0.22	\$0.41		\$0.37			
	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts Quarterly Case Mix Based Per Diem Rate		\$ 17.10 \$27.94 \$189.23	\$107.92		\$18.40	\$17.17		\$ 17.10 \$33.13	\$4.19	\$7.68	\$0.
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$129.10	ψ.57.5Z		ψ10. 7 0	Ψ.//		Ψ50.15	Ψ7.13	Ψ1.00	Ψ0.

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	r: MeSun Health and Rehabilitation Center : 003245344A P: No Case Mix Per Diem Rate Effective MDS & Nurse Hrs Data per Quarter E			ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 55.6% 5.37	Add-on Percent 5.00% 5.5% 0.0%		Quarterl caid CMI w RU0	iod Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1.5956 1.6229	State- wide 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
Cost Peer Peer Peer Effic Per D GL-F Tots Stan Alloy Grov CMM Qua	A BASED RATE CALCULATIONS To Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Bed Size Range within Peer Group Foroup Standards & Efficiency Measure Limits For Group Standards: Percentile For Group Standards: Multiplier Foliency Measures (Maximums) Diem Costs and Add-ons PL- Insurance Costs Full Nursing Facility Days GL-PL Ins. Rpt Fordard Per Diem (After CMA for Routine Srvcs) Foreward @ 90% of Std With Allowance 5.00% A Allowed Per Diem (After Growth Alowance) For Marterly Facility Case Mix Index for Medicaid Residents For Would Be Struck Communication of Marterly Facility Case Mix Index for Medicaid Residents For Month Struck Communication of Medicaid Residents For Month Struck For Medicaid Residents For Medi	FY2019 GL-PL Ins. Rpt FY2019 GL-PL Ins. Rpt FY 2019 Peer Group Limit	\$176.47 \$7.25 \$187.91	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$84.91 \$76.42 \$3.82 \$80.24 1.6229 \$130.22	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$22.66 \$20.39 \$1.02 \$21.41	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$25.85 \$23.27 \$1.16 \$24.43	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$27.76 \$24.98 \$1.25 \$26.23		\$31.41 \$31.41 31.41 (FRV Rate)	\$0.00 \$0.00 \$0.00
Qua BIMS Nurs Nurs Total	sing Home Provider Fee Quarterly Per Diem Add-On Amounts	Srvs) 0.0%	\$237.90 \$7.16 \$0.00 \$17.10 \$24.26	\$130.22 \$7.16 \$0.00		\$21.41	\$24.43		17.10	\$4.19	\$31.41	\$0.00
	terly Case Mix Based Per Diem Rate		\$262.16	\$137.39		\$21.41	\$24.43		\$43.33	\$4.19	\$31.41	\$0.00
Leave/	/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$183.79										

Facility Add-on Facility State-Provider: Pruitthealth - Rome Percent Specific wide Score Case Mix Index (CMI) Data Add-on Data and Percentages Prvdr ID: 299031876A Base Period Overall CMI: Growth Allowance: N/A 5.00% 1.5421 1.4759 Case Mix Per Diem Rate Effective Date: 1/1/2022 Qtrly BIMS score 42.62% 2.5% Quarterly Medicaid CMI: 1.6228 1.5485 09/30/21 Nurse Hours per On-Site Day/Quality Incentive: Qrtrly Mcaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 5.0% 1.6517 1.5216 4.23

	MDO & Naise File Data per Quarter Enaing.	14dise riodis per	On One Dayra	daily incontivo.	4.20	3.070	Williy Would	OWI W IXOO Y	vgiit Options.		1.0017	1.3210
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u>~</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7 200 0.200	7 200 0.200	7 200 0.200	7 11. 200 0.200	7 200 0.200	7 200 0.200			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,951,410	\$3,114,985	\$0	\$487,437	\$722,341	\$0	\$936,222		\$690,425	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$76,554)	(\$59,642)	\$0	\$0	(\$7,424)	(\$9,670)	\$35,588		(\$35,406)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt	(, ,	,	·		,	,	(\$189,379)		(, , ,	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$401,671		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$40,264
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,127,412	\$3,055,343	\$0	\$487,437	\$714,917	(\$9,670)	\$782,431	\$401,671	\$655,019	\$40,264
8	Total Nursing Facility Days As Filed Days = 33,941	FY19 Audited C/R Days	33,941									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,778		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$183.85	\$90.02	\$0.00	\$14.36	\$20.78	(with L&H)	\$23.05	\$13.05	\$21.28	\$1.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		<u>1.5421</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.38	\$0.00	\$14.36	\$20.78		\$23.05	\$13.05	\$21.28	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.33	\$58.38	\$0.00	\$14.36	\$20.78		\$23.05	\$13.05	23.40	\$1.31
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Les 4.4 v. Croude Allores 0/	#5.00	#0.00	# 0.00	0 0 ₹0		#0.00	64.45	NI/A	N1/A	N1/A
15		Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$5.83	\$2.92	\$0.00	\$0.72	\$1.04	\$0.00	\$1.15	N/A	N/A	N/A
16	, ,		\$160.16	\$61.30	\$0.00	\$15.08	\$21.82	\$0.00	\$24.20	\$13.05	\$23.40	\$1.31
17	, , , , <u>———</u>	per Current Qtr End		1.6517								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	(1000 4 4	\$101.25	***	645.00	#04.00	***	CO4.00	040.05	#00.40	04.04
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.11	\$101.25	\$0.00	\$15.08	\$21.82	\$0.00	\$24.20	\$13.05	\$23.40	\$1.31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	\$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	\$223.80	\$106.84	\$0.00	\$15.30	\$22.23	\$0.00	\$41.67	\$13.05	\$23.40	\$1.31

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$155.03