

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

FINAL

Provider: Park Place Nursing Facility				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00002164A		Case Mix Per Diem Rate Effective Date: 1/1/2022		Growth Allowance: N/A		28.00%	5.00%	Base Period Overall CMI: 1.3883			1.3883	1.4759
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/21		Qtrly BIMS score 28.00%		1.0%	3.0%	Quarterly Medicaid CMI: 1.3607			1.3607	1.5485
				Nurse Hours per On-Site Day/Quality Incentive: 3.17				Qtrly Mcaid CMI w RUG Wght Options: 1.3847			1.3847	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,093,082	\$5,101,174	\$0	\$1,264,516	\$1,043,936	\$0	\$1,464,970		\$218,486	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$112,929
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,110,063	\$5,086,521	\$0	\$1,247,287	\$1,046,185	\$2,580	\$942,751	\$533,415	\$138,395	\$112,929
8	Total Nursing Facility Days As Filed Days = 57,550	FY19 Audited C/R Days	57,550									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								47,089		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.32	\$88.38	\$0.00	\$21.67	\$18.22	(with L&H)	\$16.38	\$11.33	\$2.94	\$2.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3883								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.66								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.66	\$0.00	\$21.67	\$18.22		\$16.38	\$11.33	\$2.94	\$2.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.77	\$63.66	\$0.00	\$21.67	\$18.22		\$16.38	\$11.33	14.11 (FRV)	\$2.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.99	\$3.18	\$0.00	\$1.08	\$0.91	\$0.00	\$0.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.76	\$66.84	\$0.00	\$22.75	\$19.13	\$0.00	\$17.20	\$11.33	\$14.11	\$2.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3847								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.55								
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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.34	\$4.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.81	\$96.79	\$0.00	\$22.97	\$19.54	\$0.00	\$34.67	\$11.33	\$14.11	\$2.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.53									

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

FINAL

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: 1/1/2022				Qtrly BIMS score		35.19%	2.5%	Quarterly Medicaid CMI:			1.3344	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.62	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3567	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,675,841	\$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 Svcs	Ln 7 / Ln 8 Col a	\$190.91	\$109.52	\$0.00	\$17.46	\$19.11	(with L&H)	\$28.79	\$4.51	\$10.82	\$0.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4665								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.68	\$0.00	\$17.46	\$19.11		\$28.79	\$4.51	\$10.82	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.87	\$74.68	\$0.00	\$17.46	\$19.11		\$27.76	\$4.51	13.65 (FRV)	\$0.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.95	\$3.73	\$0.00	\$0.87	\$0.96	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.82	\$78.41	\$0.00	\$18.33	\$20.07	\$0.00	\$29.15	\$4.51	\$13.65	\$0.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3567								
18	Qtrtly Routine Svcs 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
Quarterly 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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.11	\$6.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$221.25									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$153.11									

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

FINAL

Provider: William Breman Jewish Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00040752A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3532	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		48.39%	5.5%	Quarterly Medicaid CMI:			1.1290	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		5.93	3.0%	Qtrtly Mcaid CMI w RUG 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,761,514	\$5,571,419	\$0	\$1,898,285	\$1,311,597	\$0	\$1,048,084		\$932,129	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$24,292)	\$0	\$0	\$0	\$1,254	\$1,131	\$0		(\$26,677)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$42,978)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$137,727		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,888
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$10,868,859	\$5,571,419	\$0	\$1,898,285	\$1,312,851	\$1,131	\$1,005,106	\$137,727	\$905,452	\$36,888
8	Total Nursing Facility Days As Filed Days = 34,021	FY19 Audited C/R Days	34,021							25,930		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$329.37	\$163.76	\$0.00	\$55.80	\$38.62	(with L&H)	\$29.54	\$5.31	\$34.92	\$1.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3532								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$121.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$121.01	\$0.00	\$55.80	\$38.62		\$29.54	\$5.31	\$34.92	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.46	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$5.31	28.55 (FRV)	\$1.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.52	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$5.31	\$28.55	\$1.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1416								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.79								
19	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
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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$289.15									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$204.04									

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

FINAL

Provider: Signature HC of Buckhead				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00040763A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6138	1.4759
Case Mix Per Diem Rate Effective Date: 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:		2.16	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9034	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,820,421	\$5,020,013	\$0	\$778,804	\$838,525	\$0	\$2,308,501		\$874,578	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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										\$97,786
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,518,197	\$4,954,630	\$0	\$778,804	\$838,525	(\$1,259)	\$1,987,505	\$144,202	\$718,004	\$97,786
8	Total Nursing Facility Days As Filed Days = 41,985	FY19 Audited C/R Days	41,985									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								44,926		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.21	\$118.01	\$0.00	\$18.55	\$19.94	(with L&H)	\$47.34	\$3.21	\$15.98	\$2.18
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6138								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.13	\$0.00	\$18.55	\$19.94		\$47.34	\$3.21	\$15.98	\$2.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.74	\$73.13	\$0.00	\$18.55	\$19.94		\$27.76	\$3.21	10.97 (FRV)	\$2.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.98	\$3.66	\$0.00	\$0.93	\$1.00	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.72	\$76.79	\$0.00	\$19.48	\$20.94	\$0.00	\$29.15	\$3.21	\$10.97	\$2.18
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9034								
18	Qtrly Routine Svcs 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	\$2.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.65	\$3.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$0.00
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	\$2.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.77									

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

FINAL

Provider: Magnolia Manor Methodist Nursing Care				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00040785A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6055	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		43.69%	2.5%	Quarterly Medicaid CMI:			1.6645	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.79	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6977	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,508,149	\$6,316,744	\$0	\$1,281,216	\$1,516,480	\$0	\$1,898,025		\$495,684	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$10,054	\$42,489	\$0	\$0	\$0	\$3,099	\$0		(\$35,534)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$171,040)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$282,971		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$68,675
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,698,809	\$6,359,233	\$0	\$1,281,216	\$1,516,480	\$3,099	\$1,726,985	\$282,971	\$460,150	\$68,675
8	Total Nursing Facility Days As Filed Days = 62,840	FY19 Audited C/R Days	62,840									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								49,356		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.69	\$101.20	\$0.00	\$20.39	\$24.18	(with L&H)	\$27.48	\$5.73	\$9.32	\$1.39
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6055								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.03	\$0.00	\$20.39	\$24.18		\$27.48	\$5.73	\$9.32	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.29	\$63.03	\$0.00	\$20.39	\$24.18		\$27.48	\$5.73	20.09 (FRV)	\$1.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.75	\$3.15	\$0.00	\$1.02	\$1.21	\$0.00	\$1.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.04	\$66.18	\$0.00	\$21.41	\$25.39	\$0.00	\$28.85	\$5.73	\$20.09	\$1.39
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6977								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.37	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.21		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.91									

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

FINAL

Provider: Syl-View Health Care Center, Inc. Prvdr ID: 00040796A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 34.62% Nurse Hours per On-Site Day/Quality Incentive: 3.12		<u>Facility Score</u> N/A 3.12	<u>Add-on Percent</u> 5.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3819 Quarterly Medicaid CMI: 1.4333 Qtrly Mcaid CMI w RUG Wght Options: 1.4552			<u>Facility Specific</u> 1.3819 1.4333 1.4552	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,150,614	\$2,096,167	\$0	\$480,046	\$546,658	\$0	\$624,468		\$403,275	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,675)	\$0	\$0	\$0	\$0	\$0	(\$9,473)		(\$29,202)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$127,897)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$273,620		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,531
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,294,193	\$2,096,167	\$0	\$480,046	\$546,658	\$0	\$487,098	\$273,620	\$374,073	\$36,531
8	Total Nursing Facility Days As Filed Days = 27,087	FY19 Audited C/R Days	27,087									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,797		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.84	\$77.39	\$0.00	\$17.72	\$20.18	(with L&H)	\$17.98	\$13.82	\$18.90	\$1.85
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3819								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.00	\$0.00	\$17.72	\$20.18		\$17.98	\$13.82	\$18.90	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.62	\$56.00	\$0.00	\$17.72	\$20.18		\$17.98	\$13.82	9.07 (FRV)	\$1.85
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.60	\$2.80	\$0.00	\$0.89	\$1.01	\$0.00	\$0.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.22	\$58.80	\$0.00	\$18.61	\$21.19	\$0.00	\$18.88	\$13.82	\$9.07	\$1.85
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4552								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.42	\$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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.18	\$91.66	\$0.00	\$18.83	\$21.60	\$0.00	\$36.35	\$13.82	\$9.07	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.06									

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

FINAL

Provider: Twin View Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00040807A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4067	1.4759
Case Mix Per Diem Rate Effective Date: 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:		3.26	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6309	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,988,256	\$2,531,203	\$0	\$382,932	\$481,622	\$0	\$999,627		\$592,872	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$36,112)	(\$5,087)	\$0	\$0	\$0	\$0	\$0		(\$31,025)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$56,141)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$42,319		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$44,137
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,982,459	\$2,526,116	\$0	\$382,932	\$481,622	\$0	\$943,486	\$42,319	\$561,847	\$44,137
8	Total Nursing Facility Days As Filed Days = 37,572	FY19 Audited C/R Days	37,572									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,639		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.85	\$67.23	\$0.00	\$10.19	\$12.82	(with L&H)	\$25.11	\$1.34	\$17.76	\$1.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4067								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.79								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.79	\$0.00	\$10.19	\$12.82		\$25.11	\$1.34	\$17.76	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.04	\$47.79	\$0.00	\$10.19	\$12.82		\$25.11	\$1.34	9.39 (FRV)	\$1.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.80	\$2.39	\$0.00	\$0.51	\$0.64	\$0.00	\$1.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$112.84	\$50.18	\$0.00	\$10.70	\$13.46	\$0.00	\$26.37	\$1.34	\$9.39	\$1.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6309								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.14	\$5.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.64	\$86.88	\$0.00	\$10.92	\$13.87	\$0.00	\$43.84	\$1.34	\$9.39	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.91									

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

FINAL

Provider: A.G. Rhodes Home at Wesley Woods, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00040818A		Case Mix Per Diem Rate Effective Date: 1/1/2022		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6051	1.4759
				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:		4.14	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7527	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,913,716	\$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 Svcs	Ln 7 / Ln 8 Col a	\$256.02	\$129.90	\$0.00	\$28.45	\$29.83	(with L&H)	\$50.53	\$4.55	\$11.58	\$1.18
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6051								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.93	\$0.00	\$28.45	\$29.83		\$50.53	\$4.55	\$11.58	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.96	\$80.93	\$0.00	\$22.66	\$25.85		\$27.76	\$4.55	17.03 (FRV)	\$1.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.86	\$4.05	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.82	\$84.98	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.55	\$17.03	\$1.18
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7527								
18	Qtrtly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.72	\$3.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.38									

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

FINAL

Provider: PruittHealth - Austell				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059276A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5013	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		27.59%	1.0%	Quarterly Medicaid CMI:			1.6605	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.45	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,221,004	\$4,559,128	\$0	\$709,848	\$900,130	\$0	\$1,441,555		\$610,343	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$119,588)	(\$70,831)	\$0	\$0	(\$5,469)	(\$5,085)	\$29,948		(\$68,151)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$235,172)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$539,088		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$52,204
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,457,536	\$4,488,297	\$0	\$709,848	\$894,661	(\$5,085)	\$1,236,331	\$539,088	\$542,192	\$52,204
8	Total Nursing Facility Days As Filed Days = 42,011	FY19 Audited C/R Days	42,011									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,749		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$202.85	\$106.84	\$0.00	\$16.90	\$21.17	(with L&H)	\$29.43	\$13.56	\$13.64	\$1.31
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5013								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.16	\$0.00	\$16.90	\$21.17		\$29.43	\$13.56	\$13.64	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.98	\$71.16	\$0.00	\$16.90	\$21.17		\$27.76	\$13.56	14.12 (FRV)	\$1.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.86	\$3.56	\$0.00	\$0.85	\$1.06	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.84	\$74.72	\$0.00	\$17.75	\$22.23	\$0.00	\$29.15	\$13.56	\$14.12	\$1.31
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6919								
18	Qtrly Routine Svcs 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	\$1.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.32	\$6.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.84	\$8.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$250.38	\$134.53	\$0.00	\$17.97	\$22.64	\$0.00	\$46.25	\$13.56	\$14.12	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.96									

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

FINAL

Provider: Northridge Hlth & Rehab Ctr Prvdr ID: 00059331A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 29.09% Nurse Hours per On-Site Day/Quality Incentive: 3.08			<u>Facility Score</u> Add-on Percent: 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4159 Quarterly Medicaid CMI: 1.3296 Qtrly Mcaid CMI w RUG Wght Options: 1.3491			<u>Facility Specific</u> 1.4159 1.3296 1.3491	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,863,206	\$5,070,321	\$0	\$1,616,363	\$545,054	\$590,283	\$3,328,510		\$712,675	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$38,576)	\$0	\$0	\$0	(\$55)	(\$7,166)	(\$30,074)		(\$1,281)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$125,259)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$86,840		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$12,435
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,798,646	\$5,070,321	\$0	\$1,616,363	\$544,999	\$583,117	\$3,173,177	\$86,840	\$711,394	\$12,435
8	Total Nursing Facility Days As Filed Days = 56,538	FY19 Audited C/R Days	56,538									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,402		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$222.89	\$89.68	\$0.00	\$28.59	\$19.95	(with L&H)	\$56.12	\$3.06	\$25.05	\$0.44
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4159								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.34	\$0.00	\$28.59	\$19.95		\$56.12	\$3.06	\$25.05	\$0.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.71	\$63.34	\$0.00	\$22.66	\$19.95		\$27.76	\$3.06	17.50 (FRV)	\$0.44
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.69	\$3.17	\$0.00	\$1.13	\$1.00	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.40	\$66.51	\$0.00	\$23.79	\$20.95	\$0.00	\$29.15	\$3.06	\$17.50	\$0.44
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3491								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.62	\$89.73	\$0.00	\$23.79	\$20.95	\$0.00	\$29.15	\$3.06	\$17.50	\$0.44
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.63	\$4.12	\$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	\$206.25	\$93.85	\$0.00	\$23.79	\$21.36	\$0.00	\$46.25	\$3.06	\$17.50	\$0.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.86									

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

FINAL

Provider: Bell-Minor Home, Inc. Prvdr ID: 00059397A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 42.19% Nurse Hours per On-Site Day/Quality Incentive: 3.01		N/A 2.5% 3.0%	5.00% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrtly Mcaid CMI w RUG Wght Options:			1.5590 1.5738 1.6050	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,543,604	\$2,656,335	\$0	\$570,481	\$533,528	\$0	\$1,082,097		\$1,701,163	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$63,865)	\$0	\$0	\$0	(\$1,180)	\$0	(\$3,017)		(\$59,668)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$153,726)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$209,748		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$65,106
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,600,867	\$2,656,335	\$0	\$570,481	\$532,348	\$0	\$925,354	\$209,748	\$1,641,495	\$65,106
8	Total Nursing Facility Days As Filed Days = 33,206	FY19 Audited C/R Days	33,206									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,745		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$207.75	\$80.00	\$0.00	\$17.18	\$16.03	(with L&H)	\$27.87	\$7.30	\$57.11	\$2.26
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5590								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.32	\$0.00	\$17.18	\$16.03		\$27.87	\$7.30	\$57.11	\$2.26
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.62	\$51.32	\$0.00	\$17.18	\$16.03		\$27.76	\$7.30	13.77 (FRV)	\$2.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.62	\$2.57	\$0.00	\$0.86	\$0.80	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.24	\$53.89	\$0.00	\$18.04	\$16.83	\$0.00	\$29.15	\$7.30	\$13.77	\$2.26
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6050								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	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	\$2.26
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.59	\$2.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.01	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.85	\$91.77	\$0.00	\$18.26	\$17.24	\$0.00	\$46.25	\$7.30	\$13.77	\$2.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.81									

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

FINAL

Provider: Azalea Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059441A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6174	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		30.23%	2.5%	Quarterly Medicaid CMI:			1.7336	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.33	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7663	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,368,327	\$2,834,416	\$0	\$587,405	\$575,672	\$0	\$1,113,979		\$1,256,855	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$50,067)	\$0	\$0	\$0	\$0	(\$1,828)	(\$5,284)		(\$42,955)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$3,555)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$7,131		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$48,398
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,370,234	\$2,834,416	\$0	\$587,405	\$575,672	(\$1,828)	\$1,105,140	\$7,131	\$1,213,900	\$48,398
8	Total Nursing Facility Days As Filed Days = 30,755	FY19 Audited C/R Days	30,755									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,933		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$214.80	\$92.16	\$0.00	\$19.10	\$18.66	(with L&H)	\$35.93	\$0.27	\$46.81	\$1.87
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6174								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.98	\$0.00	\$19.10	\$18.66		\$35.93	\$0.27	\$46.81	\$1.87
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.59	\$56.98	\$0.00	\$19.10	\$18.66		\$27.76	\$0.27	13.95 (FRV)	\$1.87
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.13	\$2.85	\$0.00	\$0.96	\$0.93	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.72	\$59.83	\$0.00	\$20.06	\$19.59	\$0.00	\$29.15	\$0.27	\$13.95	\$1.87
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7663								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.07	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.16									

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

FINAL

Provider: Decatur Health and Rehab Ctr				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00059452A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5606	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		23.26%	1.0%	Quarterly Medicaid CMI:			1.5964	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.68	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6249	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,769,866	\$2,463,350	\$0	\$406,676	\$393,492	\$0	\$820,531		\$685,817	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$59,176)	(\$9,752)	\$0	\$0	\$0	\$0	\$0		(\$49,424)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$3,258)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$234,159		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$63,883
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,005,474	\$2,453,598	\$0	\$406,676	\$393,492	\$0	\$817,273	\$234,159	\$636,393	\$63,883
8	Total Nursing Facility Days As Filed Days = 24,438	FY19 Audited C/R Days	24,438									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,028		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.02	\$100.40	\$0.00	\$16.64	\$16.10	(with L&H)	\$33.44	\$11.14	\$30.26	\$3.04
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5606								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.33	\$0.00	\$16.64	\$16.10		\$33.44	\$11.14	\$30.26	\$3.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.74	\$64.33	\$0.00	\$16.64	\$16.10		\$27.76	\$11.14	12.73 (FRV)	\$3.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.25	\$3.22	\$0.00	\$0.83	\$0.81	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.99	\$67.55	\$0.00	\$17.47	\$16.91	\$0.00	\$29.15	\$11.14	\$12.73	\$3.04
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6249								
18	Qtrly Routine Svcs 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.31									

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

FINAL

Provider: PruittHealth - Augusta Prvdr ID: 00059463A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 29.69% Nurse Hours per On-Site Day/Quality Incentive: 3.14		<u>Facility Score</u> N/A 29.69% 3.14	<u>Add-on Percent</u> 5.00% 1.0% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4463 Quarterly Medicaid CMI: 1.4092 Qtrly Mcaid CMI w RUG Wght Options: 1.4327			<u>Facility Specific</u> 1.4463 1.4092 1.4327	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,527,888	\$3,106,264	\$0	\$505,059	\$708,917	\$0	\$957,821		\$249,827	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$59,279)	(\$50,018)	\$0	\$0	\$15,731	(\$35,366)	\$55,725		(\$45,351)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,679)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$434,391		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$37,371
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,750,692	\$3,056,246	\$0	\$505,059	\$724,648	(\$35,366)	\$823,867	\$434,391	\$204,476	\$37,371
8	Total Nursing Facility Days As Filed Days = 30,042	FY19 Audited C/R Days	30,042									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,419		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.56	\$101.73	\$0.00	\$16.81	\$22.94	(with L&H)	\$27.42	\$15.84	\$7.46	\$1.36
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4463								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.34	\$0.00	\$16.81	\$22.94		\$27.42	\$15.84	\$7.46	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.00	\$70.34	\$0.00	\$16.81	\$22.94		\$27.42	\$15.84	11.29 (FRV)	\$1.36
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.88	\$3.52	\$0.00	\$0.84	\$1.15	\$0.00	\$1.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.88	\$73.86	\$0.00	\$17.65	\$24.09	\$0.00	\$28.79	\$15.84	\$11.29	\$1.36
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4327								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.84	\$105.82	\$0.00	\$17.65	\$24.09	\$0.00	\$28.79	\$15.84	\$11.29	\$1.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.42	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.26		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$0.00
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	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.66									

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

FINAL

Provider: Bolinggreen Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059485A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5496	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid CMI:			1.5026	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.76	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5280	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,668,311	\$3,891,778	\$0	\$649,840	\$764,305	\$0	\$1,205,629		\$156,759	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$89,623)	\$0	\$0	\$0	(\$783)	(\$4,420)	(\$71,984)		(\$12,436)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$63,960)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$127,413		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$12,357
7	Cost Center Costs After Audit Adjustments	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
8	Total Nursing Facility Days	FY19 Audited C/R Days	39,046									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,268		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.39	\$99.67	\$0.00	\$16.64	\$19.44	(with L&H)	\$27.40	\$5.04	\$5.71	\$0.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5496								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.32								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.32	\$0.00	\$16.64	\$19.44		\$27.40	\$5.04	\$5.71	\$0.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.83	\$64.32	\$0.00	\$16.64	\$19.44		\$27.40	\$5.04	10.50 (FRV)	\$0.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.39	\$3.22	\$0.00	\$0.83	\$0.97	\$0.00	\$1.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.22	\$67.54	\$0.00	\$17.47	\$20.41	\$0.00	\$28.77	\$5.04	\$10.50	\$0.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5280								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.20								
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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.43	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.27		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.10	\$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	\$0.00	\$0.00
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	\$10.50	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.74									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$210.77									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$145.25									

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

FINAL

Provider: Brown Health and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059562A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4694	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		41.54%	2.5%	Quarterly Medicaid CMI:			1.6158	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.13	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6469	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,728,136	\$3,370,686	\$0	\$663,486	\$935,570	\$0	\$1,063,967		\$694,427	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$67,593)	(\$2,689)	\$0	\$0	\$3,413	\$5,964	(\$49,174)		(\$25,107)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$52,094)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$104,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,469
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,737,918	\$3,367,997	\$0	\$663,486	\$938,983	\$5,964	\$962,699	\$104,000	\$669,320	\$25,469
8	Total Nursing Facility Days As Filed Days = 34,311	FY19 Audited C/R Days	34,311									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,991		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.64	\$98.16	\$0.00	\$19.34	\$27.54	(with L&H)	\$28.06	\$3.72	\$23.91	\$0.91
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4694								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.80	\$0.00	\$19.34	\$27.54		\$28.06	\$3.72	\$23.91	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.41	\$66.80	\$0.00	\$19.34	\$25.85		\$27.76	\$3.72	19.03 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.99	\$3.34	\$0.00	\$0.97	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.40	\$70.14	\$0.00	\$20.31	\$27.14	\$0.00	\$29.15	\$3.72	\$19.03	\$0.91
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6469								
18	Qtrtly Routine Svcs 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	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.21	\$6.89	\$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	\$239.98	\$122.40	\$0.00	\$20.53	\$27.14	\$0.00	\$46.25	\$3.72	\$19.03	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.16									

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

FINAL

Provider: Carrollton Nursing and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059661A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5993	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		29.33%	1.0%	Quarterly Medicaid CMI:			1.6030	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.92	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6325	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,169,057	\$4,124,018	\$0	\$867,783	\$747,252	\$0	\$1,312,180		\$1,117,824	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$64,270)	\$0	\$0	\$0	\$0	\$0	(\$14,467)		(\$49,803)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$14,319)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$16,242		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,559
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$8,164,269	\$4,124,018	\$0	\$867,783	\$747,252	\$0	\$1,283,394	\$16,242	\$1,068,021	\$57,559
8	Total Nursing Facility Days As Filed Days = 43,019	FY19 Audited C/R Days	43,019									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,428		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.40	\$95.87	\$0.00	\$20.17	\$17.37	(with L&H)	\$29.83	\$0.47	\$31.02	\$1.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5993								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.94	\$0.00	\$20.17	\$17.37		\$29.83	\$0.47	\$31.02	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.02	\$59.94	\$0.00	\$20.17	\$17.37		\$27.76	\$0.47	8.64 (FRV)	\$1.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.27	\$3.00	\$0.00	\$1.01	\$0.87	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.29	\$62.94	\$0.00	\$21.18	\$18.24	\$0.00	\$29.15	\$0.47	\$8.64	\$1.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6325								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.75								
19	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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.08	\$3.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.37	\$4.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.47	\$107.39	\$0.00	\$21.40	\$18.65	\$0.00	\$46.25	\$0.47	\$8.64	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.53									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$216.51									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$149.56									

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

FINAL

Provider: Chaplinwood Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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%	1.0%	Quarterly Medicaid CMI:			1.3894	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.25	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4139	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,648,302	\$2,784,703	\$0	\$504,100	\$648,779	\$0	\$916,296		\$794,424	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$122,438)	\$0	\$0	\$0	\$0	(\$6,503)	(\$87,277)		(\$28,658)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$53,170)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$105,351		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$29,390
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,607,435	\$2,784,703	\$0	\$504,100	\$648,779	(\$6,503)	\$775,849	\$105,351	\$765,766	\$29,390
8	Total Nursing Facility Days As Filed Days = 32,516	FY19 Audited C/R Days	32,516									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,765		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.70	\$85.64	\$0.00	\$15.50	\$19.75	(with L&H)	\$23.86	\$4.09	\$29.72	\$1.14
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2675								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.57	\$0.00	\$15.50	\$19.75		\$23.86	\$4.09	\$29.72	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.64	\$67.57	\$0.00	\$15.50	\$19.75		\$23.86	\$4.09	11.73 (FRV)	\$1.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.34	\$3.38	\$0.00	\$0.78	\$0.99	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.98	\$70.95	\$0.00	\$16.28	\$20.74	\$0.00	\$25.05	\$4.09	\$11.73	\$1.14
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4139								
18	Qtrly Routine Svcs 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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.64	\$3.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.99	\$103.86	\$0.00	\$16.50	\$21.15	\$0.00	\$42.52	\$4.09	\$11.73	\$1.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.92									

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

FINAL

Provider: Hazlehurst Court Care and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.83	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5848	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,434,410	\$1,759,041	\$0	\$309,926	\$336,881	\$0	\$567,449		\$461,113	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$26,236)	\$0	\$0	\$0	(\$959)	\$0	(\$10,819)		(\$14,458)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$19,062)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$48,030		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,066
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,453,208	\$1,759,041	\$0	\$309,926	\$335,922	\$0	\$537,568	\$48,030	\$446,655	\$16,066
8	Total Nursing Facility Days As Filed Days = 23,369	FY19 Audited C/R Days	23,369									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,795		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.46	\$75.27	\$0.00	\$13.26	\$14.37	(with L&H)	\$23.00	\$2.31	\$21.48	\$0.77
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4129								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.27	\$0.00	\$13.26	\$14.37		\$23.00	\$2.31	\$21.48	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.42	\$53.27	\$0.00	\$13.26	\$14.37		\$23.00	\$2.31	7.44 (FRV)	\$0.77
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.19	\$2.66	\$0.00	\$0.66	\$0.72	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.61	\$55.93	\$0.00	\$13.92	\$15.09	\$0.00	\$24.15	\$2.31	\$7.44	\$0.77
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5848								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.77	\$1.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.29	\$3.19	\$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	\$173.61	\$91.83	\$0.00	\$14.14	\$15.50	\$0.00	\$41.62	\$2.31	\$7.44	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.38									

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

FINAL

Provider: Cordele Health and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059892A				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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.95	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5891	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,698,592	\$3,198,687	\$0	\$524,543	\$228,755	\$314,730	\$883,983		\$547,894	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$4,021)	\$0	\$0	\$0	\$0	\$0	\$0		(\$4,021)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$36,555)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$48,092		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$7,979
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,714,087	\$3,198,687	\$0	\$524,543	\$228,755	\$314,730	\$847,428	\$48,092	\$543,873	\$7,979
8	Total Nursing Facility Days As Filed Days = 22,813	FY19 Audited C/R Days	22,813									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,679		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$256.29	\$140.21	\$0.00	\$22.99	\$23.82	(with L&H)	\$37.15	\$2.57	\$29.12	\$0.43
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5417								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.95	\$0.00	\$22.99	\$23.82		\$37.15	\$2.57	\$29.12	\$0.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.15	\$84.91	\$0.00	\$22.99	\$23.82		\$27.76	\$2.57	9.67 (FRV)	\$0.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.98	\$4.25	\$0.00	\$1.15	\$1.19	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.13	\$89.16	\$0.00	\$24.14	\$25.01	\$0.00	\$29.15	\$2.57	\$9.67	\$0.43
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5891								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.83	\$2.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.56	\$2.83	\$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	\$253.21	\$144.51	\$0.00	\$24.36	\$25.42	\$0.00	\$46.25	\$2.57	\$9.67	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.08									

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

FINAL

Provider: Dublinair Health & Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00059947A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5512	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		37.31%	2.5%	Quarterly Medicaid CMI:			1.5790	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.25	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6066	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,793,959	\$2,947,296	\$0	\$674,869	\$659,637	\$0	\$809,651		\$702,506	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$72,181)	\$0	\$0	\$0	(\$1,731)	(\$2,206)	(\$11,488)		(\$56,756)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$58,972)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,463
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,720,269	\$2,947,296	\$0	\$674,869	\$657,906	(\$2,206)	\$739,191	\$0	\$645,750	\$57,463
8	Total Nursing Facility Days As Filed Days = 42,344	FY19 Audited C/R Days	42,344									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,222		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.01	\$69.60	\$0.00	\$15.94	\$15.49	(with L&H)	\$17.46	\$0.00	\$20.68	\$1.84
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5512								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.87								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.87	\$0.00	\$15.94	\$15.49		\$17.46	\$0.00	\$20.68	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$105.00	\$44.87	\$0.00	\$15.94	\$15.49		\$17.46	\$0.00	9.40 (FRV)	\$1.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.68	\$2.24	\$0.00	\$0.80	\$0.77	\$0.00	\$0.87	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.68	\$47.11	\$0.00	\$16.74	\$16.26	\$0.00	\$18.33	\$0.00	\$9.40	\$1.84
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6066								
18	Qtrtly Routine Svcs 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	\$1.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.89	\$1.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.27	\$2.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.79	\$4.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$161.05	\$80.38	\$0.00	\$16.96	\$16.67	\$0.00	\$35.80	\$0.00	\$9.40	\$1.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.96									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$182.40									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$123.98									

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

FINAL

Provider: River Towne Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00082684A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.99	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8212	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,424,892	\$3,471,182	\$0	\$626,849	\$596,017	\$0	\$1,636,723		\$1,094,121	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$165,644)	(\$90,765)	\$0	\$0	(\$10,865)	(\$15,679)	\$24,040		(\$72,375)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$121,092)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$200,258		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$71,256
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,409,670	\$3,380,417	\$0	\$626,849	\$585,152	(\$15,679)	\$1,539,671	\$200,258	\$1,021,746	\$71,256
8	Total Nursing Facility Days As Filed Days = 42,336	FY19 Audited C/R Days	42,336									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,612		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$177.13	\$79.85	\$0.00	\$14.81	\$13.45	(with L&H)	\$36.37	\$5.06	\$25.79	\$1.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7114								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.66	\$0.00	\$14.81	\$13.45		\$36.37	\$5.06	\$25.79	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.83	\$46.66	\$0.00	\$14.81	\$13.45		\$27.76	\$5.06	8.29 (FRV)	\$1.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.13	\$2.33	\$0.00	\$0.74	\$0.67	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.96	\$48.99	\$0.00	\$15.55	\$14.12	\$0.00	\$29.15	\$5.06	\$8.29	\$1.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8212								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	\$1.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$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	\$0.00
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	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.95									

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

FINAL

Provider: Heardmont Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00082981A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4476	1.4759
Case Mix Per Diem Rate Effective Date: 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:		2.83	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6079	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,213,767	\$1,055,006	\$0	\$241,262	\$333,292	\$0	\$371,170		\$213,037	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$16,551)	\$0	\$0	\$0	\$0	\$0	\$0		(\$16,551)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$18,827)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,822
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,196,211	\$1,055,006	\$0	\$241,262	\$333,292	\$0	\$352,343	\$0	\$196,486	\$17,822
8	Total Nursing Facility Days As Filed Days = 12,894	FY19 Audited C/R Days	12,894									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,257		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.76	\$81.82	\$0.00	\$18.71	\$25.85	(with L&H)	\$27.33	\$0.00	\$12.88	\$1.17
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4476								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.52	\$0.00	\$18.71	\$25.85		\$27.33	\$0.00	\$12.88	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.59	\$56.52	\$0.00	\$18.71	\$25.85		\$27.33	\$0.00	9.01 (FRV)	\$1.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.43	\$2.83	\$0.00	\$0.94	\$1.29	\$0.00	\$1.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.02	\$59.35	\$0.00	\$19.65	\$27.14	\$0.00	\$28.70	\$0.00	\$9.01	\$1.17
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6079								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.07	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.32		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.42	\$5.78	\$0.00	\$0.22	\$0.00	\$0.00	\$17.42	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.52	\$101.21	\$0.00	\$19.87	\$27.14	\$0.00	\$46.12	\$0.00	\$9.01	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.57									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Autumn Lane Prvdr ID: 00082992A H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 33.3% Nurse Hours per On-Site Day/Quality Incentive: 3.40		Facility Score: N/A BIMS: 33.3% 3.40	Add-on Percent: 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4664 Quarterly Medicaid CMI: 1.3376 Qtrly Mcaid CMI w RUG Wght Options: 1.3612			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	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$ 88,400		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2021 GL-PL Ins. Rpt								25,994		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2019 Peer Group Limit		\$84.91		\$22.66	\$25.85		\$27.76		\$36.39	\$9.19
<u>Allowed @ 95% of Std</u>			\$198.70	\$80.66		\$21.53	\$24.56		\$26.37		\$36.39	\$9.19
Growth Allowance 5.0%			\$7.66	\$4.03		\$1.08	\$1.23		\$1.32			
CMA Allowed Per Diem (After Growth Allowance)			\$209.76	\$84.69		\$22.61	\$25.79		\$27.69	\$ 3.40	\$36.39	\$9.19
Quarterly Facility Case Mix Index for Medicaid Residents				1.3612							(FRV Rate)	
Qrtly 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										

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

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

FINAL

Provider: Tower Road Healthcare				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083003A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7321	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		18.84%	0.0%	Quarterly Medicaid CMI:			1.6777	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.79	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7092	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,917,361	\$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 Svcs	Ln 7 / Ln 8 Col a	\$265.23	\$120.48	\$0.00	\$17.23	\$15.07	(with L&H)	\$45.82	\$3.52	\$60.96	\$2.15
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7321								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.56	\$0.00	\$17.23	\$15.07		\$45.82	\$3.52	\$60.96	\$2.15
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.62	\$69.56	\$0.00	\$17.23	\$15.07		\$27.76	\$3.52	11.33 (FRV)	\$2.15
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.48	\$3.48	\$0.00	\$0.86	\$0.75	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.10	\$73.04	\$0.00	\$18.09	\$15.82	\$0.00	\$29.15	\$3.52	\$11.33	\$2.15
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7092								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.75	\$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	\$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									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$158.03									

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

FINAL

Provider: Green Acres Health & Rehab Prvdr ID: 00083014A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 34.92% Nurse Hours per On-Site Day/Quality Incentive: 3.24			<u>Facility Score</u> Add-on Percent: 5.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4069 Quarterly Medicaid CMI: 1.4490 Qtrly Mcaid CMI w RUG Wght Options: 1.4742			<u>Facility Specific</u> 1.4069 1.4490 1.4742	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,647,857	\$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 Svcs	Ln 7 / Ln 8 Col a	\$185.12	\$87.12	\$0.00	\$17.73	\$20.59	(with L&H)	\$25.83	\$4.08	\$28.52	\$1.25
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4069								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.92	\$0.00	\$17.73	\$20.59		\$25.83	\$4.08	\$28.52	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.75	\$61.92	\$0.00	\$17.73	\$20.59		\$25.83	\$4.08	11.35 (FRV)	\$1.25
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.31	\$3.10	\$0.00	\$0.89	\$1.03	\$0.00	\$1.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.06	\$65.02	\$0.00	\$18.62	\$21.62	\$0.00	\$27.12	\$4.08	\$11.35	\$1.25
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4742								
18	Qtrly Routine Svcs 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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	(Ln 25 - Ln 23) * 0.75	\$140.03									

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

FINAL

Provider: Abercorn Rehabilitation Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083025A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5557	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		30.77%	2.5%	Quarterly Medicaid CMI:			1.5314	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.24	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5584	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,037,755	\$2,508,615	\$0	\$525,702	\$533,704	\$0	\$1,181,519		\$1,288,215	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$151,471)	(\$13,997)	\$0	(\$1,598)	\$0	\$1,598	(\$60,625)		(\$76,849)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$156,233)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$213,308		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$72,167
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,015,526	\$2,494,618	\$0	\$524,104	\$533,704	\$1,598	\$964,661	\$213,308	\$1,211,366	\$72,167
8	Total Nursing Facility Days As Filed Days = 29,894	FY19 Audited C/R Days	29,894									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,214		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$210.52	\$83.45	\$0.00	\$17.53	\$17.91	(with L&H)	\$32.27	\$8.46	\$48.04	\$2.86
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5557								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.64	\$0.00	\$17.53	\$17.91		\$32.27	\$8.46	\$48.04	\$2.86
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.62	\$53.64	\$0.00	\$17.53	\$17.91		\$27.76	\$8.46	11.46 (FRV)	\$2.86
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.85	\$2.68	\$0.00	\$0.88	\$0.90	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.47	\$56.32	\$0.00	\$18.41	\$18.81	\$0.00	\$29.15	\$8.46	\$11.46	\$2.86
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5584								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.00	\$93.12	\$0.00	\$18.63	\$19.22	\$0.00	\$46.25	\$8.46	\$11.46	\$2.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.18									

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

FINAL

Provider: Lynn Haven Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083036A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5828	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		57.14%	5.5%	Quarterly Medicaid CMI:			1.6338	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6646	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,625,686	\$2,793,832	\$0	\$514,729	\$699,509	\$0	\$868,950		\$748,666	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$53,647)	\$2,176	\$0	\$0	\$0	(\$8,110)	(\$15,542)		(\$32,171)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$40,885)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$80,080		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$32,619
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,643,853	\$2,796,008	\$0	\$514,729	\$699,509	(\$8,110)	\$812,523	\$80,080	\$716,495	\$32,619
8	Total Nursing Facility Days 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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.52	\$104.61	\$0.00	\$19.26	\$25.87	(with L&H)	\$30.40	\$3.90	\$34.89	\$1.59
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5828								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$19.26	\$25.87		\$30.40	\$3.90	\$34.89	\$1.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.01	\$66.09	\$0.00	\$19.26	\$25.85		\$27.76	\$3.90	13.56 (FRV)	\$1.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6646								
18	Qtrly Routine Svcs 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												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.35	\$6.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.67	\$10.35	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.74	\$125.86	\$0.00	\$20.44	\$27.14	\$0.00	\$46.25	\$3.90	\$13.56	\$1.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.23									

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

FINAL

Provider: Magnolia Manor Columbus East				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083047A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7524	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		28.17%	1.0%	Quarterly Medicaid CMI:			1.5287	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.39	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5583	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,414,868	\$4,978,782	\$0	\$1,089,203	\$880,023	\$0	\$1,566,779		\$900,081	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$20,641)	\$0	\$0	\$3,874	\$0	\$0	\$52,633		(\$77,148)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$171,815)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$290,503		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$30,780
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,543,695	\$4,978,782	\$0	\$1,093,077	\$880,023	\$0	\$1,447,597	\$290,503	\$822,933	\$30,780
8	Total Nursing Facility Days As Filed Days = 48,460	FY19 Audited C/R Days	48,460									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,280		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$204.87	\$102.74	\$0.00	\$22.56	\$18.16	(with L&H)	\$29.87	\$8.01	\$22.68	\$0.85
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7524								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.63	\$0.00	\$22.56	\$18.16		\$29.87	\$8.01	\$22.68	\$0.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.80	\$58.63	\$0.00	\$22.56	\$18.16		\$27.76	\$8.01	10.83 (FRV)	\$0.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.36	\$2.93	\$0.00	\$1.13	\$0.91	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.16	\$61.56	\$0.00	\$23.69	\$19.07	\$0.00	\$29.15	\$8.01	\$10.83	\$0.85
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5583								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.93								
19	Quarterly Medicaid CMA Allowed Per Diem	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	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.02	\$0.53	\$0.00	\$0.08	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.01									

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

FINAL

Provider: The Center for Advanced Rehab @ Parkside				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083102A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7481	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		19.18%	0.0%	Quarterly Medicaid CMI:			1.8153	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.30	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8516	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,311,337	\$4,602,279	\$0	\$864,224	\$792,419	\$0	\$1,722,137		\$1,330,278	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$146,115)	(\$4,295)	\$0	\$0	(\$5,419)	(\$1,570)	(\$30,534)		(\$104,297)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$119,631)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$77,384		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$166,974
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$9,289,949	\$4,597,984	\$0	\$864,224	\$787,000	(\$1,570)	\$1,571,972	\$77,384	\$1,225,981	\$166,974
8	Total Nursing Facility Days As Filed Days = 43,724	FY19 Audited C/R Days	43,724									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								42,973		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.06	\$105.16	\$0.00	\$19.77	\$17.96	(with L&H)	\$35.95	\$1.80	\$28.53	\$3.89
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7481								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.16	\$0.00	\$19.77	\$17.96		\$35.95	\$1.80	\$28.53	\$3.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.55	\$60.16	\$0.00	\$19.77	\$17.96		\$27.76	\$1.80	23.21 (FRV)	\$3.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.29	\$3.01	\$0.00	\$0.99	\$0.90	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.84	\$63.17	\$0.00	\$20.76	\$18.86	\$0.00	\$29.15	\$1.80	\$23.21	\$3.89
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8516								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.97								
19	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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.51	\$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
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.41	\$121.01	\$0.00	\$20.98	\$19.27	\$0.00	\$46.25	\$1.80	\$23.21	\$3.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.48									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$262.32									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$183.92									

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

FINAL

Provider: Magnolia Manor Columbus West				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00083124A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5930	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:		3.52	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6572	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,618,244	\$4,047,993	\$0	\$801,426	\$797,513	\$0	\$1,312,695		\$658,617	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$249,528)	\$0	\$0	\$0	\$0	(\$10,774)	(\$211,700)		(\$27,054)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$118,684)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$239,764		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$37,757
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,527,553	\$4,047,993	\$0	\$801,426	\$797,513	(\$10,774)	\$982,311	\$239,764	\$631,563	\$37,757
8	Total Nursing Facility Days As Filed Days = 42,454	FY19 Audited C/R Days	42,454									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,741		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.65	\$95.35	\$0.00	\$18.88	\$18.53	(with L&H)	\$23.14	\$6.53	\$17.19	\$1.03
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5930								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.86	\$0.00	\$18.88	\$18.53		\$23.14	\$6.53	\$17.19	\$1.03
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.63	\$59.86	\$0.00	\$18.88	\$18.53		\$23.14	\$6.53	11.66 (FRV)	\$1.03
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.02	\$2.99	\$0.00	\$0.94	\$0.93	\$0.00	\$1.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.65	\$62.85	\$0.00	\$19.82	\$19.46	\$0.00	\$24.30	\$6.53	\$11.66	\$1.03
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6572								
18	Qtrly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.12	\$3.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.35	\$6.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.66									

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

FINAL

Provider: Pinehill Nursing Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00083135A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4503	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		35.09%	2.5%	Quarterly Medicaid CMI:			1.5849	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.24	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6153	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,208,501	\$2,004,228	\$0	\$355,593	\$414,563	\$0	\$672,689		\$761,428	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$28,318)	\$0	\$0	\$0	\$0	\$0	(\$10,210)		(\$18,108)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$59,088)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$62,786		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,628
7	Cost Center Costs After Audit Adjustments	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 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	28,114							26,733		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.12	\$71.29	\$0.00	\$12.65	\$14.75	(with L&H)	\$21.46	\$2.35	\$27.81	\$0.81
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4503								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.16	\$0.00	\$12.65	\$14.75		\$21.46	\$2.35	\$27.81	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.08	\$49.16	\$0.00	\$12.65	\$14.75		\$21.46	\$2.35	9.90 (FRV)	\$0.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.90	\$2.46	\$0.00	\$0.63	\$0.74	\$0.00	\$1.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.98	\$51.62	\$0.00	\$13.28	\$15.49	\$0.00	\$22.53	\$2.35	\$9.90	\$0.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6153								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.67	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$198.91									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$136.36									

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

FINAL

Provider: National Health Care of Rossville Prvdr ID: 00083146A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 29.21% Nurse Hours per On-Site Day/Quality Incentive: 3.05			<u>Facility Score</u> Add-on Percent: 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2108 Quarterly Medicaid CMI: 1.2862 Qtrly Mcaid CMI w RUG Wght Options: 1.3064			<u>Facility Specific</u> 1.2108 1.2862 1.3064	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,608,435	\$3,141,768	\$0	\$612,312	\$550,447	\$0	\$1,022,048		\$281,860	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$73,984)	\$0	\$0	\$0	(\$1,617)	(\$2,219)	(\$18,474)		(\$51,674)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$161,600		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,282
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,753,333	\$3,141,768	\$0	\$612,312	\$548,830	(\$2,219)	\$1,003,574	\$161,600	\$230,186	\$57,282
8	Total Nursing Facility Days As Filed Days = 34,803	FY19 Audited C/R Days	34,803									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,938		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.47	\$90.27	\$0.00	\$17.59	\$15.71	(with L&H)	\$28.84	\$5.06	\$7.21	\$1.79
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2108								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.55	\$0.00	\$17.59	\$15.71		\$28.84	\$5.06	\$7.21	\$1.79
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.17	\$74.55	\$0.00	\$17.59	\$15.71		\$27.76	\$5.06	10.71 (FRV)	\$1.79
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.79	\$3.73	\$0.00	\$0.88	\$0.79	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.96	\$78.28	\$0.00	\$18.47	\$16.50	\$0.00	\$29.15	\$5.06	\$10.71	\$1.79
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3064								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.35	\$4.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.29	\$106.88	\$0.00	\$18.69	\$16.91	\$0.00	\$46.25	\$5.06	\$10.71	\$1.79
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.89									

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

FINAL

Provider: Signature Healthcare of Savannah				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083157A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6025	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		20.62%	1.0%	Quarterly Medicaid CMI:			1.7176	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.95	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7513	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,268,848	\$3,481,801	\$0	\$611,093	\$526,568	\$0	\$1,430,757		\$218,629	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$71,638)	\$0	\$0	\$0	\$0	\$0	(\$1,940)		(\$69,698)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$146,902)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$146,322		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$68,927
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,265,557	\$3,481,801	\$0	\$611,093	\$526,568	\$0	\$1,281,915	\$146,322	\$148,931	\$68,927
8	Total Nursing Facility Days As Filed Days = 38,466	FY19 Audited C/R Days	38,466									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								37,322		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.19	\$90.52	\$0.00	\$15.89	\$13.69	(with L&H)	\$33.33	\$3.92	\$3.99	\$1.85
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6025								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.49	\$0.00	\$15.89	\$13.69		\$33.33	\$3.92	\$3.99	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.77	\$56.49	\$0.00	\$15.89	\$13.69		\$27.76	\$3.92	10.17 (FRV)	\$1.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.68	\$2.82	\$0.00	\$0.79	\$0.68	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.45	\$59.31	\$0.00	\$16.68	\$14.37	\$0.00	\$29.15	\$3.92	\$10.17	\$1.85
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7513								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	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	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.55									

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

FINAL

Provider: Muscogee Manor & Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083223A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3226	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		37.37%	2.5%	Quarterly Medicaid CMI:			1.5194	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.79	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5458	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,701,385	\$6,736,893	\$0	\$1,129,623	\$1,299,821	\$0	\$1,256,604		\$278,444	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$28,989)	(\$63,206)	\$0	\$0	(\$8,464)	(\$13,217)	\$77,901		(\$22,003)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$145,429)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$207,740		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,954
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,763,661	\$6,673,687	\$0	\$1,129,623	\$1,291,357	(\$13,217)	\$1,189,076	\$207,740	\$256,441	\$28,954
8	Total Nursing Facility Days As Filed Days = 45,983	FY19 Audited C/R Days	45,983									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,808		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$235.75	\$145.13	\$0.00	\$24.57	\$27.80	(with L&H)	\$25.86	\$5.22	\$6.44	\$0.73
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3226								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$109.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$109.73	\$0.00	\$24.57	\$27.80		\$25.86	\$5.22	\$6.44	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.14	\$84.91	\$0.00	\$22.66	\$25.85		\$25.86	\$5.22	19.91 (FRV)	\$0.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.96	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.10	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$27.15	\$5.22	\$19.91	\$0.73
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5458								
18	Qtrly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.45	\$3.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.13	\$4.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.28									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Grace Healthcare of Tucker				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00083267A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6146	1.4759
H/B ?: No				Case Mix Per Diem Rate Effective Date: 01/01/22		BIMS	1.0%	Quarterly Medicaid CMI:			1.6203	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.96	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6505	1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2018												
FY2018 C/R -FY 2021 GL-PL Rpt												
Inflation (July 2019) @ 2.20%												
Patient Days												
FY 2018 Cost Rpt												
Total Nursing Facility Days GL-PL Ins. Rpt												
FY 21 GL-PL Ins Rpt Days												
Inflated NHC/ Patient Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 5.00%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

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

FINAL

Provider: Madison Hlth & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00083278A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4675	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		54.00%	5.5%	Quarterly Medicaid CMI:			1.5786	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.31	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6103	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,579,689	\$1,828,844	\$0	\$446,150	\$597,940	\$0	\$659,208		\$47,547	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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 Svcs	Ln 7 / Ln 8 Col a	\$145.09	\$73.45	\$0.00	\$17.92	\$24.01	(with L&H)	\$22.36	\$4.98	\$0.61	\$1.76
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4675								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.05	\$0.00	\$17.92	\$24.01		\$22.36	\$4.98	\$0.61	\$1.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.89	\$50.05	\$0.00	\$17.92	\$24.01		\$22.36	\$4.98	11.81 (FRV)	\$1.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.72	\$2.50	\$0.00	\$0.90	\$1.20	\$0.00	\$1.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.61	\$52.55	\$0.00	\$18.82	\$25.21	\$0.00	\$23.48	\$4.98	\$11.81	\$1.76
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6103								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.68	\$84.62	\$0.00	\$18.82	\$25.21	\$0.00	\$23.48	\$4.98	\$11.81	\$1.76
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.65	\$4.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.69	\$1.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$200.59									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$137.62									

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

FINAL

Provider: Riverdale Place Care and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083289A		Case Mix Per Diem Rate Effective Date: 1/1/2022		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4560	1.4759
				Qtrly BIMS score		44.66%	2.5%	Quarterly Medicaid CMI:			1.8196	1.5485
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/21		Nurse Hours per On-Site Day/Quality Incentive:		3.24	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8553	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,220,461	\$4,395,036	\$0	\$715,969	\$738,550	\$0	\$1,137,704		\$233,202	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$103,353)	(\$28,746)	\$0	(\$5,347)	\$6,380	\$6,201	(\$3,132)		(\$78,709)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$212,615		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$176,035
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,505,758	\$4,366,290	\$0	\$710,622	\$744,930	\$6,201	\$1,134,572	\$212,615	\$154,493	\$176,035
8	Total Nursing Facility Days As Filed Days = 51,662	FY19 Audited C/R Days	51,662									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								47,211		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.28	\$84.52	\$0.00	\$13.76	\$14.54	(with L&H)	\$21.96	\$4.50	\$3.27	\$3.73
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4560								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.05	\$0.00	\$13.76	\$14.54		\$21.96	\$4.50	\$3.27	\$3.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.19	\$58.05	\$0.00	\$13.76	\$14.54		\$21.96	\$4.50	10.65 (FRV)	\$3.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.42	\$2.90	\$0.00	\$0.69	\$0.73	\$0.00	\$1.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.61	\$60.95	\$0.00	\$14.45	\$15.27	\$0.00	\$23.06	\$4.50	\$10.65	\$3.73
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8553								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.85	\$6.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.59	\$119.83	\$0.00	\$14.67	\$15.68	\$0.00	\$40.53	\$4.50	\$10.65	\$3.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.37									

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

FINAL

Provider: Rose City Health and Rehab Ctr				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.47	2.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.6463	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,132,801	\$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 Adjstmnts	(\$40,280)	(\$4,507)	\$0	(\$1,970)	\$0	\$3,175	(\$3,790)		(\$33,188)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$37,422)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$43,107		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,227
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,120,433	\$1,958,841	\$0	\$459,109	\$362,369	\$3,175	\$730,829	\$43,107	\$540,776	\$22,227
8	Total Nursing Facility Days As Filed Days = 22,531	FY19 Audited C/R Days	22,531									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,399		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$187.23	\$86.94	\$0.00	\$20.38	\$16.22	(with L&H)	\$32.44	\$2.22	\$27.88	\$1.15
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7127								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.76								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.76	\$0.00	\$20.38	\$16.22		\$32.44	\$2.22	\$27.88	\$1.15
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.48	\$50.76	\$0.00	\$20.38	\$16.22		\$27.76	\$2.22	11.99 (FRV)	\$1.15
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.76	\$2.54	\$0.00	\$1.02	\$0.81	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.24	\$53.30	\$0.00	\$21.40	\$17.03	\$0.00	\$29.15	\$2.22	\$11.99	\$1.15
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6463								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.76	\$1.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.90	\$3.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.59	\$90.92	\$0.00	\$21.62	\$17.44	\$0.00	\$46.25	\$2.22	\$11.99	\$1.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.87									

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

FINAL

Provider: A.G. Rhodes Home, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140005A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5373	1.4759
Case Mix Per Diem Rate Effective Date: 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:		4.12	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,968,692	\$5,871,106	\$0	\$1,143,076	\$1,424,529	\$0	\$2,203,200		\$326,781	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$181,680)	(\$159,304)	\$0	\$0	\$0	\$0	\$0		(\$22,376)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$153,848)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$171,553		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,879
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,827,596	\$5,711,802	\$0	\$1,143,076	\$1,424,529	\$0	\$2,049,352	\$171,553	\$304,405	\$22,879
8	Total Nursing Facility Days As Filed Days = 47,371	FY19 Audited C/R Days	47,371									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								39,972		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$230.52	\$120.58	\$0.00	\$24.13	\$30.07	(with L&H)	\$43.26	\$4.29	\$7.62	\$0.57
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5373								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.43								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.43	\$0.00	\$24.13	\$30.07		\$43.26	\$4.29	\$7.62	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.77	\$78.43	\$0.00	\$22.66	\$25.85		\$27.76	\$4.29	19.21 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.73	\$3.92	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.50	\$82.35	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.29	\$19.21	\$0.57
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6919								
18	Qtrly Routine Svcs 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	\$0.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.48	\$3.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.18	\$4.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.29	\$8.19	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.77	\$147.52	\$0.00	\$23.79	\$27.14	\$0.00	\$46.25	\$4.29	\$19.21	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.75									

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

FINAL

Provider: Altamaha Healthcare Ctr.				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00140027A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3866	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		23.40%	1.0%	Quarterly Medicaid CMI:			1.5274	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.00	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5546	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,840,870	\$1,466,906	\$0	\$300,252	\$322,251	\$0	\$557,640		\$193,821	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$35,036)	\$0	\$0	\$0	\$1,609	\$1,495	(\$10,764)		(\$27,376)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$15,887)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$41,450		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,118
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,856,515	\$1,466,906	\$0	\$300,252	\$323,860	\$1,495	\$530,989	\$41,450	\$166,445	\$25,118
8	Total Nursing Facility Days As Filed Days = 21,015	FY19 Audited C/R Days	21,015									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,352		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$136.29	\$69.80	\$0.00	\$14.29	\$15.48	(with L&H)	\$25.27	\$2.04	\$8.18	\$1.23
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3866								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.34	\$0.00	\$14.29	\$15.48		\$25.27	\$2.04	\$8.18	\$1.23
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.39	\$50.34	\$0.00	\$14.29	\$15.48		\$25.27	\$2.04	8.74 (FRV)	\$1.23
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.26	\$2.52	\$0.00	\$0.71	\$0.77	\$0.00	\$1.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.65	\$52.86	\$0.00	\$15.00	\$16.25	\$0.00	\$26.53	\$2.04	\$8.74	\$1.23
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5546								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.18								
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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$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	(Ln 25 - Ln 23) * 0.75	\$117.59									

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

FINAL

Provider: PruittHealth-Greenville				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140038A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1955	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		27.45%	1.0%	Quarterly Medicaid CMI:			1.2892	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.84	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3129	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,581,413	\$2,431,781	\$0	\$405,308	\$644,026	\$0	\$822,588		\$277,710	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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 Svcs	Ln 7 / Ln 8 Col a	\$150.08	\$70.08	\$0.00	\$11.94	\$17.95	(with L&H)	\$19.97	\$19.50	\$9.18	\$1.46
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1955								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.62	\$0.00	\$11.94	\$17.95		\$19.97	\$19.50	\$9.18	\$1.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.49	\$58.62	\$0.00	\$11.94	\$17.95		\$19.97	\$19.50	11.05 (FRV)	\$1.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.43	\$2.93	\$0.00	\$0.60	\$0.90	\$0.00	\$1.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.92	\$61.55	\$0.00	\$12.54	\$18.85	\$0.00	\$20.97	\$19.50	\$11.05	\$1.46
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3129								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.81								
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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.04	\$4.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	(Ln 25 - Ln 23) * 0.75	\$128.67									

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

FINAL

Provider: Amara Healthcare & Rehab.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140049A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3601	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		24.24%	1.0%	Quarterly Medicaid CMI:			1.6301	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.80	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6587	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,409,834	\$3,586,154	\$0	\$520,660	\$746,147	\$0	\$1,132,732		\$424,141	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$137,593		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$15,265
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,055,140	\$3,543,077	\$0	\$520,660	\$748,203	(\$4,796)	\$677,974	\$137,593	\$417,164	\$15,265
8	Total Nursing Facility Days As Filed Days = 33,865	FY19 Audited C/R Days	33,865									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,327		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.09	\$104.62	\$0.00	\$15.37	\$21.95	(with L&H)	\$20.02	\$4.86	\$14.73	\$0.54
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3601								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.92	\$0.00	\$15.37	\$21.95		\$20.02	\$4.86	\$14.73	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.66	\$76.92	\$0.00	\$15.37	\$21.95		\$20.02	\$4.86	11.00 (FRV)	\$0.54
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.72	\$3.85	\$0.00	\$0.77	\$1.10	\$0.00	\$1.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.38	\$80.77	\$0.00	\$16.14	\$23.05	\$0.00	\$21.02	\$4.86	\$11.00	\$0.54
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6587								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.97								
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	\$0.54
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	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 Svcs)	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	\$0.00
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	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.10									

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

FINAL

Provider: Brentwood Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140071A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3692	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		30.61%	2.5%	Quarterly Medicaid CMI:			1.4059	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.07	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4309	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,507,792	\$3,058,748	\$0	\$507,999	\$507,455	\$0	\$892,211		\$541,379	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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 Svcs	Ln 7 / Ln 8 Col a	\$184.78	\$96.69	\$0.00	\$16.03	\$15.76	(with L&H)	\$26.04	\$5.04	\$23.98	\$1.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3692								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.62	\$0.00	\$16.03	\$15.76		\$26.04	\$5.04	\$23.98	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.51	\$70.62	\$0.00	\$16.03	\$15.76		\$26.04	\$5.04	11.78 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.42	\$3.53	\$0.00	\$0.80	\$0.79	\$0.00	\$1.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.93	\$74.15	\$0.00	\$16.83	\$16.55	\$0.00	\$27.34	\$5.04	\$11.78	\$1.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4309								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.18									

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

FINAL

Provider: Westminister Commons				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140082A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3283	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		34.92%	2.5%	Quarterly Medicaid CMI:			1.4626	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.85	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4887	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$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 Adjstmnts	(\$101,519)	(\$11,004)	\$0	\$0	\$3,480	\$5,019	(\$18,402)		(\$80,612)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$133,032)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$178,652		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$75,757
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,078,105	\$2,386,505	\$0	\$385,535	\$549,779	\$5,019	\$845,568	\$178,652	\$651,290	\$75,757
8	Total Nursing Facility Days As Filed Days = 27,158	FY19 Audited C/R Days	27,158									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,120		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.70	\$87.87	\$0.00	\$14.20	\$20.43	(with L&H)	\$31.14	\$7.11	\$25.93	\$3.02
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3283								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.15								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.15	\$0.00	\$14.20	\$20.43		\$31.14	\$7.11	\$25.93	\$3.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.11	\$66.15	\$0.00	\$14.20	\$20.43		\$27.76	\$7.11	8.44 (FRV)	\$3.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.43	\$3.31	\$0.00	\$0.71	\$1.02	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.54	\$69.46	\$0.00	\$14.91	\$21.45	\$0.00	\$29.15	\$7.11	\$8.44	\$3.02
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4887								
18	Qtrly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.92	\$5.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.98									

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

FINAL

Provider: Appling Nursing and Rehab Pavillion				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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		28.99%	1.0%	Quarterly Medicaid CMI:			1.1776	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		1.99	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.1941	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,262,249	\$2,930,759	\$0	\$1,091,664	\$331,285	\$553,703	\$1,618,542		\$736,296	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$31,544)	\$0	\$0	\$0	\$0	\$0	\$0		(\$31,544)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$301,820)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$298,606		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,356
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,254,847	\$2,930,759	\$0	\$1,091,664	\$331,285	\$553,703	\$1,316,722	\$298,606	\$704,752	\$27,356
8	Total Nursing Facility Days As Filed Days = 36,707	FY19 Audited C/R Days	36,707									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,228		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.67	\$79.84	\$0.00	\$29.74	\$24.11	(with L&H)	\$35.87	\$8.72	\$20.59	\$0.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.0466								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.28	\$0.00	\$29.74	\$24.11		\$35.87	\$8.72	\$20.59	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.66	\$76.28	\$0.00	\$29.74	\$24.11		\$27.76	\$8.72	29.25 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.90	\$3.81	\$0.00	\$1.49	\$1.21	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.56	\$80.09	\$0.00	\$31.23	\$25.32	\$0.00	\$29.15	\$8.72	\$29.25	\$0.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1941								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.64								
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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.91	\$1.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.13	\$3.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.24	\$99.04	\$0.00	\$31.45	\$25.73	\$0.00	\$46.25	\$8.72	\$29.25	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.11									

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

FINAL

Provider: PruittHealth - Ashburn, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140104A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5736	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		29.63%	1.0%	Quarterly Medicaid CMI:			1.5437	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.06	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5733	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,070,094	\$2,294,679	\$0	\$346,004	\$500,786	\$0	\$753,573		\$175,052	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$73,334)	(\$44,079)	\$0	\$0	(\$2,254)	(\$2,978)	\$3,398		(\$27,421)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$144,191)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$329,382		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,287
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,210,238	\$2,250,600	\$0	\$346,004	\$498,532	(\$2,978)	\$612,780	\$329,382	\$147,631	\$28,287
8	Total Nursing Facility Days As Filed Days = 22,456	FY19 Audited C/R Days	22,456									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,854		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.22	\$100.22	\$0.00	\$15.41	\$22.07	(with L&H)	\$27.29	\$15.79	\$7.08	\$1.36
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5736								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.69	\$0.00	\$15.41	\$22.07		\$27.29	\$15.79	\$7.08	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.21	\$63.69	\$0.00	\$15.41	\$22.07		\$27.29	\$15.79	10.60 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.41	\$3.18	\$0.00	\$0.77	\$1.10	\$0.00	\$1.36	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.62	\$66.87	\$0.00	\$16.18	\$23.17	\$0.00	\$28.65	\$15.79	\$10.60	\$1.36
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5733								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.26	\$5.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.92	\$6.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.45	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.88	\$112.05	\$0.00	\$16.40	\$23.58	\$0.00	\$46.10	\$15.79	\$10.60	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.59									

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

FINAL

Provider: PruittHealth - Brookhaven				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140115A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6831	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		25.00%	1.0%	Quarterly Medicaid CMI:			1.6652	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.11	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6947	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,003,557	\$6,110,832	\$0	\$951,928	\$1,114,912	\$0	\$1,920,596		\$905,289	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$173,314)	(\$147,928)	\$0	\$0	(\$2,336)	\$0	\$85,128		(\$108,178)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$296,911)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$682,989		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$113,278
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$11,329,599	\$5,962,904	\$0	\$951,928	\$1,112,576	\$0	\$1,708,813	\$682,989	\$797,111	\$113,278
8	Total Nursing Facility Days As Filed Days = 52,081	FY19 Audited C/R Days	52,081									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								45,636		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$221.86	\$114.49	\$0.00	\$18.28	\$21.36	(with L&H)	\$32.81	\$14.97	\$17.47	\$2.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6831								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.02	\$0.00	\$18.28	\$21.36		\$32.81	\$14.97	\$17.47	\$2.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.11	\$68.02	\$0.00	\$18.28	\$21.36		\$27.76	\$14.97	11.24 (FRV)	\$2.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.77	\$3.40	\$0.00	\$0.91	\$1.07	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.88	\$71.42	\$0.00	\$19.19	\$22.43	\$0.00	\$29.15	\$14.97	\$11.24	\$2.48
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6947								
18	Qtrtly Routine Svcs 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 Svcs)	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 Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.69									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$254.98									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$178.41									

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

FINAL

Provider: The Oaks of Athens, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140126A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6145	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		25.40%	1.0%	Quarterly Medicaid CMI:			1.5480	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.76	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5758	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,417,645	\$5,753,537	\$0	\$942,358	\$1,467,636	\$0	\$1,855,329		\$2,398,785	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$347,126)	(\$130,586)	\$0	\$0	(\$8,389)	(\$10,394)	\$123,619		(\$321,376)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$280,056)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$592,783		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$326,443
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,709,689	\$5,622,951	\$0	\$942,358	\$1,459,247	(\$10,394)	\$1,698,892	\$592,783	\$2,077,409	\$326,443
8	Total Nursing Facility Days As Filed Days = 46,439	FY19 Audited C/R Days	46,439									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,062		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$292.25	\$121.08	\$0.00	\$20.29	\$31.20	(with L&H)	\$36.58	\$16.44	\$57.61	\$9.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.6145								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.99	\$0.00	\$20.29	\$31.20		\$36.58	\$16.44	\$57.61	\$9.05
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.62	\$74.99	\$0.00	\$20.29	\$25.85		\$27.76	\$16.44	29.24 (FRV)	\$9.05
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.44	\$3.75	\$0.00	\$1.01	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.06	\$78.74	\$0.00	\$21.30	\$27.14	\$0.00	\$29.15	\$16.44	\$29.24	\$9.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5758								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.96	\$4.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.05	\$6.73	\$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	\$280.45	\$130.81	\$0.00	\$21.52	\$27.14	\$0.00	\$46.25	\$16.44	\$29.24	\$9.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.51									

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

FINAL

Provider: East Lake Arbor				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 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%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9682	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,351,471	\$1,394,282	\$0	\$248,711	\$235,712	\$0	\$415,517		\$57,249	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$22,304)	\$0	\$0	\$0	\$0	\$713	\$0		(\$23,017)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$83,621)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$239,559		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$79,311
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$2,564,416	\$1,394,282	\$0	\$248,711	\$235,712	\$713	\$331,896	\$239,559	\$34,232	\$79,311
8	Total Nursing Facility Days As Filed Days = 16,095	FY19 Audited C/R Days	16,095									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,744		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.67	\$86.63	\$0.00	\$15.45	\$14.69	(with L&H)	\$20.62	\$8.33	\$1.19	\$2.76
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4000								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.88								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.88	\$0.00	\$15.45	\$14.69		\$20.62	\$8.33	\$1.19	\$2.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.13	\$61.88	\$0.00	\$15.45	\$14.69		\$20.62	\$8.33	10.40 (FRV)	\$2.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.62	\$3.09	\$0.00	\$0.77	\$0.73	\$0.00	\$1.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.75	\$64.97	\$0.00	\$16.22	\$15.42	\$0.00	\$21.65	\$8.33	\$10.40	\$2.76
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9682								
18	Qtrtly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.20	\$3.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$25.67	\$7.57	\$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	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$230.78									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$160.26									

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

FINAL

Provider: Autumn Breeze Health Care Ctr				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140159A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3867	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		34.72%	2.5%	Quarterly Medicaid CMI:			1.5596	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.92	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5903	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,134,557	\$2,350,357	\$0	\$478,747	\$537,028	\$0	\$836,360		\$932,065	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$70,460)	(\$1,910)	\$0	\$0	(\$1,084)	\$0	(\$19,894)		(\$47,572)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$75,483)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$156,834		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,268
7	Cost Center Costs After Audit Adjustments	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 Svcs	Ln 7 / Ln 8 Col a	\$163.23	\$72.12	\$0.00	\$14.70	\$16.46	(with L&H)	\$22.75	\$5.34	\$30.11	\$1.75
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3867								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.01	\$0.00	\$14.70	\$16.46		\$22.75	\$5.34	\$30.11	\$1.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.05	\$52.01	\$0.00	\$14.70	\$16.46		\$22.75	\$5.34	10.04 (FRV)	\$1.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.30	\$2.60	\$0.00	\$0.74	\$0.82	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.35	\$54.61	\$0.00	\$15.44	\$17.28	\$0.00	\$23.89	\$5.34	\$10.04	\$1.75
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5903								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.17	\$2.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.61	\$2.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.41	\$5.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.00	\$92.16	\$0.00	\$15.66	\$17.69	\$0.00	\$41.36	\$5.34	\$10.04	\$1.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.18									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$198.04									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$135.71									

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

FINAL

Provider: The Oaks of Carrollton				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140181A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5062	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		21.05%	1.0%	Quarterly Medicaid CMI:			1.3694	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.34	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3924	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,196,133	\$1,558,689	\$0	\$249,640	\$433,014	\$0	\$563,501		\$391,289	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$59,064)	(\$26,480)	\$0	\$0	\$0	\$0	\$18,449		(\$51,033)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$79,883)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$181,684		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$56,658
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,295,528	\$1,532,209	\$0	\$249,640	\$433,014	\$0	\$502,067	\$181,684	\$340,256	\$56,658
8	Total Nursing Facility Days As Filed Days = 14,565	FY19 Audited C/R Days	14,565									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,841		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$235.40	\$105.20	\$0.00	\$17.14	\$29.73	(with L&H)	\$34.47	\$15.34	\$28.74	\$4.78
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5062								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.84								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.84	\$0.00	\$17.14	\$29.73		\$34.47	\$15.34	\$28.74	\$4.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.11	\$69.84	\$0.00	\$17.14	\$25.85		\$27.76	\$15.34	23.40 (FRV)	\$4.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.03	\$3.49	\$0.00	\$0.86	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.14	\$73.33	\$0.00	\$18.00	\$27.14	\$0.00	\$29.15	\$15.34	\$23.40	\$4.78
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3924								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.11	\$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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.89	\$108.76	\$0.00	\$18.22	\$27.14	\$0.00	\$46.25	\$15.34	\$23.40	\$4.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.09									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$250.43									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$175.00									

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

FINAL

Provider: Baptist Village, Inc. Prvdr ID: 00140203A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 30.53% Nurse Hours per On-Site Day/Quality Incentive: 4.04		N/A 30.53% 4.04	5.00% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.3959 1.4255 1.4514	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$17,062,120	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$216.19	\$111.32	\$0.00	\$28.65	\$24.95	(with L&H)	\$38.25	\$2.74	\$9.14	\$1.14
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3959								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.75								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.75	\$0.00	\$28.65	\$24.95		\$38.25	\$2.74	\$9.14	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.40	\$79.75	\$0.00	\$22.66	\$24.95		\$27.76	\$2.74	19.40 (FRV)	\$1.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.76	\$3.99	\$0.00	\$1.13	\$1.25	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.16	\$83.74	\$0.00	\$23.79	\$26.20	\$0.00	\$29.15	\$2.74	\$19.40	\$1.14
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4514								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.96	\$121.54	\$0.00	\$23.79	\$26.20	\$0.00	\$29.15	\$2.74	\$19.40	\$1.14
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.63	\$7.22	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.69									

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

FINAL

Provider: The Oaks - Bethany (Vidalia)				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140258A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4628	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		33.71%	2.5%	Quarterly Medicaid CMI:			1.5650	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.42	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5933	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,719,846	\$4,949,361	\$0	\$829,191	\$1,009,671	\$0	\$1,390,669		\$540,954	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$168,525)	(\$59,900)	\$0	\$0	(\$5,131)	(\$4,645)	\$23,703		(\$122,552)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$318,446)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$722,838		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$53,502
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,009,215	\$4,889,461	\$0	\$829,191	\$1,004,540	(\$4,645)	\$1,095,926	\$722,838	\$418,402	\$53,502
8	Total Nursing Facility Days As Filed Days = 55,997	FY19 Audited C/R Days	55,997									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								38,250		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.80	\$87.32	\$0.00	\$14.81	\$17.86	(with L&H)	\$19.57	\$18.90	\$10.94	\$1.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4628								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.69								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.69	\$0.00	\$14.81	\$17.86		\$19.57	\$18.90	\$10.94	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.50	\$59.69	\$0.00	\$14.81	\$17.86		\$19.57	\$18.90	14.27 (FRV)	\$1.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.59	\$2.98	\$0.00	\$0.74	\$0.89	\$0.00	\$0.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.09	\$62.67	\$0.00	\$15.55	\$18.75	\$0.00	\$20.55	\$18.90	\$14.27	\$1.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5933								
18	Qtrtly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.39	\$107.87	\$0.00	\$15.77	\$19.16	\$0.00	\$38.02	\$18.90	\$14.27	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.72									

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

FINAL

Provider: PruittHealth - Millen				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140269A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5948	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		45.95%	5.5%	Quarterly Medicaid CMI:			1.5257	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.05	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5515	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,922,225	\$2,720,140	\$0	\$474,115	\$532,730	\$0	\$884,673		\$310,567	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$61,002)	(\$52,641)	\$0	\$0	\$0	\$0	\$29,615		(\$37,976)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$194,143)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$437,605		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$33,706
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,138,391	\$2,667,499	\$0	\$474,115	\$532,730	\$0	\$720,145	\$437,605	\$272,591	\$33,706
8	Total Nursing Facility Days As Filed Days = 30,451	FY19 Audited C/R Days	30,451									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,639		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.50	\$87.60	\$0.00	\$15.57	\$17.49	(with L&H)	\$23.65	\$17.76	\$11.06	\$1.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5948								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.93	\$0.00	\$15.57	\$17.49		\$23.65	\$17.76	\$11.06	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.19	\$54.93	\$0.00	\$15.57	\$17.49		\$23.65	\$17.76	14.42 (FRV)	\$1.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.58	\$2.75	\$0.00	\$0.78	\$0.87	\$0.00	\$1.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.77	\$57.68	\$0.00	\$16.35	\$18.36	\$0.00	\$24.83	\$17.76	\$14.42	\$1.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5515								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.58	\$89.49	\$0.00	\$16.35	\$18.36	\$0.00	\$24.83	\$17.76	\$14.42	\$1.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.92	\$4.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.37	\$5.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.92	\$10.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.50	\$100.31	\$0.00	\$16.57	\$18.77	\$0.00	\$42.30	\$17.76	\$14.42	\$1.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.80									

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

FINAL

Provider: Cumming Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140302A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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:		3.96	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4262	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,230,055	\$3,895,141	\$0	\$608,586	\$828,563	\$0	\$696,524		\$201,241	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$49,795)	\$0	\$0	\$0	(\$8,653)	(\$3,954)	(\$4,201)		(\$32,987)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$107,292)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$203,188		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$63,382
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,339,538	\$3,895,141	\$0	\$608,586	\$819,910	(\$3,954)	\$585,031	\$203,188	\$168,254	\$63,382
8	Total Nursing Facility Days As Filed Days = 28,755	FY19 Audited C/R Days	28,755									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,987		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$227.11	\$135.46	\$0.00	\$21.16	\$28.38	(with L&H)	\$20.35	\$10.17	\$8.42	\$3.17
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6815								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.56								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.56	\$0.00	\$21.16	\$28.38		\$20.35	\$10.17	\$8.42	\$3.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.89	\$80.56	\$0.00	\$21.16	\$25.85		\$20.35	\$10.17	11.63 (FRV)	\$3.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.40	\$4.03	\$0.00	\$1.06	\$1.29	\$0.00	\$1.02	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.29	\$84.59	\$0.00	\$22.22	\$27.14	\$0.00	\$21.37	\$10.17	\$11.63	\$3.17
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4262								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.64	\$6.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	(Ln 25 - Ln 23) * 0.75	\$170.79									

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

FINAL

Provider: Riverside Healthcare Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140324A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3885	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		41.12%	2.5%	Quarterly Medicaid CMI:			1.5012	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.87	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.5267	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,291,076	\$5,001,101	\$0	\$724,294	\$909,874	\$0	\$1,472,712		\$2,183,095	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$75,837)	\$0	\$0	\$0	\$0	\$0	(\$7,183)		(\$68,654)	
	As Adjusted Cost Center Costs (GL/PL)	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.35	\$92.97	\$0.00	\$13.46	\$16.91	(with L&H)	\$22.88	\$7.94	\$53.44	\$3.75
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3885								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.96								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.96	\$0.00	\$13.46	\$16.91		\$22.88	\$7.94	\$53.44	\$3.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.84	\$66.96	\$0.00	\$13.46	\$16.91		\$22.88	\$7.94	9.94 (FRV)	\$3.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.01	\$3.35	\$0.00	\$0.67	\$0.85	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.85	\$70.31	\$0.00	\$14.13	\$17.76	\$0.00	\$24.02	\$7.94	\$9.94	\$3.75
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5267								
18	Qtrtry Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$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	\$14.35	\$18.17	\$0.00	\$41.49	\$7.94	\$9.94	\$3.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.23									

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

FINAL

Provider: Riverside Health & Rheab of Thomaston				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00140346A				Growth Allowance:	N/A	5.00%	Base Period Overall CMI:			1.5347	1.4759	
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score	26.09%	1.0%	Quarterly Medicaid CMI:			1.4860	1.5485	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:	3.21	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5123	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,405,922	\$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)	(\$19,076)		(\$12,229)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$38,610)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$75,920		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,163
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,418,562	\$2,453,599	\$0	\$471,814	\$509,352	(\$3,528)	\$772,983	\$75,920	\$128,259	\$10,163
8	Total Nursing Facility Days As Filed Days = 24,495	FY19 Audited C/R Days	24,495									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,238		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.23	\$100.17	\$0.00	\$19.26	\$20.65	(with L&H)	\$31.56	\$3.75	\$6.34	\$0.50
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5347								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.27	\$0.00	\$19.26	\$20.65		\$31.56	\$3.75	\$6.34	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.04	\$65.27	\$0.00	\$19.26	\$20.65		\$27.76	\$3.75	11.85 (FRV)	\$0.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.64	\$3.26	\$0.00	\$0.96	\$1.03	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.68	\$68.53	\$0.00	\$20.22	\$21.68	\$0.00	\$29.15	\$3.75	\$11.85	\$0.50
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5123								
18	Qtrtly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.15	\$4.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.45	\$5.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.86									

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

FINAL

Provider: Bonterra Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140357A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4346	1.4759
Case Mix Per Diem Rate Effective Date: 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:		2.19	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4778	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,903,806	\$3,168,945	\$0	\$580,292	\$625,646	\$0	\$1,372,986		\$1,155,937	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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 Svcs	Ln 7 / Ln 8 Col a	\$179.02	\$79.49	\$0.00	\$14.93	\$16.09	(with L&H)	\$30.69	\$6.16	\$30.04	\$1.62
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4346								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.41	\$0.00	\$14.93	\$16.09		\$30.69	\$6.16	\$30.04	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.55	\$55.41	\$0.00	\$14.93	\$16.09		\$27.76	\$6.16	10.58 (FRV)	\$1.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.71	\$2.77	\$0.00	\$0.75	\$0.80	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.26	\$58.18	\$0.00	\$15.68	\$16.89	\$0.00	\$29.15	\$6.16	\$10.58	\$1.62
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4778								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	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	(Ln 25 - Ln 23) * 0.75	\$127.67									

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

FINAL

Provider: Anderson Mill Health & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140379A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7130	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		20.48%	1.0%	Quarterly Medicaid CMI:			1.5913	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.15	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6190	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,096,305	\$4,669,531	\$0	\$719,308	\$737,619	\$0	\$2,443,543		\$2,526,304	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$128,074)	(\$50,204)	\$0	\$0	(\$3,729)	(\$1,206)	(\$9,662)		(\$63,273)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$736,373)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$100,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$72,317
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,404,175	\$4,619,327	\$0	\$719,308	\$733,890	(\$1,206)	\$1,697,508	\$100,000	\$2,463,031	\$72,317
8	Total Nursing Facility Days As Filed Days = 45,592	FY19 Audited C/R Days	45,592									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								40,163		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$236.02	\$101.32	\$0.00	\$15.78	\$16.07	(with L&H)	\$37.23	\$2.49	\$61.33	\$1.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7130								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.15	\$0.00	\$15.78	\$16.07		\$37.23	\$2.49	\$61.33	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.63	\$59.15	\$0.00	\$15.78	\$16.07		\$27.76	\$2.49	9.58 (FRV)	\$1.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.94	\$2.96	\$0.00	\$0.79	\$0.80	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.57	\$62.11	\$0.00	\$16.57	\$16.87	\$0.00	\$29.15	\$2.49	\$9.58	\$1.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6190								
18	Qtrly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.66									

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

FINAL

Provider: PruittHealth - Virginia Park				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
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:		2.90	3.0%	Qtrly Mcaid CMI w RUG Wght 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,037,520	\$4,505,360	\$0	\$709,935	\$925,777	\$0	\$1,210,089		\$686,359	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$80,500)	(\$67,061)	\$0	\$0	\$10,260	\$17,524	\$21,448		(\$62,671)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$236,993)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$471,989		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$77,280
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,269,296	\$4,438,299	\$0	\$709,935	\$936,037	\$17,524	\$994,544	\$471,989	\$623,688	\$77,280
8	Total Nursing Facility Days As Filed Days = 40,703	FY19 Audited C/R Days	40,703									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,290		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$206.67	\$109.04	\$0.00	\$17.44	\$23.43	(with L&H)	\$24.43	\$13.01	\$17.19	\$2.13
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5324								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.16	\$0.00	\$17.44	\$23.43		\$24.43	\$13.01	\$17.19	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.19	\$71.16	\$0.00	\$17.44	\$23.43		\$24.43	\$13.01	11.59 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.82	\$3.56	\$0.00	\$0.87	\$1.17	\$0.00	\$1.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.01	\$74.72	\$0.00	\$18.31	\$24.60	\$0.00	\$25.65	\$13.01	\$11.59	\$2.13
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6201								
18	Qtrly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.63	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.40									

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

FINAL

Provider: Brightmoor Health Care, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140412A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5354	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		37.84%	2.5%	Quarterly Medicaid CMI:			1.5353	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.65	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5636	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,655,765	\$4,835,421	\$0	\$1,156,218	\$1,505,520	\$0	\$1,195,391		\$963,215	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$88,929)	\$0	\$0	(\$26,848)	\$38,728	\$44,400	(\$13,803)		(\$131,406)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$132,628)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$251,170		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$139,869
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$9,825,247	\$4,835,421	\$0	\$1,129,370	\$1,544,248	\$44,400	\$1,048,960	\$251,170	\$831,809	\$139,869
8	Total Nursing Facility Days	FY19 Audited C/R Days	45,336									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,111		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.60	\$106.66	\$0.00	\$24.91	\$35.04	(with L&H)	\$23.14	\$7.36	\$24.39	\$4.10
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5354								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.47	\$0.00	\$24.91	\$35.04		\$23.14	\$7.36	\$24.39	\$4.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.88	\$69.47	\$0.00	\$22.66	\$25.85		\$23.14	\$7.36	20.30 (FRV)	\$4.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.05	\$3.47	\$0.00	\$1.13	\$1.29	\$0.00	\$1.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.93	\$72.94	\$0.00	\$23.79	\$27.14	\$0.00	\$24.30	\$7.36	\$20.30	\$4.10
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5636								
18	Qtrtly Routine Svcs 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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$3.42	\$3.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.27	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$246.43									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$172.00									

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

FINAL

Provider: Brown's Healthcare				<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140434A				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.4339	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score			26.92%	1.0%	Quarterly Medicaid CMI:			1.5720	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:			2.81	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6007	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	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,894,640	\$1,364,375	\$0	\$309,244	\$332,109	\$0	\$545,947		\$342,965	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$40,579)	\$0	\$0	\$0	(\$889)	\$0	(\$9,793)		(\$29,897)		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$16,782)				
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$42,416			
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$20,973	
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,900,668	\$1,364,375	\$0	\$309,244	\$331,220	\$0	\$519,372	\$42,416	\$313,068	\$20,973	
8	Total Nursing Facility Days As Filed Days = 21,241	FY19 Audited C/R Days	21,241										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,705			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.93	\$64.23	\$0.00	\$14.56	\$15.59	(with L&H)	\$24.45	\$2.15	\$15.89	\$1.06	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4339									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.79									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.79	\$0.00	\$14.56	\$15.59		\$24.45	\$2.15	\$15.89	\$1.06	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.74	\$44.79	\$0.00	\$14.56	\$15.59		\$24.45	\$2.15	13.14 (FRV)	\$1.06	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.97	\$2.24	\$0.00	\$0.73	\$0.78	\$0.00	\$1.22	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.71	\$47.03	\$0.00	\$15.29	\$16.37	\$0.00	\$25.67	\$2.15	\$13.14	\$1.06	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6007									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.96	\$75.28	\$0.00	\$15.29	\$16.37	\$0.00	\$25.67	\$2.15	\$13.14	\$1.06	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.75	\$0.75									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.56										

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

FINAL

Provider: PruittHealth - Lanier				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140456A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5603	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		30.61%	2.5%	Quarterly Medicaid CMI:			1.4775	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.04	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5027	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,895,982	\$3,070,467	\$0	\$533,915	\$657,302	\$0	\$1,185,376		\$448,922	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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										\$35,124
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,136,292	\$3,035,487	\$0	\$533,915	\$654,733	(\$3,668)	\$966,348	\$508,343	\$406,010	\$35,124
8	Total Nursing Facility Days As Filed Days = 32,400	FY19 Audited C/R Days	32,400									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,629		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$203.98	\$93.69	\$0.00	\$16.48	\$20.09	(with L&H)	\$29.83	\$23.50	\$18.77	\$1.62
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5603								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.05	\$0.00	\$16.48	\$20.09		\$29.83	\$23.50	\$18.77	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.81	\$60.05	\$0.00	\$16.48	\$20.09		\$27.76	\$23.50	8.31 (FRV)	\$1.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.21	\$3.00	\$0.00	\$0.82	\$1.00	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.02	\$63.05	\$0.00	\$17.30	\$21.09	\$0.00	\$29.15	\$23.50	\$8.31	\$1.62
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5027								
18	Qtrly Routine Svcs 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	\$1.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.74	\$4.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.37	\$7.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.09	\$102.39	\$0.00	\$17.52	\$21.50	\$0.00	\$46.25	\$23.50	\$8.31	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.99									

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

FINAL

Provider: Church Home Rehab & Healthcare				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140467A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5216	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		22.86%	1.0%	Quarterly Medicaid CMI:			1.3947	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.98	4.0%	Qtrtly Mcaid CMI w RUG 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,497,305	\$2,304,723	\$0	\$627,727	\$474,967	\$0	\$705,022		\$384,866	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$21,319)	\$0	\$0	\$0	\$0	\$774	\$1,556		(\$23,649)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$20,270)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$30,816		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,408
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,500,940	\$2,304,723	\$0	\$627,727	\$474,967	\$774	\$686,308	\$30,816	\$361,217	\$14,408
8	Total Nursing Facility Days As Filed Days = 26,016	FY19 Audited C/R Days	26,016									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,474		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.32	\$88.59	\$0.00	\$24.13	\$18.29	(with L&H)	\$26.38	\$1.44	\$16.82	\$0.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5216								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.22	\$0.00	\$24.13	\$18.29		\$26.38	\$1.44	\$16.82	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.54	\$58.22	\$0.00	\$22.66	\$18.29		\$26.38	\$1.44	26.88 (FRV)	\$0.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.27	\$2.91	\$0.00	\$1.13	\$0.91	\$0.00	\$1.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.81	\$61.13	\$0.00	\$23.79	\$19.20	\$0.00	\$27.70	\$1.44	\$26.88	\$0.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4209								
18	Qtrtly Routine Svcs 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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.75	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.14									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$212.44									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$146.51									

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

FINAL

Provider: Calhoun Nursing Home				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00140478A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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:		4.24	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8912	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,894,065	\$2,403,670	\$0	\$398,458	\$408,854	\$0	\$511,553		\$171,530	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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							(\$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 Svcs	Ln 7 / Ln 8 Col a	\$184.08	\$112.99	\$0.00	\$18.53	\$19.02	(with L&H)	\$18.46	\$6.12	\$7.90	\$1.06
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6173								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.86	\$0.00	\$18.53	\$19.02		\$18.46	\$6.12	\$7.90	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.75	\$69.86	\$0.00	\$18.53	\$19.02		\$18.46	\$6.12	14.70 (FRV)	\$1.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.29	\$3.49	\$0.00	\$0.93	\$0.95	\$0.00	\$0.92	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$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	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.72								
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 Svcs)	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 Svcs)	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	(Ln 25 - Ln 23) * 0.75	\$172.47									

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

FINAL

Provider: Canton Nursing Center, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140511A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4649	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		36.36%	2.5%	Quarterly Medicaid CMI:			1.3312	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.01	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3540	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,914,998	\$3,179,363	\$0	\$619,756	\$919,467	\$0	\$1,075,985		\$120,427	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	\$37,165	\$0	\$0	\$0	\$0	\$2,939	\$79,422		(\$45,196)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$90,669)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$114,720		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,708
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,027,922	\$3,179,363	\$0	\$619,756	\$919,467	\$2,939	\$1,064,738	\$114,720	\$75,231	\$51,708
8	Total Nursing Facility Days As Filed Days = 30,871	FY19 Audited C/R Days	30,871									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,879		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.43	\$102.99	\$0.00	\$20.08	\$29.88	(with L&H)	\$34.49	\$4.27	\$2.80	\$1.92
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4649								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.31	\$0.00	\$20.08	\$29.88		\$34.49	\$4.27	\$2.80	\$1.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.66	\$70.31	\$0.00	\$20.08	\$25.85		\$27.76	\$4.27	12.47 (FRV)	\$1.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.20	\$3.52	\$0.00	\$1.00	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.86	\$73.83	\$0.00	\$21.08	\$27.14	\$0.00	\$29.15	\$4.27	\$12.47	\$1.92
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3540								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.00	\$99.97	\$0.00	\$21.08	\$27.14	\$0.00	\$29.15	\$4.27	\$12.47	\$1.92
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.69									

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

FINAL

Provider: University Nursing and Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140533A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4735	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		10.00%	0.0%	Quarterly Medicaid CMI:			1.4364	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.81	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4601	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,654,940	\$3,397,770	\$0	\$668,124	\$682,150	\$0	\$1,142,740		\$764,156	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$60,537)	\$0	\$0	\$0	\$0	\$0	(\$11,676)		(\$48,861)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$10,987)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$12,462		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$55,131
7	Cost Center Costs After Audit Adjustments	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 Svcs	Ln 7 / Ln 8 Col a	\$194.39	\$97.87	\$0.00	\$19.24	\$19.65	(with L&H)	\$32.26	\$0.40	\$23.18	\$1.79
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4735								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.42	\$0.00	\$19.24	\$19.65		\$32.26	\$0.40	\$23.18	\$1.79
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.27	\$66.42	\$0.00	\$19.24	\$19.65		\$27.76	\$0.40	8.01 (FRV)	\$1.79
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.65	\$3.32	\$0.00	\$0.96	\$0.98	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.92	\$69.74	\$0.00	\$20.20	\$20.63	\$0.00	\$29.15	\$0.40	\$8.01	\$1.79
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4601								
18	Qtrtly Routine Svcs 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 = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.31	\$3.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.32	\$105.41	\$0.00	\$20.42	\$21.04	\$0.00	\$46.25	\$0.40	\$8.01	\$1.79
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.67									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$214.53									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$148.07									

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

FINAL

Provider: Cedar Springs Health and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140544A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4458	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		24.44%	1.0%	Quarterly Medicaid CMI:			1.7823	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		9.62	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8175	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,245,071	\$2,055,653	\$0	\$384,914	\$477,942	\$0	\$815,909		\$510,653	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$56,714)	(\$23,901)	\$0	\$1,146	\$1,633	(\$6,610)	(\$1,551)		(\$27,431)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$139,859)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$180,735		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$66,710
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,295,943	\$2,031,752	\$0	\$386,060	\$479,575	(\$6,610)	\$674,499	\$180,735	\$483,222	\$66,710
8	Total Nursing Facility Days As Filed Days = 22,070	FY19 Audited C/R Days	22,070									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,199		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.69	\$92.06	\$0.00	\$17.49	\$21.43	(with L&H)	\$30.56	\$9.93	\$26.55	\$3.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4458								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.68	\$0.00	\$17.49	\$21.43		\$30.56	\$9.93	\$26.55	\$3.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.79	\$63.68	\$0.00	\$17.49	\$21.43		\$27.76	\$9.93	8.83 (FRV)	\$3.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.51	\$3.18	\$0.00	\$0.87	\$1.07	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.30	\$66.86	\$0.00	\$18.36	\$22.50	\$0.00	\$29.15	\$9.93	\$8.83	\$3.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8175								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.48	\$1.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.44	\$123.27	\$0.00	\$18.58	\$22.91	\$0.00	\$46.25	\$9.93	\$8.83	\$3.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.26									

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

FINAL

Provider: Calhoun Health Care Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140577A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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:		2.98	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7508	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,157,847	\$1,076,971	\$0	\$233,843	\$263,141	\$0	\$520,081		\$63,811	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$8,641)	\$0	\$0	\$0	\$818	\$0	\$0		(\$9,459)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$81,187)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$158,470		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$76,738
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,303,227	\$1,076,971	\$0	\$233,843	\$263,959	\$0	\$438,894	\$158,470	\$54,352	\$76,738
8	Total Nursing Facility Days As Filed Days = 14,207	FY19 Audited C/R Days	14,207									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,266		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.76	\$75.81	\$0.00	\$16.46	\$18.58	(with L&H)	\$30.89	\$6.03	\$2.07	\$2.92
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3848								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.75								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.75	\$0.00	\$16.46	\$18.58		\$30.89	\$6.03	\$2.07	\$2.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.82	\$54.75	\$0.00	\$16.46	\$18.58		\$27.76	\$6.03	9.32 (FRV)	\$2.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.88	\$2.74	\$0.00	\$0.82	\$0.93	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.70	\$57.49	\$0.00	\$17.28	\$19.51	\$0.00	\$29.15	\$6.03	\$9.32	\$2.92
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7508								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.86	\$100.65	\$0.00	\$17.28	\$19.51	\$0.00	\$29.15	\$6.03	\$9.32	\$2.92
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.80	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.66	\$106.72	\$0.00	\$17.50	\$19.92	\$0.00	\$46.25	\$6.03	\$9.32	\$2.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.67									

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

FINAL

Provider: Camellia Hlth & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140588A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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:		2.93	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5470	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,851,774	\$2,076,083	\$0	\$430,910	\$468,610	\$0	\$669,423		\$206,748	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$30,634)	\$1,500	\$0	\$0	\$1,371	(\$2,157)	(\$9,522)		(\$21,826)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$63,381)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$110,454		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,268
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,890,481	\$2,077,583	\$0	\$430,910	\$469,981	(\$2,157)	\$596,520	\$110,454	\$184,922	\$22,268
8	Total Nursing Facility Days As Filed Days = 23,977	FY19 Audited C/R Days	23,977									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								16,340		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.45	\$86.65	\$0.00	\$17.97	\$19.51	(with L&H)	\$24.88	\$6.76	\$11.32	\$1.36
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4026								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.78	\$0.00	\$17.97	\$19.51		\$24.88	\$6.76	\$11.32	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.19	\$61.78	\$0.00	\$17.97	\$19.51		\$24.88	\$6.76	9.93 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.21	\$3.09	\$0.00	\$0.90	\$0.98	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.40	\$64.87	\$0.00	\$18.87	\$20.49	\$0.00	\$26.12	\$6.76	\$9.93	\$1.36
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5470								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.20									

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

FINAL

Provider: Fort Gaines Healthcare, LLC Prvdr ID: 00140599A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 39.53% Nurse Hours per On-Site Day/Quality Incentive: 3.28		<u>Facility Score</u> N/A 3.28	<u>Add-on Percent</u> 5.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7914 Quarterly Medicaid CMI: 1.8897 Qtrly Mcaid CMI w RUG Wght Options: 1.9256			<u>Facility Specific</u> 1.7914 1.8897 1.9256	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,974,520	\$1,300,981	\$0	\$359,258	\$373,118	\$0	\$630,572		\$310,591	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$36,558)	(\$1,293)	\$0	\$0	\$0	(\$949)	\$0		(\$34,316)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$15,449)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$22,250		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$53,731
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,998,494	\$1,299,688	\$0	\$359,258	\$373,118	(\$949)	\$615,123	\$22,250	\$276,275	\$53,731
8	Total Nursing Facility Days As Filed Days = 18,243	FY19 Audited C/R Days	18,243									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,093		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$165.65	\$71.24	\$0.00	\$19.69	\$20.40	(with L&H)	\$33.72	\$1.30	\$16.16	\$3.14
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7914								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.77	\$0.00	\$19.69	\$20.40		\$33.72	\$1.30	\$16.16	\$3.14
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.92	\$39.77	\$0.00	\$19.69	\$20.40		\$27.76	\$1.30	23.86 (FRV)	\$3.14
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.38	\$1.99	\$0.00	\$0.98	\$1.02	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.30	\$41.76	\$0.00	\$20.67	\$21.42	\$0.00	\$29.15	\$1.30	\$23.86	\$3.14
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9256								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.01	\$2.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.49	\$5.76	\$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	\$203.44	\$86.17	\$0.00	\$20.89	\$21.83	\$0.00	\$46.25	\$1.30	\$23.86	\$3.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.76									

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

FINAL

Provider: Harborview Health Systems - Thomaston				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140621A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4880	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		27.94%	1.0%	Quarterly Medicaid CMI:			1.6799	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.67	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7113	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,830,256	\$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 Svcs	Ln 7 / Ln 8 Col a	\$152.78	\$73.95	\$0.00	\$13.36	\$13.05	(with L&H)	\$22.95	\$3.62	\$22.99	\$2.86
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4880								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.70	\$0.00	\$13.36	\$13.05		\$22.95	\$3.62	\$22.99	\$2.86
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.74	\$49.70	\$0.00	\$13.36	\$13.05		\$22.95	\$3.62	9.20 (FRV)	\$2.86
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$4.96	\$2.49	\$0.00	\$0.67	\$0.65	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.70	\$52.19	\$0.00	\$14.03	\$13.70	\$0.00	\$24.10	\$3.62	\$9.20	\$2.86
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7113								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$188.95									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$128.89									

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

FINAL

Provider: Brian Center of Canton				<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00140643A				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.5782	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score			22.73%	1.0%	Quarterly Medicaid CMI:			1.6346	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:			4.08	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6636	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	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,199,130	\$3,448,702	\$0	\$486,021	\$545,264	\$0	\$1,225,045		\$1,494,098	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$44,814)	\$0	\$0	\$0	\$0	\$0	\$0		(\$44,814)		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$40,872)				
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$106,243			
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$60,336	
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,280,023	\$3,448,702	\$0	\$486,021	\$545,264	\$0	\$1,184,173	\$106,243	\$1,449,284	\$60,336	
8	Total Nursing Facility Days As Filed Days = 34,437	FY19 Audited C/R Days	34,437										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,720			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$218.84	\$100.15	\$0.00	\$14.11	\$15.83	(with L&H)	\$34.39	\$3.57	\$48.76	\$2.03	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5782									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.46									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.46	\$0.00	\$14.11	\$15.83		\$34.39	\$3.57	\$48.76	\$2.03	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.86	\$63.46	\$0.00	\$14.11	\$15.83		\$27.76	\$3.57	14.10 (FRV)	\$2.03	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.06	\$3.17	\$0.00	\$0.71	\$0.79	\$0.00	\$1.39	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.92	\$66.63	\$0.00	\$14.82	\$16.62	\$0.00	\$29.15	\$3.57	\$14.10	\$2.03	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6636									
18	Qtrly Routine Svcs 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	\$2.03	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.22	\$2.22									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.59	\$3.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	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	\$2.03	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.72										

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

FINAL

Provider: College Park Health Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140654A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3921	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		37.88%	2.5%	Quarterly Medicaid CMI:			1.4015	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.31	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4284	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,624,262	\$2,163,879	\$0	\$521,733	\$506,556	\$0	\$719,606		\$712,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$63,727)	\$0	\$0	\$0	\$0	\$0	(\$11,437)		(\$52,290)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$37,707)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$81,875
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,604,703	\$2,163,879	\$0	\$521,733	\$506,556	\$0	\$670,462	\$0	\$660,198	\$81,875
8	Total Nursing Facility Days As Filed Days = 30,253	FY19 Audited C/R Days	30,253									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,762		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$154.41	\$71.53	\$0.00	\$17.25	\$16.74	(with L&H)	\$22.16	\$0.00	\$23.78	\$2.95
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3921								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.38								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.38	\$0.00	\$17.25	\$16.74		\$22.16	\$0.00	\$23.78	\$2.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.11	\$51.38	\$0.00	\$17.25	\$16.74		\$22.16	\$0.00	8.63 (FRV)	\$2.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.38	\$2.57	\$0.00	\$0.86	\$0.84	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.49	\$53.95	\$0.00	\$18.11	\$17.58	\$0.00	\$23.27	\$0.00	\$8.63	\$2.95
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4284								
18	Qtrtly Routine Svcs 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 Svcs)	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 Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.45									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$183.06									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$124.47									

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

FINAL

Provider: Life Care Center, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140665A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3984	1.4759
Case Mix Per Diem Rate Effective Date: 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:		3.05	3.0%	Qtrly Mcaid CMI w RUG Wght 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,329,979	\$2,794,562	\$0	\$460,846	\$665,399	\$0	\$801,432		\$607,740	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$91,871)	\$0	\$0	\$0	\$0	\$0	(\$18,553)		(\$73,318)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$43,608)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$94,222		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$76,528
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,365,250	\$2,794,562	\$0	\$460,846	\$665,399	\$0	\$739,271	\$94,222	\$534,422	\$76,528
8	Total Nursing Facility Days As Filed Days = 40,208	FY19 Audited C/R Days	40,208									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,590		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.72	\$69.50	\$0.00	\$11.46	\$16.55	(with L&H)	\$18.39	\$2.65	\$15.02	\$2.15
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3984								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.70	\$0.00	\$11.46	\$16.55		\$18.39	\$2.65	\$15.02	\$2.15
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.83	\$49.70	\$0.00	\$11.46	\$16.55		\$18.39	\$2.65	14.93 (FRV)	\$2.15
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.81	\$2.49	\$0.00	\$0.57	\$0.83	\$0.00	\$0.92	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.64	\$52.19	\$0.00	\$12.03	\$17.38	\$0.00	\$19.31	\$2.65	\$14.93	\$2.15
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4279								
18	Qtrly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.86	\$1.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.73	\$4.63	\$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	\$165.70	\$79.15	\$0.00	\$12.25	\$17.79	\$0.00	\$36.78	\$2.65	\$14.93	\$2.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.45									

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

FINAL

Provider: PruittHealth - Eastside				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140687A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3851	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		29.33%	1.0%	Quarterly Medicaid CMI:			1.4735	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.94	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,653,857	\$2,624,838	\$0	\$411,085	\$584,639	\$0	\$792,451		\$240,844	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$83,422)	(\$39,400)	\$0	\$0	\$0	\$0	\$3,692		(\$47,714)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$170,600)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$390,257		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$50,971
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,841,063	\$2,585,438	\$0	\$411,085	\$584,639	\$0	\$625,543	\$390,257	\$193,130	\$50,971
8	Total Nursing Facility Days As Filed Days = 26,237	FY19 Audited C/R Days	26,237									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,228		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.81	\$98.54	\$0.00	\$15.67	\$22.28	(with L&H)	\$23.84	\$13.83	\$6.84	\$1.81
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3851								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.14								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.14	\$0.00	\$15.67	\$22.28		\$23.84	\$13.83	\$6.84	\$1.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.14	\$71.14	\$0.00	\$15.67	\$22.28		\$23.84	\$13.83	12.57 (FRV)	\$1.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.64	\$3.56	\$0.00	\$0.78	\$1.11	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.78	\$74.70	\$0.00	\$16.45	\$23.39	\$0.00	\$25.03	\$13.83	\$12.57	\$1.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4997								
18	Qtrly Routine Svcs 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	\$1.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x 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	\$0.00
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	\$1.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.18									

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

[illegible]

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

FINAL

Provider: Rome Health and Rehab Prvdr ID: 00140753A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 31.03% Nurse Hours per On-Site Day/Quality Incentive: 3.31		N/A 31.03% 3.31	5.00% 2.5% 3.0%	Base Period Overall CMI: 1.6948 Quarterly Medicaid CMI: 1.6479 Qtrtly Mcaid CMI w RUG Wght Options: 1.6768			1.6948 1.6479 1.6768	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,070,560	\$2,989,431	\$0	\$520,497	\$513,355	\$0	\$1,064,693		\$1,982,584	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$44,776)	(\$4,087)	\$0	\$0	\$0	\$0	\$0		(\$40,689)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$3,567)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$4,219		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,424
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,047,860	\$2,985,344	\$0	\$520,497	\$513,355	\$0	\$1,061,126	\$4,219	\$1,941,895	\$21,424
8	Total Nursing Facility Days As Filed Days = 31,365	FY19 Audited C/R Days	31,365									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,266		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$236.88	\$95.18	\$0.00	\$16.59	\$16.37	(with L&H)	\$33.83	\$0.16	\$73.93	\$0.82
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6948								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.16	\$0.00	\$16.59	\$16.37		\$33.83	\$0.16	\$73.93	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.50	\$56.16	\$0.00	\$16.59	\$16.37		\$27.76	\$0.16	14.64 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.85	\$2.81	\$0.00	\$0.83	\$0.82	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.35	\$58.97	\$0.00	\$17.42	\$17.19	\$0.00	\$29.15	\$0.16	\$14.64	\$0.82
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6768								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.26	\$98.88	\$0.00	\$17.42	\$17.19	\$0.00	\$29.15	\$0.16	\$14.64	\$0.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$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	\$0.00
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	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.65									

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

FINAL

Provider: PruittHealth - Crestwood				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140764A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5217	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:		2.99	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5308	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,156,951	\$2,283,442	\$0	\$406,223	\$518,911	\$0	\$725,934		\$222,441	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$42,581)	(\$17,476)	\$0	\$0	\$0	\$0	\$5,750		(\$30,855)	
	As Adjusted Cost Center Costs (GL/PL)	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 Svcs	Ln 7 / Ln 8 Col a	\$170.83	\$86.96	\$0.00	\$15.59	\$19.91	(with L&H)	\$22.31	\$15.84	\$8.84	\$1.38
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5217								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.14	\$0.00	\$15.59	\$19.91		\$22.31	\$15.84	\$8.84	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.33	\$57.14	\$0.00	\$15.59	\$19.91		\$22.31	\$15.84	10.16 (FRV)	\$1.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.76	\$2.86	\$0.00	\$0.78	\$1.00	\$0.00	\$1.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.09	\$60.00	\$0.00	\$16.37	\$20.91	\$0.00	\$23.43	\$15.84	\$10.16	\$1.38
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5308								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$4.59	\$4.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	(Ln 25 - Ln 23) * 0.75	\$143.33									

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

FINAL

Provider: Gateway Health and Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140786A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3388	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		22.86%	1.0%	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:		3.33	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6077	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,426,678	\$1,818,396	\$0	\$328,099	\$409,346	\$0	\$609,960		\$260,877	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$9,694)	(\$2,200)	\$0	\$0	(\$2,632)	(\$2,749)	\$10,965		(\$13,078)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$74,329)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$93,373		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$11,442
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,447,470	\$1,816,196	\$0	\$328,099	\$406,714	(\$2,749)	\$546,596	\$93,373	\$247,799	\$11,442
8	Total Nursing Facility Days As Filed Days = 20,320	FY19 Audited C/R Days	20,320									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,216		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.49	\$89.38	\$0.00	\$16.15	\$19.88	(with L&H)	\$26.90	\$6.14	\$16.29	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3388								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.76	\$0.00	\$16.15	\$19.88		\$26.90	\$6.14	\$16.29	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.33	\$66.76	\$0.00	\$16.15	\$19.88		\$26.90	\$6.14	7.75 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.49	\$3.34	\$0.00	\$0.81	\$0.99	\$0.00	\$1.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.82	\$70.10	\$0.00	\$16.96	\$20.87	\$0.00	\$28.25	\$6.14	\$7.75	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6077								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.14	\$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	\$216.56	\$117.74	\$0.00	\$17.18	\$21.28	\$0.00	\$45.72	\$6.14	\$7.75	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.60									

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

FINAL

Provider: Dawson Health & Rehab Prvdr ID: 00140808A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 44.44% Nurse Hours per On-Site Day/Quality Incentive: 3.54		Facility Score Add-on Percent	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4187 Quarterly Medicaid CMI: 1.4430 Qtrly Mcaid CMI w RUG Wght Options: 1.4676				Facility Specific 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,963,276	\$2,025,061	\$0	\$457,735	\$442,716	\$0	\$673,870		\$363,894	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$33,330)	\$0	\$0	\$0	\$0	(\$3,368)	(\$9,362)		(\$20,600)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$39,260)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$77,797		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,550
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,993,033	\$2,025,061	\$0	\$457,735	\$442,716	(\$3,368)	\$625,248	\$77,797	\$343,294	\$24,550
8	Total Nursing Facility Days As Filed Days = 23,506	FY19 Audited C/R Days	23,506									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,636		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.18	\$86.15	\$0.00	\$19.47	\$18.69	(with L&H)	\$26.60	\$4.41	\$19.47	\$1.39
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4187								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.73	\$0.00	\$19.47	\$18.69		\$26.60	\$4.41	\$19.47	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.63	\$60.73	\$0.00	\$19.47	\$18.69		\$26.60	\$4.41	10.34 (FRV)	\$1.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.27	\$3.04	\$0.00	\$0.97	\$0.93	\$0.00	\$1.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.90	\$63.77	\$0.00	\$20.44	\$19.62	\$0.00	\$27.93	\$4.41	\$10.34	\$1.39
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4676								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.72	\$93.59	\$0.00	\$20.44	\$19.62	\$0.00	\$27.93	\$4.41	\$10.34	\$1.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	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	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.30									

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

FINAL

Provider: Carrollton Manor, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140852A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4751	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		34.25%	2.5%	Quarterly Medicaid CMI:			1.4392	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.27	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,171,887	\$2,940,665	\$0	\$675,995	\$593,631	\$0	\$712,101		\$249,495	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$54,752)	(\$12,648)	\$0	\$0	\$0	\$0	\$9,767		(\$51,871)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$107,328)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$180,187		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$61,120
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,251,114	\$2,928,017	\$0	\$675,995	\$593,631	\$0	\$614,540	\$180,187	\$197,624	\$61,120
8	Total Nursing Facility Days As Filed Days = 34,114	FY19 Audited C/R Days	34,114									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,737		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.83	\$85.83	\$0.00	\$19.82	\$17.40	(with L&H)	\$18.01	\$6.06	\$6.65	\$2.06
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4751								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.19	\$0.00	\$19.82	\$17.40		\$18.01	\$6.06	\$6.65	\$2.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.70	\$58.19	\$0.00	\$19.82	\$17.40		\$18.01	\$6.06	12.16 (FRV)	\$2.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.67	\$2.91	\$0.00	\$0.99	\$0.87	\$0.00	\$0.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.37	\$61.10	\$0.00	\$20.81	\$18.27	\$0.00	\$18.91	\$6.06	\$12.16	\$2.06
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4626								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.63	\$89.36	\$0.00	\$20.81	\$18.27	\$0.00	\$18.91	\$6.06	\$12.16	\$2.06
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$5.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.17	\$94.80	\$0.00	\$21.03	\$18.68	\$0.00	\$36.38	\$6.06	\$12.16	\$2.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.55									

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

FINAL

Provider: Early Memorial Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140874A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.0753	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		20.51%	1.0%	Quarterly Medicaid CMI:			1.2339	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.29	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2512	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$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		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,493,586	\$2,049,276	\$0	\$813,277	\$134,486	\$145,639	\$828,409	\$46,907	\$475,592	\$0
8	Total Nursing Facility Days As Filed Days = 33,013	FY19 Audited C/R Days	33,013									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,597		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$136.82	\$62.07	\$0.00	\$24.64	\$8.49	(with L&H)	\$25.09	\$1.48	\$15.05	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.0753								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.72	\$0.00	\$24.64	\$8.49		\$25.09	\$1.48	\$15.05	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.02	\$57.72	\$0.00	\$24.64	\$8.49		\$25.09	\$1.48	10.60 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.79	\$2.89	\$0.00	\$1.23	\$0.42	\$0.00	\$1.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.81	\$60.61	\$0.00	\$25.87	\$8.91	\$0.00	\$26.34	\$1.48	\$10.60	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2512								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.76	\$0.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.67	\$3.57	\$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	\$170.71	\$79.41	\$0.00	\$26.09	\$9.32	\$0.00	\$43.81	\$1.48	\$10.60	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.21									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$206.82									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$142.29									

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

FINAL

Provider: Eastview Nursing Home				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140885A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5544	1.4759
Case Mix Per Diem Rate Effective Date: 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:		3.45	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7921	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,686,743	\$2,036,215	\$0	\$443,134	\$508,000	\$0	\$610,957		\$88,437	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$71,411)	\$0	\$0	\$0	\$0	\$0	(\$19,110)		(\$52,301)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$91,210)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$95,629		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$50,507
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,670,258	\$2,036,215	\$0	\$443,134	\$508,000	\$0	\$500,637	\$95,629	\$36,136	\$50,507
8	Total Nursing Facility Days As Filed Days = 26,493	FY19 Audited C/R Days	26,493									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,919		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.29	\$76.86	\$0.00	\$16.73	\$19.17	(with L&H)	\$18.90	\$5.05	\$1.91	\$2.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5544								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.45	\$0.00	\$16.73	\$19.17		\$18.90	\$5.05	\$1.91	\$2.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.94	\$49.45	\$0.00	\$16.73	\$19.17		\$18.90	\$5.05	8.97 (FRV)	\$2.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.22	\$2.47	\$0.00	\$0.84	\$0.96	\$0.00	\$0.95	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.16	\$51.92	\$0.00	\$17.57	\$20.13	\$0.00	\$19.85	\$5.05	\$8.97	\$2.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7921								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.05								
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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.12	\$5.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.79	\$2.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.54	\$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	(Ln 25 - Ln 23) * 0.75	\$132.55									

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

FINAL

Provider: Effingham Extended Care Facility				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140907A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2717	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		42.11%	2.5%	Quarterly Medicaid CMI:			1.3395	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		5.12	7.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3592	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,111,585	\$5,160,534	\$0	\$1,097,806	\$645,445	\$913,070	\$1,413,692		\$881,038	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$60,424)	\$0	\$0	\$0	\$0	\$0	\$0		(\$60,424)	
	As Adjusted Cost Center Costs (GL/PL)	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$285.98	\$147.23	\$0.00	\$31.32	\$44.46	(with L&H)	\$36.54	\$0.00	\$25.48	\$0.95
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2717								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.78								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$115.78	\$0.00	\$31.32	\$44.46		\$36.54	\$0.00	\$25.48	\$0.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.67	\$84.91	\$0.00	\$31.32	\$25.85		\$27.76	\$0.00	11.88 (FRV)	\$0.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.50	\$4.25	\$0.00	\$1.57	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.17	\$89.16	\$0.00	\$32.89	\$27.14	\$0.00	\$29.15	\$0.00	\$11.88	\$0.95
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3592								
18	Qtrtly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Svcs)	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
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$252.03	\$132.70	\$0.00	\$33.11	\$27.14	\$0.00	\$46.25	\$0.00	\$11.88	\$0.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.20									

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

FINAL

Provider: Emanuel Medical Center Nursing Home				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140929A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2469	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		35.29%	2.5%	Quarterly Medicaid CMI:			1.1176	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.67	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.1348	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,670,730	\$1,838,025	\$0	\$531,928	\$300,503	\$230,402	\$561,660		\$208,212	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$1,090)	\$0	\$0	\$0	\$0	\$0	\$0		(\$1,090)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$11,446)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$6,902		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	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
8	Total Nursing Facility Days As Filed Days = 16,900	FY19 Audited C/R Days	16,900									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								13,428		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.14	\$108.76	\$0.00	\$31.48	\$31.41	(with L&H)	\$32.56	\$0.51	\$15.42	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.2469								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.23	\$0.00	\$31.48	\$31.41		\$32.56	\$0.51	\$15.42	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.20	\$84.91	\$0.00	\$31.48	\$25.85		\$27.76	\$0.51	16.69 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.50	\$4.25	\$0.00	\$1.57	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.70	\$89.16	\$0.00	\$33.05	\$27.14	\$0.00	\$29.15	\$0.51	\$16.69	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1348								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.89	\$5.57	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.61	\$106.75	\$0.00	\$33.27	\$27.14	\$0.00	\$46.25	\$0.51	\$16.69	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.13									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$232.68									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$161.69									

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

FINAL

Provider: PruittHealth - Blue Ridge, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140973A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3381	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		17.02%	0.0%	Quarterly Medicaid CMI:			1.1622	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.35	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$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										\$32,586
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,968,403	\$3,154,579	\$0	\$492,475	\$794,564	\$10,648	\$758,094	\$438,859	\$286,598	\$32,586
8	Total Nursing Facility Days As Filed Days = 30,898	FY19 Audited C/R Days	30,898									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,881		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.77	\$102.10	\$0.00	\$15.94	\$26.06	(with L&H)	\$24.54	\$19.18	\$12.53	\$1.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3381								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.30	\$0.00	\$15.94	\$26.06		\$24.54	\$19.18	\$12.53	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.95	\$76.30	\$0.00	\$15.94	\$25.85		\$24.54	\$19.18	9.72 (FRV)	\$1.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.14	\$3.82	\$0.00	\$0.80	\$1.29	\$0.00	\$1.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.09	\$80.12	\$0.00	\$16.74	\$27.14	\$0.00	\$25.77	\$19.18	\$9.72	\$1.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1801								
18	Qtrtly Routine Svcs 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	\$1.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.73	\$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
25	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.28									

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

FINAL

Provider: Fifth Avenue Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140984A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3970	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		41.38%	2.5%	Quarterly Medicaid CMI:			1.7185	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.27	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7506	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,588,986	\$2,958,221	\$0	\$554,447	\$679,397	\$0	\$810,410		\$586,511	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$4,719)	\$59,908	\$0	\$0	\$0	\$0	(\$36,624)		(\$28,003)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$121,336)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$155,807		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$15,821
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,634,559	\$3,018,129	\$0	\$554,447	\$679,397	\$0	\$652,450	\$155,807	\$558,508	\$15,821
8	Total Nursing Facility Days As Filed Days = 32,882	FY19 Audited C/R Days	32,882									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,771		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$178.63	\$91.79	\$0.00	\$16.86	\$20.66	(with L&H)	\$19.84	\$6.29	\$22.55	\$0.64
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3970								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.71	\$0.00	\$16.86	\$20.66		\$19.84	\$6.29	\$22.55	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.54	\$65.71	\$0.00	\$16.86	\$20.66		\$19.84	\$6.29	11.54 (FRV)	\$0.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.15	\$3.29	\$0.00	\$0.84	\$1.03	\$0.00	\$0.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.69	\$69.00	\$0.00	\$17.70	\$21.69	\$0.00	\$20.83	\$6.29	\$11.54	\$0.64
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7506								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.27	\$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	\$17.92	\$22.10	\$0.00	\$38.30	\$6.29	\$11.54	\$0.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.74									

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

FINAL

Provider: PruittHealth - Fitzgerald				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140995A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5265	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		13.64%	0.0%	Quarterly Medicaid CMI:			1.3619	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.15	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3852	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,966,856	\$1,926,671	\$0	\$346,642	\$530,045	\$0	\$846,506		\$316,992	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$40,413)	(\$27,360)	\$0	\$0	\$0	\$0	\$10,003		(\$23,056)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$148,110)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$337,481		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,078
7	Cost Center Costs After Audit Adjustments	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.47	\$83.67	\$0.00	\$15.27	\$23.35	(with L&H)	\$31.21	\$14.89	\$12.97	\$1.11
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5265								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.81								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.81	\$0.00	\$15.27	\$23.35		\$31.21	\$14.89	\$12.97	\$1.11
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.43	\$54.81	\$0.00	\$15.27	\$23.35		\$27.76	\$14.89	12.24 (FRV)	\$1.11
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.06	\$2.74	\$0.00	\$0.76	\$1.17	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.49	\$57.55	\$0.00	\$16.03	\$24.52	\$0.00	\$29.15	\$14.89	\$12.24	\$1.11
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3852								
18	Qtrtly Routine Svcs 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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.45	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$214.82									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$148.29									

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

FINAL

Provider: Folkston Park Care and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141006A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3744	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		22.86%	1.0%	Quarterly Medicaid CMI:			1.3683	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.96	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3921	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,773,032	\$2,051,873	\$0	\$350,001	\$395,529	\$0	\$582,289		\$393,340	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$35,794)	\$0	\$0	\$0	(\$761)	(\$858)	(\$11,084)		(\$23,091)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$21,746)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$55,877		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,753
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,797,122	\$2,051,873	\$0	\$350,001	\$394,768	(\$858)	\$549,459	\$55,877	\$370,249	\$25,753
8	Total Nursing Facility Days As Filed Days = 25,844	FY19 Audited C/R Days	25,844									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,366		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.94	\$79.39	\$0.00	\$13.54	\$15.24	(with L&H)	\$21.26	\$2.04	\$13.53	\$0.94
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3744								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.76	\$0.00	\$13.54	\$15.24		\$21.26	\$2.04	\$13.53	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.27	\$57.76	\$0.00	\$13.54	\$15.24		\$21.26	\$2.04	9.49 (FRV)	\$0.94
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.39	\$2.89	\$0.00	\$0.68	\$0.76	\$0.00	\$1.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.66	\$60.65	\$0.00	\$14.22	\$16.00	\$0.00	\$22.32	\$2.04	\$9.49	\$0.94
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3921								
18	Qtrly Routine Svcs 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	\$0.94
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.69	\$1.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.16	\$3.06	\$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	\$170.60	\$87.49	\$0.00	\$14.44	\$16.41	\$0.00	\$39.79	\$2.04	\$9.49	\$0.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.13									

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

FINAL

Provider: Heritage Healthcare -Forsyth, LLC				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.12	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3734	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,649,219	\$1,977,399	\$0	\$344,288	\$476,348	\$0	\$682,429		\$168,755	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$58,417)	(\$28,661)	\$0	\$0	(\$1,961)	(\$2,152)	\$6,266		(\$31,909)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$136,579)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$309,354		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,140
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,782,717	\$1,948,738	\$0	\$344,288	\$474,387	(\$2,152)	\$552,116	\$309,354	\$136,846	\$19,140
8	Total Nursing Facility Days As Filed Days = 23,904	FY19 Audited C/R Days	23,904									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,576		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$165.26	\$81.52	\$0.00	\$14.40	\$19.76	(with L&H)	\$23.10	\$17.60	\$7.79	\$1.09
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4546								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.04	\$0.00	\$14.40	\$19.76		\$23.10	\$17.60	\$7.79	\$1.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.22	\$56.04	\$0.00	\$14.40	\$19.76		\$23.10	\$17.60	9.23 (FRV)	\$1.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.67	\$2.80	\$0.00	\$0.72	\$0.99	\$0.00	\$1.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.89	\$58.84	\$0.00	\$15.12	\$20.75	\$0.00	\$24.26	\$17.60	\$9.23	\$1.09
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3734								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.02	\$2.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.04	\$4.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.69	\$6.59	\$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	\$193.55	\$87.40	\$0.00	\$15.34	\$21.16	\$0.00	\$41.73	\$17.60	\$9.23	\$1.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.34									

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

FINAL

Provider: Fort Valley Nursing Ctr.				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00141028A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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:		3.07	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0114	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,077,658	\$2,042,934	\$0	\$323,136	\$352,124	\$0	\$756,398		\$603,066	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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										\$44,763
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,087,802	\$2,033,906	\$0	\$323,136	\$352,124	\$2,504	\$727,318	\$36,153	\$567,898	\$44,763
8	Total Nursing Facility Days As Filed Days = 22,460	FY19 Audited C/R Days	22,460									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,587		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$188.03	\$90.56	\$0.00	\$14.39	\$15.79	(with L&H)	\$32.38	\$1.95	\$30.55	\$2.41
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6658								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.37	\$0.00	\$14.39	\$15.79		\$32.38	\$1.95	\$30.55	\$2.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.54	\$54.37	\$0.00	\$14.39	\$15.79		\$27.76	\$1.95	9.87 (FRV)	\$2.41
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.62	\$2.72	\$0.00	\$0.72	\$0.79	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.16	\$57.09	\$0.00	\$15.11	\$16.58	\$0.00	\$29.15	\$1.95	\$9.87	\$2.41
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.0114								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.90	\$114.83	\$0.00	\$15.11	\$16.58	\$0.00	\$29.15	\$1.95	\$9.87	\$2.41
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.32	\$6.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.44	\$3.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.02	\$10.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.92	\$125.12	\$0.00	\$15.33	\$16.99	\$0.00	\$46.25	\$1.95	\$9.87	\$2.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.62									

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

FINAL

Provider: PruittHealth - Franklin, Inc				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141039A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4468	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		23.08%	1.0%	Quarterly Medicaid CMI:			1.4998	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.92	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,979,503	\$1,990,472	\$0	\$352,683	\$430,872	\$0	\$811,670		\$393,806	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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										\$17,292
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,118,584	\$1,889,362	\$0	\$352,683	\$430,872	\$0	\$717,952	\$336,460	\$373,963	\$17,292
8	Total Nursing Facility Days As Filed Days = 25,421	FY19 Audited C/R Days	25,421									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,332		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$165.97	\$74.32	\$0.00	\$13.87	\$16.95	(with L&H)	\$28.24	\$15.07	\$16.75	\$0.77
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4468								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.37	\$0.00	\$13.87	\$16.95		\$28.24	\$15.07	\$16.75	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.92	\$51.37	\$0.00	\$13.87	\$16.95		\$27.76	\$15.07	11.13 (FRV)	\$0.77
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.50	\$2.57	\$0.00	\$0.69	\$0.85	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.42	\$53.94	\$0.00	\$14.56	\$17.80	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5272								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.86	\$82.38	\$0.00	\$14.56	\$17.80	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.12	\$4.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.20	\$5.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.06	\$87.85	\$0.00	\$14.78	\$18.21	\$0.00	\$46.25	\$15.07	\$11.13	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.72									

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

[illegible]

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

FINAL

Provider: New Horizons Lanier Park				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141072A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2946	1.4759
Case Mix Per Diem Rate Effective Date: 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:		3.90	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2441	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,866,484	\$5,128,623	\$0	\$1,414,786	\$460,232	\$793,389	\$1,853,854		\$1,215,600	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$20,556)	(\$2,888)	\$0	\$0	\$0	\$7,010	(\$4,122)		(\$20,556)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$65,668)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$79,984		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,743
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,885,987	\$5,125,735	\$0	\$1,414,786	\$460,232	\$800,399	\$1,784,064	\$79,984	\$1,195,044	\$25,743
8	Total Nursing Facility Days As Filed Days = 40,777	FY19 Audited C/R Days	40,777									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,236		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$270.97	\$125.70	\$0.00	\$34.70	\$30.92	(with L&H)	\$43.75	\$2.21	\$32.98	\$0.71
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2946								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.09	\$0.00	\$34.70	\$30.92		\$43.75	\$2.21	\$32.98	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.02	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$2.21	22.15 (FRV)	\$0.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.57	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$2.21	\$22.15	\$0.71
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2441								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.22	\$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.43	\$3.33	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.76	\$114.25	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$2.21	\$22.15	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.25									

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

FINAL

Provider: Douglasville Nursing and Rehab Ctr. Prvdr ID: 00141083A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 35.26% Nurse Hours per On-Site Day/Quality Incentive: 3.61		N/A 35.26% 3.61	5.00% 2.5% 2.0%	Base Period Overall CMI: 1.4894 Quarterly Medicaid CMI: 1.6504 Qtrly Mcaid CMI w RUG Wght Options: 1.6816			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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$13,229,280	\$8,084,874	\$0	\$1,285,693	\$1,245,258	\$0	\$1,877,296		\$736,159	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$169,963)	(\$29,082)	\$0	(\$3,627)	(\$18,308)	(\$59,527)	\$51,176		(\$110,595)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$53,514)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$162,391		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$130,225
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,298,419	\$8,055,792	\$0	\$1,282,066	\$1,226,950	(\$59,527)	\$1,874,958	\$162,391	\$625,564	\$130,225
8	Total Nursing Facility Days As Filed Days = 81,408	FY19 Audited C/R Days	77,599									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								71,368		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$172.40	\$103.81	\$0.00	\$16.52	\$15.04	(with L&H)	\$24.16	\$2.28	\$8.77	\$1.82
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4894								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.70	\$0.00	\$16.52	\$15.04		\$24.16	\$2.28	\$8.77	\$1.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.22	\$69.70	\$0.00	\$16.52	\$15.04		\$24.16	\$2.28	13.70 (FRV)	\$1.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.28	\$3.49	\$0.00	\$0.83	\$0.75	\$0.00	\$1.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.50	\$73.19	\$0.00	\$17.35	\$15.79	\$0.00	\$25.37	\$2.28	\$13.70	\$1.82
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6816								
18	Qtrly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x 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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.85									

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

FINAL

Provider: Gibson Health & Rehabilitation Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.92	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5525	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,926,015	\$2,674,034	\$0	\$501,520	\$537,383	\$0	\$805,386		\$407,692	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$58,106)	\$0	\$0	\$0	(\$7,496)	(\$11,130)	(\$11,868)		(\$27,612)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$54,795)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$109,399		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,907
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,958,420	\$2,674,034	\$0	\$501,520	\$529,887	(\$11,130)	\$738,723	\$109,399	\$380,080	\$35,907
8	Total Nursing Facility Days As Filed Days = 29,898	FY19 Audited C/R Days	29,898									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,623		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$171.50	\$89.44	\$0.00	\$16.77	\$17.35	(with L&H)	\$24.71	\$4.84	\$16.80	\$1.59
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4595								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.28	\$0.00	\$16.77	\$17.35		\$24.71	\$4.84	\$16.80	\$1.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.52	\$61.28	\$0.00	\$16.77	\$17.35		\$24.71	\$4.84	10.98 (FRV)	\$1.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.01	\$3.06	\$0.00	\$0.84	\$0.87	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.53	\$64.34	\$0.00	\$17.61	\$18.22	\$0.00	\$25.95	\$4.84	\$10.98	\$1.59
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5525								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.08	\$99.89	\$0.00	\$17.61	\$18.22	\$0.00	\$25.95	\$4.84	\$10.98	\$1.59
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$24.13	\$6.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.21	\$105.92	\$0.00	\$17.83	\$18.63	\$0.00	\$43.42	\$4.84	\$10.98	\$1.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.58									

Quarterly Case Mix Per Diem Rate Calculations

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<div> <div> Provider: Parkside Ellijay Prvdr ID: 00141127A H/B ?: No </div> <div> Case Mix Per Diem Rate Effective Date: 01/01/22 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21 </div> <div> Add-on Data and Percentages Growth Allowance: N/A BIMS: 24.6% Nurse Hours per On-Site Day/Quality Incentive: 3.03 </div> <div> Facility Score Add-on Percent 5.00% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4907 Quarterly Medicaid CMI: 1.8262 Qtrly Mcaid CMI w RUG Wght Options: 1.8623 </div> <div> Facility Specific 1.4907 1.8262 1.8623 </div> <div> State-wide 1.4759 1.5462 1.5738 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2018												
Inflation (July 2019) @ 2.20%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 5.00%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

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

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Provider: Comfort Creek NRC of Wadley				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141138A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4168	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.5617	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.72	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5925	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,564,673	\$1,213,978	\$0	\$235,032	\$267,494	\$0	\$439,471		\$408,698	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$26,528)	\$0	\$0	\$0	(\$910)	\$0	(\$6,631)		(\$18,987)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$60,596)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$73,086		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,428
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$2,573,063	\$1,213,978	\$0	\$235,032	\$266,584	\$0	\$372,244	\$73,086	\$389,711	\$22,428
8	Total Nursing Facility Days As Filed Days = 18,258	FY19 Audited C/R Days	18,258									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,778		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.64	\$66.49	\$0.00	\$12.87	\$14.60	(with L&H)	\$20.39	\$2.45	\$13.09	\$0.75
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4168								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.93								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.93	\$0.00	\$12.87	\$14.60		\$20.39	\$2.45	\$13.09	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.54	\$46.93	\$0.00	\$12.87	\$14.60		\$20.39	\$2.45	9.55 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.74	\$2.35	\$0.00	\$0.64	\$0.73	\$0.00	\$1.02	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$112.28	\$49.28	\$0.00	\$13.51	\$15.33	\$0.00	\$21.41	\$2.45	\$9.55	\$0.75
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5925								
18	Qtrtly Routine Svcs 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.49									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$165.86									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$111.57									

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

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Provider: Glenn-Mor Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141149A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3131	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		22.73%	1.0%	Quarterly Medicaid CMI:			1.2608	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.58	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,441,148	\$2,332,009	\$0	\$739,999	\$346,631	\$369,823	\$1,046,832		\$605,854	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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 Svcs	Ln 7 / Ln 8 Col a	\$251.76	\$106.27	\$0.00	\$33.72	\$32.65	(with L&H)	\$47.00	\$1.46	\$30.28	\$0.38
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3131								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.93	\$0.00	\$33.72	\$32.65		\$47.00	\$1.46	\$30.28	\$0.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.47	\$80.93	\$0.00	\$32.43	\$25.85		\$27.76	\$1.46	10.66 (FRV)	\$0.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.35	\$4.05	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.82	\$84.98	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.46	\$10.66	\$0.38
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2795								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.26	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.34									

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

FINAL

Provider: Glenvue Nursing Home				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141171A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6122	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		20.00%	1.0%	Quarterly Medicaid CMI:			1.5530	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.78	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5833	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,040,745	\$3,306,126	\$0	\$721,366	\$673,837	\$0	\$989,577		\$1,349,839	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$101,421)	\$0	\$0	\$0	(\$4,994)	(\$6,755)	(\$4,988)		(\$84,684)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$110,797)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$221,413		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$83,900
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$7,133,840	\$3,306,126	\$0	\$721,366	\$668,843	(\$6,755)	\$873,792	\$221,413	\$1,265,155	\$83,900
8	Total Nursing Facility Days	FY19 Audited C/R Days	42,446									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								37,057		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.44	\$77.89	\$0.00	\$16.99	\$15.60	(with L&H)	\$20.59	\$5.97	\$34.14	\$2.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.6122								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.31								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.31	\$0.00	\$16.99	\$15.60		\$20.59	\$5.97	\$34.14	\$2.26
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.65	\$48.31	\$0.00	\$16.99	\$15.60		\$20.59	\$5.97	9.93 (FRV)	\$2.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.08	\$2.42	\$0.00	\$0.85	\$0.78	\$0.00	\$1.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.73	\$50.73	\$0.00	\$17.84	\$16.38	\$0.00	\$21.62	\$5.97	\$9.93	\$2.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5833								
18	Qtrtly Routine Svcs 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.84	\$3.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$244.80									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$170.78									

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

FINAL

Provider: Gracemore Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141182A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2849	1.4759
Case Mix Per Diem Rate Effective Date: 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:		3.75	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,038,993	\$1,521,392	\$0	\$383,298	\$608,653	\$0	\$451,538		\$74,112	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$31,029)	\$3,640	\$0	\$0	\$0	\$0	(\$4,540)		(\$30,129)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,584)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$51,253		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$23,274
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,033,907	\$1,525,032	\$0	\$383,298	\$608,653	\$0	\$398,414	\$51,253	\$43,983	\$23,274
8	Total Nursing Facility Days As Filed Days = 15,816	FY19 Audited C/R Days	15,816									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,573		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.56	\$96.42	\$0.00	\$24.23	\$38.48	(with L&H)	\$25.19	\$4.43	\$3.80	\$2.01
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2849								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.04	\$0.00	\$24.23	\$38.48		\$25.19	\$4.43	\$3.80	\$2.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.50	\$75.04	\$0.00	\$22.66	\$25.85		\$25.19	\$4.43	8.32 (FRV)	\$2.01
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.43	\$3.75	\$0.00	\$1.13	\$1.29	\$0.00	\$1.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.93	\$78.79	\$0.00	\$23.79	\$27.14	\$0.00	\$26.45	\$4.43	\$8.32	\$2.01
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3785								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.75	\$108.61	\$0.00	\$23.79	\$27.14	\$0.00	\$26.45	\$4.43	\$8.32	\$2.01
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.17	\$2.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.91									

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

FINAL

Provider: Heritage Healthcare -Grandview, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.83	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5809	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,539,328	\$2,433,422	\$0	\$428,356	\$608,030	\$0	\$729,082		\$340,438	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$79,274)	(\$9,448)	\$0	\$0	\$0	\$0	(\$7,145)		(\$62,681)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$136,905)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$309,461		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$93,760
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,726,370	\$2,423,974	\$0	\$428,356	\$608,030	\$0	\$585,032	\$309,461	\$277,757	\$93,760
8	Total Nursing Facility Days As Filed Days = 25,011	FY19 Audited C/R Days	25,011									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,768		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.53	\$96.92	\$0.00	\$17.13	\$24.31	(with L&H)	\$23.39	\$14.90	\$13.37	\$4.51
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5959								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.73	\$0.00	\$17.13	\$24.31		\$23.39	\$14.90	\$13.37	\$4.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.53	\$60.73	\$0.00	\$17.13	\$24.31		\$23.39	\$14.90	11.56 (FRV)	\$4.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.29	\$3.04	\$0.00	\$0.86	\$1.22	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.82	\$63.77	\$0.00	\$17.99	\$25.53	\$0.00	\$24.56	\$14.90	\$11.56	\$4.51
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5809								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$23.67	\$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	\$223.53	\$106.38	\$0.00	\$18.21	\$25.94	\$0.00	\$42.03	\$14.90	\$11.56	\$4.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.82									

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

FINAL

Provider: Grandview Health Care Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00141226A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4400	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		35.71%	2.5%	Quarterly Medicaid CMI:			1.8550	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.39	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8913	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$1,516,162	\$781,334	\$0	\$207,123	\$134,597	\$0	\$307,505		\$85,603	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$60,832)	(\$26,042)	\$0	(\$9,564)	(\$157)	\$2,167	(\$16,913)		(\$10,323)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,710)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$94,211		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$52,669
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$1,553,500	\$755,292	\$0	\$197,559	\$134,440	\$2,167	\$241,882	\$94,211	\$75,280	\$52,669
8	Total Nursing Facility Days	FY19 Audited C/R Days	10,363									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,328		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.95	\$72.88	\$0.00	\$19.06	\$13.18	(with L&H)	\$23.34	\$4.87	\$3.89	\$2.73
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4400								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.61	\$0.00	\$19.06	\$13.18		\$23.34	\$4.87	\$3.89	\$2.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.81	\$50.61	\$0.00	\$19.06	\$13.18		\$23.34	\$4.87	12.02 (FRV)	\$2.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.31	\$2.53	\$0.00	\$0.95	\$0.66	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.12	\$53.14	\$0.00	\$20.01	\$13.84	\$0.00	\$24.51	\$4.87	\$12.02	\$2.73
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8913								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.50								
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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$5.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$230.28									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$159.89									

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

FINAL

Provider: Azalealand Nursing Home				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00141237A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5138	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		70.73%	5.5%	Quarterly Medicaid CMI:			1.5569	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.48	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5881	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,663,942	\$2,711,053	\$0	\$564,696	\$573,708	\$0	\$1,010,449		\$804,036	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$103,427)	(\$16,407)	\$0	\$0	\$0	\$0	\$5,994		(\$93,014)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$49,448)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$104,445		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$96,480
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,711,992	\$2,694,646	\$0	\$564,696	\$573,708	\$0	\$966,995	\$104,445	\$711,022	\$96,480
8	Total Nursing Facility Days	FY19 Audited C/R Days	28,160									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,829		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$207.19	\$95.69	\$0.00	\$20.05	\$20.37	(with L&H)	\$34.34	\$4.21	\$28.64	\$3.89
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5138								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.21	\$0.00	\$20.05	\$20.37		\$34.34	\$4.21	\$28.64	\$3.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.82	\$63.21	\$0.00	\$20.05	\$20.37		\$27.76	\$4.21	18.33 (FRV)	\$3.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.57	\$3.16	\$0.00	\$1.00	\$1.02	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.39	\$66.37	\$0.00	\$21.05	\$21.39	\$0.00	\$29.15	\$4.21	\$18.33	\$3.89
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5881								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.42	\$105.40	\$0.00	\$21.05	\$21.39	\$0.00	\$29.15	\$4.21	\$18.33	\$3.89
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.80	\$5.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.22	\$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	\$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	\$3.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.95									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$251.05									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$175.46									

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

FINAL

Provider: Roswell Nursing & Rehab Ctr				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141248A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5911	1.4759
Case Mix Per Diem Rate Effective Date: 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:		2.54	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$17,034,572	\$8,994,732	\$0	\$1,518,916	\$1,732,543	\$0	\$2,685,846		\$2,102,535	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$184,952)	\$0	\$0	\$0	\$0	\$0	(\$25,405)		(\$159,547)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$24,135)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$27,376		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$195,565
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$17,048,426	\$8,994,732	\$0	\$1,518,916	\$1,732,543	\$0	\$2,636,306	\$27,376	\$1,942,988	\$195,565
8	Total Nursing Facility Days As Filed Days = 75,545	FY19 Audited C/R Days	75,545									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								65,953		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$229.85	\$119.06	\$0.00	\$20.11	\$22.93	(with L&H)	\$34.90	\$0.42	\$29.46	\$2.97
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5911								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.83								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.83	\$0.00	\$20.11	\$22.93		\$34.90	\$0.42	\$29.46	\$2.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.24	\$74.83	\$0.00	\$20.11	\$22.93		\$27.76	\$0.42	10.22 (FRV)	\$2.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.29	\$3.74	\$0.00	\$1.01	\$1.15	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.53	\$78.57	\$0.00	\$21.12	\$24.08	\$0.00	\$29.15	\$0.42	\$10.22	\$2.97
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7492								
18	Qtrtly Routine Svcs 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	\$2.97
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.44	\$3.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.45	\$6.72	\$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	\$249.84	\$144.15	\$0.00	\$21.34	\$24.49	\$0.00	\$46.25	\$0.42	\$10.22	\$2.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.56									

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

FINAL

Provider: Premier Estate of Dublin				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141281A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4189	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		28.00%	1.0%	Quarterly Medicaid CMI:			1.3844	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.99	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4063	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,060,992	\$2,313,530	\$0	\$585,948	\$566,294	\$0	\$719,358		\$875,862	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$54,244)	\$0	\$0	\$0	\$0	\$0	(\$30,475)		(\$23,769)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,650)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$198,863		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,038
7	Cost Center Costs After Audit Adjustments	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 Svcs	Ln 7 / Ln 8 Col a	\$152.15	\$64.75	\$0.00	\$16.40	\$15.85	(with L&H)	\$17.92	\$6.87	\$29.43	\$0.93
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4189								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.63	\$0.00	\$16.40	\$15.85		\$17.92	\$6.87	\$29.43	\$0.93
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.40	\$45.63	\$0.00	\$16.40	\$15.85		\$17.92	\$6.87	8.80 (FRV)	\$0.93
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.79	\$2.28	\$0.00	\$0.82	\$0.79	\$0.00	\$0.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$117.19	\$47.91	\$0.00	\$17.22	\$16.64	\$0.00	\$18.82	\$6.87	\$8.80	\$0.93
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4063								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.67	\$0.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.32	\$3.22	\$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	\$157.98	\$70.60	\$0.00	\$17.44	\$17.05	\$0.00	\$36.29	\$6.87	\$8.80	\$0.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$105.66									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$180.76									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$122.75									

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

FINAL

Provider: Habersham Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141292A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3409	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		50.00%	5.5%	Quarterly Medicaid CMI:			1.2202	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.49	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2397	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,996,061	\$2,958,787	\$0	\$764,197	\$963,269	\$520,297	\$1,038,728		\$750,783	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$83,307)	\$0	\$0	\$0	\$0	\$0	(\$3,334)		(\$79,973)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$78,219)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$59,284		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$12,136
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,905,955	\$2,958,787	\$0	\$764,197	\$963,269	\$520,297	\$957,175	\$59,284	\$670,810	\$12,136
8	Total Nursing Facility Days As Filed Days = 27,194	FY19 Audited C/R Days	27,194									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,951		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$258.99	\$108.80	\$0.00	\$28.10	\$54.55	(with L&H)	\$35.20	\$2.58	\$29.23	\$0.53
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3409								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.14								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.14	\$0.00	\$28.10	\$54.55		\$35.20	\$2.58	\$29.23	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.05	\$81.14	\$0.00	\$28.10	\$25.85		\$27.76	\$2.58	10.09 (FRV)	\$0.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.15	\$4.06	\$0.00	\$1.41	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.20	\$85.20	\$0.00	\$29.51	\$27.14	\$0.00	\$29.15	\$2.58	\$10.09	\$0.53
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2397								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.81	\$5.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.11	\$2.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.77	\$8.45	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.39	\$114.07	\$0.00	\$29.73	\$27.14	\$0.00	\$46.25	\$2.58	\$10.09	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.97									

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

FINAL

Provider: Warner Robins Rehab & Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141303A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5804	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		29.07%	1.0%	Quarterly Medicaid CMI:			1.7642	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.07	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7966	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,804,260	\$2,705,298	\$0	\$553,893	\$647,903	\$0	\$1,213,336		\$683,830	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$54,156)	\$0	\$0	\$0	\$0	\$0	(\$2,698)		(\$51,458)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$199,344)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$268,835		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$108,316
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,927,911	\$2,705,298	\$0	\$553,893	\$647,903	\$0	\$1,011,294	\$268,835	\$632,372	\$108,316
8	Total Nursing Facility Days As Filed Days = 37,646	FY19 Audited C/R Days	37,646									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,381		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.17	\$71.86	\$0.00	\$14.71	\$17.21	(with L&H)	\$26.86	\$7.60	\$17.87	\$3.06
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5804								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.47	\$0.00	\$14.71	\$17.21		\$26.86	\$7.60	\$17.87	\$3.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.22	\$45.47	\$0.00	\$14.71	\$17.21		\$26.86	\$7.60	10.31 (FRV)	\$3.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.21	\$2.27	\$0.00	\$0.74	\$0.86	\$0.00	\$1.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.43	\$47.74	\$0.00	\$15.45	\$18.07	\$0.00	\$28.20	\$7.60	\$10.31	\$3.06
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7966								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.77								
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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.57	\$2.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	(Ln 25 - Ln 23) * 0.75	\$130.07									

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

FINAL

Provider: Haralson Nursing and Rehab Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.87	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8085	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,652,094	\$3,281,629	\$0	\$763,631	\$665,153	\$0	\$1,074,500		\$867,181	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$101,466)	(\$75,589)	\$0	\$0	(\$1,355)	(\$7,358)	\$12,143		(\$29,307)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,982)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$12,258		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$29,748
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,543,652	\$3,206,040	\$0	\$763,631	\$663,798	(\$7,358)	\$1,037,661	\$12,258	\$837,874	\$29,748
8	Total Nursing Facility Days As Filed Days = 39,260	FY19 Audited C/R Days	39,260									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,692		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.91	\$81.66	\$0.00	\$19.45	\$16.72	(with L&H)	\$26.43	\$0.34	\$23.48	\$0.83
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5866								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.47	\$0.00	\$19.45	\$16.72		\$26.43	\$0.34	\$23.48	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.70	\$51.47	\$0.00	\$19.45	\$16.72		\$26.43	\$0.34	9.46 (FRV)	\$0.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.70	\$2.57	\$0.00	\$0.97	\$0.84	\$0.00	\$1.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.40	\$54.04	\$0.00	\$20.42	\$17.56	\$0.00	\$27.75	\$0.34	\$9.46	\$0.83
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8085								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.95	\$1.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.02	\$4.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.01									

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

FINAL

Provider: Nancy Hart Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141336A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3524	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		15.00%	0.0%	Quarterly Medicaid CMI:			1.6726	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.04	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7033	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,669,531	\$1,544,618	\$0	\$322,825	\$415,140	\$0	\$249,952		\$136,996	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$20,542)	\$0	\$0	\$0	(\$679)	(\$510)	(\$9,838)		(\$9,515)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$52,503)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$61,967		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,908
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,681,361	\$1,544,618	\$0	\$322,825	\$414,461	(\$510)	\$187,611	\$61,967	\$127,481	\$22,908
8	Total Nursing Facility Days As Filed Days = 18,449	FY19 Audited C/R Days	18,449									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,358		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.65	\$83.72	\$0.00	\$17.50	\$22.44	(with L&H)	\$10.17	\$4.03	\$8.30	\$1.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3524								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.91	\$0.00	\$17.50	\$22.44		\$10.17	\$4.03	\$8.30	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.03	\$61.91	\$0.00	\$17.50	\$22.44		\$10.17	\$4.03	8.49 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.61	\$3.10	\$0.00	\$0.88	\$1.12	\$0.00	\$0.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.64	\$65.01	\$0.00	\$18.38	\$23.56	\$0.00	\$10.68	\$4.03	\$8.49	\$1.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7033								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.83									

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

FINAL

Provider: Heart of Georgia Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141358A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6174	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		28.77%	1.0%	Quarterly Medicaid CMI:			1.7220	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.10	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7565	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,924,585	\$2,573,053	\$0	\$633,300	\$511,767	\$0	\$636,050		\$2,570,415	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$24,876)	\$0	\$0	\$0	\$0	\$0	\$0		(\$24,876)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$62,028)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$66,626		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$42,186
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$6,946,493	\$2,573,053	\$0	\$633,300	\$511,767	\$0	\$574,022	\$66,626	\$2,545,539	\$42,186
8	Total Nursing Facility Days As Filed Days = 34,288	FY19 Audited C/R Days	34,288									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,916		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$216.97	\$75.04	\$0.00	\$18.47	\$14.93	(with L&H)	\$16.74	\$2.30	\$88.03	\$1.46
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6174								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.39								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.39	\$0.00	\$18.47	\$14.93		\$16.74	\$2.30	\$88.03	\$1.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$113.96	\$46.39	\$0.00	\$18.47	\$14.93		\$16.74	\$2.30	13.67 (FRV)	\$1.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.83	\$2.32	\$0.00	\$0.92	\$0.75	\$0.00	\$0.84	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.79	\$48.71	\$0.00	\$19.39	\$15.68	\$0.00	\$17.58	\$2.30	\$13.67	\$1.46
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7565								
18	Qtrtly Routine Svcs 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 Svcs)	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 Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.45									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$258.00									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$180.68									

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

FINAL

Provider: PruittHealth - Valdosta				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141369A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6536	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		18.46%	0.0%	Quarterly Medicaid CMI:			1.5960	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.97	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6261	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,838,409	\$3,209,516	\$0	\$506,009	\$688,580	\$0	\$1,004,199		\$430,105	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$52,398)	(\$20,697)	\$0	\$0	\$0	\$0	\$19,005		(\$50,706)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$186,158)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$425,444		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,919
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,071,216	\$3,188,819	\$0	\$506,009	\$688,580	\$0	\$837,046	\$425,444	\$379,399	\$45,919
8	Total Nursing Facility Days As Filed Days = 32,798	FY19 Audited C/R Days	32,798									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,247		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.26	\$97.23	\$0.00	\$15.43	\$20.99	(with L&H)	\$25.52	\$17.55	\$15.65	\$1.89
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6536								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.80	\$0.00	\$15.43	\$20.99		\$25.52	\$17.55	\$15.65	\$1.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.46	\$58.80	\$0.00	\$15.43	\$20.99		\$25.52	\$17.55	11.28 (FRV)	\$1.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.04	\$2.94	\$0.00	\$0.77	\$1.05	\$0.00	\$1.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.50	\$61.74	\$0.00	\$16.20	\$22.04	\$0.00	\$26.80	\$17.55	\$11.28	\$1.89
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6261								
18	Qtrtly Routine Svcs 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	\$1.89
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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.02	\$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	\$22.65	\$4.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.81	\$104.95	\$0.00	\$16.42	\$22.45	\$0.00	\$44.27	\$17.55	\$11.28	\$1.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.28									

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

FINAL

Provider: PruittHealth - Athens Heritage, LLC				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.21	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6238	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,293,580	\$3,267,208	\$0	\$561,602	\$801,830	\$0	\$1,140,895		\$522,045	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$161,990)	(\$69,507)	\$0	\$0	\$1,894	\$1,768	\$45,549		(\$141,694)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$196,955)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$447,689		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,702
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,397,026	\$3,197,701	\$0	\$561,602	\$803,724	\$1,768	\$989,489	\$447,689	\$380,351	\$14,702
8	Total Nursing Facility Days As Filed Days = 32,704	FY19 Audited C/R Days	32,704									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,720		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$198.19	\$97.78	\$0.00	\$17.17	\$24.63	(with L&H)	\$30.26	\$15.06	\$12.80	\$0.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4472								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.57	\$0.00	\$17.17	\$24.63		\$30.26	\$15.06	\$12.80	\$0.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.58	\$67.57	\$0.00	\$17.17	\$24.63		\$27.76	\$15.06	16.90 (FRV)	\$0.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.86	\$3.38	\$0.00	\$0.86	\$1.23	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.44	\$70.95	\$0.00	\$18.03	\$25.86	\$0.00	\$29.15	\$15.06	\$16.90	\$0.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6238								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.76	\$5.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.90	\$9.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.60	\$124.38	\$0.00	\$18.25	\$26.27	\$0.00	\$46.25	\$15.06	\$16.90	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.88									

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

FINAL

Provider: Magnolia Manor St. Simons				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141402A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6431	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		37.14%	2.5%	Quarterly Medicaid CMI:			1.6169	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.03	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6493	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,719,331	\$3,267,953	\$0	\$681,105	\$744,663	\$0	\$1,178,526		\$847,084	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$119,817)	\$0	\$0	\$0	\$0	\$0	\$0		(\$119,817)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$105,018)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$201,609		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$136,199
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$6,832,304	\$3,267,953	\$0	\$681,105	\$744,663	\$0	\$1,073,508	\$201,609	\$727,267	\$136,199
8	Total Nursing Facility Days As Filed Days = 36,776	FY19 Audited C/R Days	36,776									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,040		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.13	\$88.86	\$0.00	\$18.52	\$20.25	(with L&H)	\$29.19	\$8.39	\$30.25	\$5.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6431								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.08								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.08	\$0.00	\$18.52	\$20.25		\$29.19	\$8.39	\$30.25	\$5.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.29	\$54.08	\$0.00	\$18.52	\$20.25		\$27.76	\$8.39	10.62 (FRV)	\$5.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.03	\$2.70	\$0.00	\$0.93	\$1.01	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.32	\$56.78	\$0.00	\$19.45	\$21.26	\$0.00	\$29.15	\$8.39	\$10.62	\$5.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6493								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.19	\$93.65	\$0.00	\$19.45	\$21.26	\$0.00	\$29.15	\$8.39	\$10.62	\$5.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.81	\$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	\$23.41	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.60	\$99.33	\$0.00	\$19.67	\$21.67	\$0.00	\$46.25	\$8.39	\$10.62	\$5.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.88									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$213.79									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$147.52									

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

FINAL

Provider: Hartwell Health and Rehabilitation				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141413A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4592	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		27.59%	1.0%	Quarterly Medicaid CMI:			1.4607	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.41	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4847	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,746,334	\$2,976,624	\$0	\$719,908	\$566,704	\$0	\$985,583		\$497,515	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$75,462)	(\$4,092)	\$0	\$0	\$0	(\$2,714)	(\$54,712)		(\$13,944)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$48,620)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$95,680		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,071
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,732,003	\$2,972,532	\$0	\$719,908	\$566,704	(\$2,714)	\$882,251	\$95,680	\$483,571	\$14,071
8	Total Nursing Facility Days As Filed Days = 31,984	FY19 Audited C/R Days	31,984									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,307		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.07	\$92.94	\$0.00	\$22.51	\$17.63	(with L&H)	\$27.58	\$3.94	\$19.89	\$0.58
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4592								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.69	\$0.00	\$22.51	\$17.63		\$27.58	\$3.94	\$19.89	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.83	\$63.69	\$0.00	\$22.51	\$17.63		\$27.58	\$3.94	9.90 (FRV)	\$0.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.57	\$3.18	\$0.00	\$1.13	\$0.88	\$0.00	\$1.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.40	\$66.87	\$0.00	\$23.64	\$18.51	\$0.00	\$28.96	\$3.94	\$9.90	\$0.58
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4847								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.97	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$212.25									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$146.36									

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

FINAL

Provider: PruittHealth - Monroe, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141468A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3496	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		39.22%	2.5%	Quarterly 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%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3391	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,425,761	\$2,409,510	\$0	\$406,296	\$588,096	\$0	\$721,723		\$300,136	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$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	FY19 Audited C/R Days	25,953									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,103		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.50	\$91.35	\$0.00	\$15.66	\$22.66	(with L&H)	\$21.61	\$16.90	\$13.32	\$1.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3496								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.69								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.69	\$0.00	\$15.66	\$22.66		\$21.61	\$16.90	\$13.32	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.45	\$67.69	\$0.00	\$15.66	\$22.66		\$21.61	\$16.90	9.93 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.37	\$3.38	\$0.00	\$0.78	\$1.13	\$0.00	\$1.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.82	\$71.07	\$0.00	\$16.44	\$23.79	\$0.00	\$22.69	\$16.90	\$9.93	\$1.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3391								
18	Qtrtly Routine Svcs 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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.76	\$4.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$215.46									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$148.77									

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

FINAL

Provider: PruittHealth -Holly Hill				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141479A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5034	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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.33	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5852	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,015,528	\$2,867,039	\$0	\$457,077	\$549,521	\$0	\$824,344		\$317,547	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$38,258)	(\$19,683)	\$0	\$0	\$0	\$0	\$7,164		(\$25,739)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,298)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$437,230		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$29,351
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,254,553	\$2,847,356	\$0	\$457,077	\$549,521	\$0	\$642,210	\$437,230	\$291,808	\$29,351
8	Total Nursing Facility Days As Filed Days = 29,361	FY19 Audited C/R Days	29,361									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,871		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.45	\$96.98	\$0.00	\$15.57	\$18.72	(with L&H)	\$21.87	\$16.90	\$11.28	\$1.13
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5034								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.51								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.51	\$0.00	\$15.57	\$18.72		\$21.87	\$16.90	\$11.28	\$1.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.74	\$64.51	\$0.00	\$15.57	\$18.72		\$21.87	\$16.90	10.04 (FRV)	\$1.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.04	\$3.23	\$0.00	\$0.78	\$0.94	\$0.00	\$1.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.78	\$67.74	\$0.00	\$16.35	\$19.66	\$0.00	\$22.96	\$16.90	\$10.04	\$1.13
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5852								
18	Qtrtly Routine Svcs 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	\$1.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.85	\$3.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	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	\$1.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.38									

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

FINAL

Provider: Wynfield Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141512A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4647	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		29.36%	1.0%	Quarterly Medicaid CMI:			1.4551	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.67	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4798	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,705,243	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	63,980							47,251		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.88	\$88.00	\$0.00	\$19.16	\$16.86	(with L&H)	\$25.29	\$4.13	\$20.78	\$0.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4647								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.08	\$0.00	\$19.16	\$16.86		\$25.29	\$4.13	\$20.78	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.58	\$60.08	\$0.00	\$19.16	\$16.86		\$25.29	\$4.13	25.40 (FRV)	\$0.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.06	\$3.00	\$0.00	\$0.96	\$0.84	\$0.00	\$1.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.64	\$63.08	\$0.00	\$20.12	\$17.70	\$0.00	\$26.55	\$4.13	\$25.40	\$0.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4798								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.80	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.88									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$229.89									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$159.59									

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

FINAL

Provider: Covenant Dove Healthcare of Macon				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141523A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6724	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		37.70%	2.5%	Quarterly Medicaid CMI:			1.6563	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.93	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6859	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,243,910	\$1,685,061	\$0	\$294,488	\$321,884	\$0	\$589,566		\$352,911	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$55,298)	(\$902)	\$0	\$0	\$338	\$287	(\$11,668)		(\$43,353)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$67,947)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$205,205		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$74,334
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,400,204	\$1,684,159	\$0	\$294,488	\$322,222	\$287	\$509,951	\$205,205	\$309,558	\$74,334
8	Total Nursing Facility Days As Filed Days = 17,505	FY19 Audited C/R Days	17,505									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,746		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.38	\$96.21	\$0.00	\$16.82	\$18.42	(with L&H)	\$29.13	\$8.29	\$12.51	\$3.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6724								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.53	\$0.00	\$16.82	\$18.42		\$29.13	\$8.29	\$12.51	\$3.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.98	\$57.53	\$0.00	\$16.82	\$18.42		\$27.76	\$8.29	11.16 (FRV)	\$3.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.03	\$2.88	\$0.00	\$0.84	\$0.92	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.01	\$60.41	\$0.00	\$17.66	\$19.34	\$0.00	\$29.15	\$8.29	\$11.16	\$3.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6859								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.45	\$101.85	\$0.00	\$17.66	\$19.34	\$0.00	\$29.15	\$8.29	\$11.16	\$3.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$3.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.92									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$238.23									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$165.85									

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

FINAL

Provider: Friendship Health and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141567A		Case Mix Per Diem Rate Effective Date: 1/1/2022		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3428	1.4759
				Qtrly BIMS score		47.83%	5.5%	Quarterly Medicaid CMI:			1.7943	1.5485
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/21		Nurse Hours per On-Site Day/Quality Incentive:		4.10	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8294	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,981,168	\$2,682,847	\$0	\$477,944	\$675,987	\$0	\$754,067		\$390,323	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$30,024)	(\$16,087)	\$0	\$0	\$0	\$0	\$1,654		(\$15,591)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$108,468)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$138,503		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,877
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,996,056	\$2,666,760	\$0	\$477,944	\$675,987	\$0	\$647,253	\$138,503	\$374,732	\$14,877
8	Total Nursing Facility Days As Filed Days = 26,057	FY19 Audited C/R Days	26,057									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,694		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.72	\$102.34	\$0.00	\$18.34	\$25.94	(with L&H)	\$24.84	\$7.41	\$20.05	\$0.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3428								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.22								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.22	\$0.00	\$18.34	\$25.94		\$24.84	\$7.41	\$20.05	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.18	\$76.22	\$0.00	\$18.34	\$25.85		\$24.84	\$7.41	8.72 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.26	\$3.81	\$0.00	\$0.92	\$1.29	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.44	\$80.03	\$0.00	\$19.26	\$27.14	\$0.00	\$26.08	\$7.41	\$8.72	\$0.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8294								
18	Qtrtly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.05	\$8.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.94									

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

FINAL

Provider: Miona Geriatric & Dementia Ctr				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141578A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6897	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		61.64%	5.5%	Quarterly Medicaid CMI:			1.7393	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.26	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7723	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,133,434	\$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 Svcs	Ln 7 / Ln 8 Col a	\$134.37	\$77.75	\$0.00	\$15.02	\$16.77	(with L&H)	\$17.58	\$2.26	\$3.67	\$1.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.6897								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.01	\$0.00	\$15.02	\$16.77		\$17.58	\$2.26	\$3.67	\$1.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.87	\$46.01	\$0.00	\$15.02	\$16.77		\$17.58	\$2.26	11.91 (FRV)	\$1.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.77	\$2.30	\$0.00	\$0.75	\$0.84	\$0.00	\$0.88	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.64	\$48.31	\$0.00	\$15.77	\$17.61	\$0.00	\$18.46	\$2.26	\$11.91	\$1.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7723								
18	Qtrtly Routine Svcs 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 Svcs)	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 Svcs)	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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$180.21									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$122.33									

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

FINAL

Provider: The Place at Deans Bridge				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141589A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3549	1.4759
Case Mix Per Diem Rate Effective Date: 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:		4.00	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3358	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,128,861	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.18	\$83.00	\$0.00	\$17.80	\$18.00	(with L&H)	\$22.44	\$17.97	\$19.27	\$2.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3549								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.26								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.26	\$0.00	\$17.80	\$18.00		\$22.44	\$17.97	\$19.27	\$2.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.47	\$61.26	\$0.00	\$17.80	\$18.00		\$22.44	\$17.97	10.30 (FRV)	\$2.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.97	\$3.06	\$0.00	\$0.89	\$0.90	\$0.00	\$1.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.44	\$64.32	\$0.00	\$18.69	\$18.90	\$0.00	\$23.56	\$17.97	\$10.30	\$2.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3358								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.73	\$4.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	(Ln 25 - Ln 23) * 0.75	\$140.16									

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

FINAL

Provider: Harborview Health Systems of Jesup				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 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		14.06%	0.0%	Quarterly Medicaid CMI:			1.6164	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.24	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6461	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,188,452	\$2,486,171	\$0	\$458,854	\$494,752	\$0	\$896,286		\$852,389	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$64,839)	(\$2,186)	\$0	(\$4,795)	(\$5,113)	(\$3,790)	(\$4,233)		(\$44,722)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$56,851)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$100,136		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$50,272
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,217,170	\$2,483,985	\$0	\$454,059	\$489,639	(\$3,790)	\$835,202	\$100,136	\$807,667	\$50,272
8	Total Nursing Facility Days As Filed Days = 31,351	FY19 Audited C/R Days	31,351									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,664		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.15	\$79.23	\$0.00	\$14.48	\$15.50	(with L&H)	\$26.64	\$3.38	\$27.23	\$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5379								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.52	\$0.00	\$14.48	\$15.50		\$26.64	\$3.38	\$27.23	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.74	\$51.52	\$0.00	\$14.48	\$15.50		\$26.64	\$3.38	8.53 (FRV)	\$1.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.41	\$2.58	\$0.00	\$0.72	\$0.78	\$0.00	\$1.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.15	\$54.10	\$0.00	\$15.20	\$16.28	\$0.00	\$27.97	\$3.38	\$8.53	\$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6461								
18	Qtrly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.30	\$3.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.40	\$92.25	\$0.00	\$15.42	\$16.69	\$0.00	\$45.44	\$3.38	\$8.53	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.73									

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

FINAL

Provider: Joe-Anne Burgin Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141633A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1307	1.4759
Case Mix Per Diem Rate Effective Date: 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:		3.62	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3334	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,276,049	\$2,280,866	\$0	\$636,982	\$206,254	\$347,911	\$636,794		\$167,242	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$7,174)	\$0	\$0	\$0	\$0	\$0	\$0		(\$7,174)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$33,219)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$34,667		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$5,384
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,275,707	\$2,280,866	\$0	\$636,982	\$206,254	\$347,911	\$603,575	\$34,667	\$160,068	\$5,384
8	Total Nursing Facility Days As Filed Days = 24,555	FY19 Audited C/R Days	24,555									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								6,510		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.73	\$92.89	\$0.00	\$25.94	\$22.57	(with L&H)	\$24.58	\$5.33	\$24.59	\$0.83
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1307								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.15								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.15	\$0.00	\$25.94	\$22.57		\$24.58	\$5.33	\$24.59	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.10	\$82.15	\$0.00	\$22.66	\$22.57		\$24.58	\$5.33	20.98 (FRV)	\$0.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.60	\$4.11	\$0.00	\$1.13	\$1.13	\$0.00	\$1.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.70	\$86.26	\$0.00	\$23.79	\$23.70	\$0.00	\$25.81	\$5.33	\$20.98	\$0.83
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3334								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.02								
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	\$0.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.45	\$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	\$0.00
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	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.33									

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

FINAL

Provider: Scott Health & Rehabilitation Prvdr ID: 00141644A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 28.13% Nurse Hours per On-Site Day/Quality Incentive: 3.61		<u>Facility Score</u> N/A 28.13% 3.61	<u>Add-on Percent</u> 5.00% 1.0% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4801 Quarterly Medicaid CMI: 1.4296 Qtrly Mcaid CMI w RUG Wght Options: 1.4535			<u>Facility Specific</u> 1.4801 1.4296 1.4535	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,114,219	\$1,782,447	\$0	\$316,551	\$384,986	\$0	\$519,936		\$110,299	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$23,858)	\$0	\$0	\$0	\$0	(\$2,265)	(\$7,602)		(\$13,991)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$42,280)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$73,276		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,484
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,135,841	\$1,782,447	\$0	\$316,551	\$384,986	(\$2,265)	\$470,054	\$73,276	\$96,308	\$14,484
8	Total Nursing Facility Days As Filed Days = 19,096	FY19 Audited C/R Days	19,096									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								16,167		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$165.97	\$93.34	\$0.00	\$16.58	\$20.04	(with L&H)	\$24.62	\$4.53	\$5.96	\$0.90
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4801								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.06	\$0.00	\$16.58	\$20.04		\$24.62	\$4.53	\$5.96	\$0.90
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.91	\$63.06	\$0.00	\$16.58	\$20.04		\$24.62	\$4.53	11.18 (FRV)	\$0.90
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	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	Qtrly Routine Svcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.85	\$3.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.44	\$5.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.59	\$101.58	\$0.00	\$17.63	\$21.45	\$0.00	\$43.32	\$4.53	\$11.18	\$0.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.62									

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

FINAL

Provider: Keysville Nursing Home and Rehab Ctr				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 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		47.62%	5.5%	Quarterly Medicaid CMI:			1.4747	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.56	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5031	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,037,321	\$1,627,576	\$0	\$404,416	\$454,402	\$0	\$288,806		\$262,121	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$55,841)	\$0	\$0	\$0	\$0	\$0	\$0		(\$55,841)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$69,986		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$34,394
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,085,860	\$1,627,576	\$0	\$404,416	\$454,402	\$0	\$288,806	\$69,986	\$206,280	\$34,394
8	Total Nursing Facility Days As Filed Days = 20,267	FY19 Audited C/R Days	20,267									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,969		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$154.21	\$80.31	\$0.00	\$19.95	\$22.42	(with L&H)	\$14.25	\$3.89	\$11.48	\$1.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3274								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$19.95	\$22.42		\$14.25	\$3.89	\$11.48	\$1.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.11	\$60.50	\$0.00	\$19.95	\$22.42		\$14.25	\$3.89	13.19 (FRV)	\$1.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.86	\$3.03	\$0.00	\$1.00	\$1.12	\$0.00	\$0.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.97	\$63.53	\$0.00	\$20.95	\$23.54	\$0.00	\$14.96	\$3.89	\$13.19	\$1.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5031								
18	Qtrly Routine Svcs 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.25	\$5.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.68									

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

FINAL

Provider: Countryside Health Center Prvdr ID: 00141666A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 24.44% Nurse Hours per On-Site Day/Quality Incentive: 2.45			<u>Facility Score</u> Add-on Percent: 5.00% 1.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4570 Quarterly Medicaid CMI: 1.5728 Qtrly Mcaid CMI w RUG Wght Options: 1.6033			<u>Facility Specific</u> 1.4570 1.5728 1.6033	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,823,935	\$1,382,684	\$0	\$271,936	\$371,820	\$0	\$547,902		\$249,593	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$36,387)	\$0	\$0	\$0	(\$3,185)	(\$2,722)	(\$9,170)		(\$21,310)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$35,514)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$41,170		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,948
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,810,152	\$1,382,684	\$0	\$271,936	\$368,635	(\$2,722)	\$503,218	\$41,170	\$228,283	\$16,948
8	Total Nursing Facility Days As Filed Days = 20,341	FY19 Audited C/R Days	20,341									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,982		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.17	\$67.98	\$0.00	\$13.37	\$17.99	(with L&H)	\$24.74	\$2.17	\$12.03	\$0.89
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4570								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.66	\$0.00	\$13.37	\$17.99		\$24.74	\$2.17	\$12.03	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.51	\$46.66	\$0.00	\$13.37	\$17.99		\$24.74	\$2.17	6.69 (FRV)	\$0.89
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.14	\$2.33	\$0.00	\$0.67	\$0.90	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$117.65	\$48.99	\$0.00	\$14.04	\$18.89	\$0.00	\$25.98	\$2.17	\$6.69	\$0.89
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6033								
18	Qtrly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.57	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.33									

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

FINAL

Provider: Countryside Health Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141666A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4570	1.4759
Case Mix Per Diem Rate Effective Date: 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:		2.45	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6033	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,823,935	\$1,382,684	\$0	\$271,936	\$371,820	\$0	\$547,902		\$249,593	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$36,387)	\$0	\$0	\$0	(\$3,185)	(\$2,722)	(\$9,170)		(\$21,310)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$35,514)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$41,170		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,948
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$2,810,152	\$1,382,684	\$0	\$271,936	\$368,635	(\$2,722)	\$503,218	\$41,170	\$228,283	\$16,948
8	Total Nursing Facility Days As Filed Days = 20,341	FY19 Audited C/R Days	20,341									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,982		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.17	\$67.98	\$0.00	\$13.37	\$17.99	(with L&H)	\$24.74	\$2.17	\$12.03	\$0.89
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4570								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.66								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.66	\$0.00	\$13.37	\$17.99		\$24.74	\$2.17	\$12.03	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.51	\$46.66	\$0.00	\$13.37	\$17.99		\$24.74	\$2.17	6.69 (FRV)	\$0.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.14	\$2.33	\$0.00	\$0.67	\$0.90	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$117.65	\$48.99	\$0.00	\$14.04	\$18.89	\$0.00	\$25.98	\$2.17	\$6.69	\$0.89
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6033								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.57	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.33									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$172.03									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$116.20									

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

FINAL

Provider: Lake City Nursing & Rehab Ctr.				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00141699A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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:		2.48	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6281	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$13,090,682	\$7,906,092	\$0	\$1,374,252	\$1,416,144	\$0	\$1,414,878		\$979,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$128,842)	(\$18,275)	\$0	(\$18,569)	\$0	(\$13,638)	\$14,384		(\$92,744)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$23,658)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$163,807		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$98,225
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,200,214	\$7,887,817	\$0	\$1,355,683	\$1,416,144	(\$13,638)	\$1,405,604	\$163,807	\$886,572	\$98,225
8	Total Nursing Facility Days As Filed Days = 81,989	FY19 Audited C/R Days	81,989									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								66,454		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.27	\$96.21	\$0.00	\$16.53	\$17.11	(with L&H)	\$17.14	\$2.46	\$13.34	\$1.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5750								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.09	\$0.00	\$16.53	\$17.11		\$17.14	\$2.46	\$13.34	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.21	\$61.09	\$0.00	\$16.53	\$17.11		\$17.14	\$2.46	9.40 (FRV)	\$1.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.60	\$3.05	\$0.00	\$0.83	\$0.86	\$0.00	\$0.86	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.81	\$64.14	\$0.00	\$17.36	\$17.97	\$0.00	\$18.00	\$2.46	\$9.40	\$1.48
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6281								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.00									

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

FINAL

Provider: PruittHealth - Lakehaven				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141721A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6927	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		40.32%	2.5%	Quarterly Medicaid CMI:			1.5618	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.83	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5898	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,936,680	\$2,645,120	\$0	\$488,831	\$560,458	\$0	\$850,507		\$391,764	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$34,414)	(\$35,029)	\$0	\$0	\$0	\$0	\$30,807		(\$30,192)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$170,652)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$390,803		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$39,983
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,162,400	\$2,610,091	\$0	\$488,831	\$560,458	\$0	\$710,662	\$390,803	\$361,572	\$39,983
8	Total Nursing Facility Days	FY19 Audited C/R Days	30,200									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,826		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.62	\$86.43	\$0.00	\$16.19	\$18.56	(with L&H)	\$23.53	\$15.74	\$14.56	\$1.61
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6927								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.06								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.06	\$0.00	\$16.19	\$18.56		\$23.53	\$15.74	\$14.56	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.47	\$51.06	\$0.00	\$16.19	\$18.56		\$23.53	\$15.74	8.78 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.47	\$2.55	\$0.00	\$0.81	\$0.93	\$0.00	\$1.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.94	\$53.61	\$0.00	\$17.00	\$19.49	\$0.00	\$24.71	\$15.74	\$8.78	\$1.61
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5898								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.56	\$85.23	\$0.00	\$17.00	\$19.49	\$0.00	\$24.71	\$15.74	\$8.78	\$1.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.13	\$2.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.26	\$4.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.02	\$6.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.58	\$92.15	\$0.00	\$17.22	\$19.90	\$0.00	\$42.18	\$15.74	\$8.78	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.36									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$201.52									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$138.32									

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

FINAL

Provider: Lakeland Villa Convalescent Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141732A				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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.66	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.1439	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,409,211	\$2,828,012	\$0	\$1,196,505	\$431,559	\$730,095	\$874,824		\$348,216	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$16,126)	\$0	\$0	\$0	\$0	\$0	\$0		(\$16,126)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$25,878)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$44,625		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$15,327
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,427,159	\$2,828,012	\$0	\$1,196,505	\$431,559	\$730,095	\$848,946	\$44,625	\$332,090	\$15,327
8	Total Nursing Facility Days As Filed Days = 21,794	FY19 Audited C/R Days	21,794									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,984		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$294.75	\$129.76	\$0.00	\$54.90	\$53.30	(with L&H)	\$38.95	\$2.03	\$15.11	\$0.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1393								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$113.89	\$0.00	\$54.90	\$53.30		\$38.95	\$2.03	\$15.11	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.13	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$2.03	30.45 (FRV)	\$0.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.68	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$2.03	\$30.45	\$0.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1439								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.71	\$5.61	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.22	\$107.60	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$2.03	\$30.45	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.34									

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

FINAL

Provider: The Oaks at Limestone, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141743A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5985	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		38.24%	2.5%	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:		3.23	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5319	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,895,674	\$3,852,419	\$0	\$549,350	\$808,915	\$0	\$1,231,428		\$453,562	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$138,886)	(\$96,040)	\$0	\$0	\$3,647	\$3,876	\$40,466		(\$90,835)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$196,921)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$451,216		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$80,327
7	Cost Center Costs After Audit Adjustments	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	FY19 Audited C/R Days	35,111									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,828		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$214.04	\$106.99	\$0.00	\$15.65	\$23.25	(with L&H)	\$30.62	\$18.94	\$15.22	\$3.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5985								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.93								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.93	\$0.00	\$15.65	\$23.25		\$30.62	\$18.94	\$15.22	\$3.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.35	\$66.93	\$0.00	\$15.65	\$23.25		\$27.76	\$18.94	35.45 (FRV)	\$3.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.68	\$3.35	\$0.00	\$0.78	\$1.16	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.03	\$70.28	\$0.00	\$16.43	\$24.41	\$0.00	\$29.15	\$18.94	\$35.45	\$3.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5319								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$4.31	\$4.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.26	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$268.06									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$188.22									

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

FINAL

Provider: Renaissance Care and Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141754A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5036	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		26.83%	1.0%	Quarterly Medicaid CMI:			1.7985	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.59	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8338	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)										
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,873,138	\$3,894,324	\$0	\$605,122	\$760,293	\$0	\$1,212,702		\$400,697	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$97,674)	(\$67,849)	\$0	\$0	(\$4,634)	(\$7,346)	\$61,791		(\$79,636)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$173,982		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$104,607
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,054,053	\$3,826,475	\$0	\$605,122	\$755,659	(\$7,346)	\$1,274,493	\$173,982	\$321,061	\$104,607
8	Total Nursing Facility Days As Filed Days = 44,807	FY19 Audited C/R Days	44,807									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								38,284		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.71	\$85.40	\$0.00	\$13.51	\$16.70	(with L&H)	\$28.44	\$4.54	\$8.39	\$2.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5036								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.80	\$0.00	\$13.51	\$16.70		\$28.44	\$4.54	\$8.39	\$2.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.78	\$56.80	\$0.00	\$13.51	\$16.70		\$27.76	\$4.54	8.74 (FRV)	\$2.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.75	\$2.84	\$0.00	\$0.68	\$0.84	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.53	\$59.64	\$0.00	\$14.19	\$17.54	\$0.00	\$29.15	\$4.54	\$8.74	\$2.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8338								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.26	\$109.37	\$0.00	\$14.19	\$17.54	\$0.00	\$29.15	\$4.54	\$8.74	\$2.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.63	\$4.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.89	\$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	(Ln 25 - Ln 23) * 0.75	\$143.84									

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

FINAL

Provider: Magnolia Manor Marion County				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141809A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5837	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		18.87%	0.0%	Quarterly Medicaid CMI:			1.4561	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.95	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4844	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,074,346	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.52	\$99.14	\$0.00	\$18.61	\$21.68	(with L&H)	\$29.98	\$3.34	\$20.76	\$1.01
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5837								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.60								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.60	\$0.00	\$18.61	\$21.68		\$29.98	\$3.34	\$20.76	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.49	\$62.60	\$0.00	\$18.61	\$21.68		\$27.76	\$3.34	29.49 (FRV)	\$1.01
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.53	\$3.13	\$0.00	\$0.93	\$1.08	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.02	\$65.73	\$0.00	\$19.54	\$22.76	\$0.00	\$29.15	\$3.34	\$29.49	\$1.01
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4844								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.88	\$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									

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

FINAL

Provider: Legacy Nursing Home Prvdr ID: 00141831A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 33.57% Nurse Hours per On-Site Day/Quality Incentive: 2.32		N/A 2.5% 2.0%	5.00% 2.5% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrtrly Mcaid CMI w RUG Wght Options:			1.3055 1.4101 1.4354	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,914,826	\$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							(\$274,934)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$356,566		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$141,458
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,903,611	\$4,801,271	\$0	\$935,047	\$1,063,778	(\$7,680)	\$1,323,781	\$356,566	\$1,289,390	\$141,458
8	Total Nursing Facility Days As Filed Days = 62,428	FY19 Audited C/R Days	62,428									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								57,702		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.99	\$76.91	\$0.00	\$14.98	\$16.92	(with L&H)	\$21.20	\$6.18	\$22.35	\$2.45
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3055								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.91	\$0.00	\$14.98	\$16.92		\$21.20	\$6.18	\$22.35	\$2.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.93	\$58.91	\$0.00	\$14.98	\$16.92		\$21.20	\$6.18	11.29 (FRV)	\$2.45
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.61	\$2.95	\$0.00	\$0.75	\$0.85	\$0.00	\$1.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.54	\$61.86	\$0.00	\$15.73	\$17.77	\$0.00	\$22.26	\$6.18	\$11.29	\$2.45
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4354								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.79								
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 Svcs)	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 Svcs)	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	(Ln 25 - Ln 23) * 0.75	\$127.50									

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

FINAL

Provider: Sadie G. Mays Health & Rehabilitation Center Prvdr ID: 00141842A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 45.04% Nurse Hours per On-Site Day/Quality Incentive: 2.62		Facility Score Add-on Percent	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3700 Quarterly Medicaid CMI: 1.5804 Qtrly Mcaid CMI w RUG Wght Options: 1.6093				Facility Specific 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$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 Adjstmnts	(\$76,395)	\$0	\$0	\$0	\$0	\$0	(\$21,352)		(\$55,043)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$250,508)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$599,867		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$14,095,468	\$7,370,461	\$0	\$1,327,873	\$1,528,904	\$0	\$3,076,903	\$599,867	\$191,460	\$0
8	Total Nursing Facility Days As Filed Days = 68,655	FY19 Audited C/R Days	68,655									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								54,832		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$208.22	\$107.36	\$0.00	\$19.34	\$22.27	(with L&H)	\$44.82	\$10.94	\$3.49	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3700								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.37	\$0.00	\$19.34	\$22.27		\$44.82	\$10.94	\$3.49	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.43	\$78.37	\$0.00	\$19.34	\$22.27		\$27.76	\$10.94	11.75 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$7.39	\$3.92	\$0.00	\$0.97	\$1.11	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.82	\$82.29	\$0.00	\$20.31	\$23.38	\$0.00	\$29.15	\$10.94	\$11.75	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6093								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.28	\$7.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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
25	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.27									

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

FINAL

Provider: McRae Manor Nursing Home Prvdr ID: 00141853A				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score: 24.00% Nurse Hours per On-Site Day/Quality Incentive: 3.66		N/A 24.00% 3.66	5.00% 1.0% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.5373 1.3547 1.3787	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,414,293	\$2,893,095	\$0	\$594,913	\$757,219	\$0	\$1,128,818		\$40,248	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$49,542)	(\$2,258)	\$0	\$0	(\$1,324)	(\$1,390)	(\$9,030)		(\$35,540)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$367,943)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$379,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,036
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,426,844	\$2,890,837	\$0	\$594,913	\$755,895	(\$1,390)	\$751,845	\$379,000	\$4,708	\$51,036
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	35,999							30,818		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.79	\$80.30	\$0.00	\$16.53	\$20.96	(with L&H)	\$20.89	\$12.30	\$0.15	\$1.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5373								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.23	\$0.00	\$16.53	\$20.96		\$20.89	\$12.30	\$0.15	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.60	\$52.23	\$0.00	\$16.53	\$20.96		\$20.89	\$12.30	11.03 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.53	\$2.61	\$0.00	\$0.83	\$1.05	\$0.00	\$1.04	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.13	\$54.84	\$0.00	\$17.36	\$22.01	\$0.00	\$21.93	\$12.30	\$11.03	\$1.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3787								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.61								
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	\$11.03	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.76	\$0.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$0.00	\$0.00
25	Quarterly 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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$184.03									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$125.20									

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

FINAL

Provider: Meadowbrook Healthcare				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141864A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7927	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		52.81%	5.5%	Quarterly Medicaid CMI:			1.9578	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.01	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9961	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,895,911	\$3,813,118	\$0	\$680,604	\$766,674	\$0	\$1,651,010		\$1,984,505	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$96,189)	(\$9,639)	\$0	\$0	\$0	\$0	\$0		(\$86,550)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$47,459)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$118,078		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$150,336
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$9,020,677	\$3,803,479	\$0	\$680,604	\$766,674	\$0	\$1,603,551	\$118,078	\$1,897,955	\$150,336
8	Total Nursing Facility Days	FY19 Audited C/R Days	46,555									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,771		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$207.79	\$81.70	\$0.00	\$14.62	\$16.47	(with L&H)	\$34.44	\$3.30	\$53.06	\$4.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7927								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.57								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.57	\$0.00	\$14.62	\$16.47		\$34.44	\$3.30	\$53.06	\$4.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.19	\$45.57	\$0.00	\$14.62	\$16.47		\$27.76	\$3.30	15.27 (FRV)	\$4.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.22	\$2.28	\$0.00	\$0.73	\$0.82	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.41	\$47.85	\$0.00	\$15.35	\$17.29	\$0.00	\$29.15	\$3.30	\$15.27	\$4.20
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9961								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.51								
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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.25	\$5.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.82	\$3.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.33	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.73									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$214.33									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$147.92									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Ridgecrest Rehab and Skilled Nursing Center Prvdr ID: 00141886A H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 16.7% Nurse Hours per On-Site Day/Quality Incentive: 5.97		Facility Score: N/A Add-on Percent: 5.00% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3161 Quarterly Medicaid CMI: 1.8068 Qtrly Mcaid CMI w RUG Wght Options: 1.8400				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	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$ 134,420		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2021 GL-PL Ins. Rpt								10,404		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2019 Peer Group Limit		\$84.91		\$22.66	\$25.85		\$27.76		\$41.46	\$1.24
<u>Allowed @ 95% of Std</u>			\$195.82	\$80.66		\$21.53	\$24.56		\$26.37		\$41.46	\$1.24
Growth Allowance 5.0%			\$7.66	\$4.03		\$1.08	\$1.23		\$1.32			
CMA Allowed Per Diem (After Growth Allowance)			\$216.40	\$84.69		\$22.61	\$25.79		\$27.69	\$ 12.92	\$41.46	\$1.24
Quarterly Facility Case Mix Index for Medicaid Residents				1.8400							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$155.84								
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												
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										

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

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

FINAL

Provider: PruittHealth -Macon, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141908A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4140	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		29.13%	1.0%	Quarterly Medicaid CMI:			1.3343	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.17	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3556	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,177,893	\$7,020,408	\$0	\$986,332	\$1,404,891	\$0	\$2,099,068		\$667,194	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$288,425)	(\$193,021)	\$0	\$0	(\$5,477)	(\$5,246)	\$17,360		(\$102,041)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$432,207)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$981,353		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,983
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,470,597	\$6,827,387	\$0	\$986,332	\$1,399,414	(\$5,246)	\$1,684,221	\$981,353	\$565,153	\$31,983
8	Total Nursing Facility Days As Filed Days = 72,953	FY19 Audited C/R Days	67,350									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								55,171		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.33	\$101.37	\$0.00	\$14.64	\$20.70	(with L&H)	\$25.01	\$17.79	\$10.24	\$0.58
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4140								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.69	\$0.00	\$14.64	\$20.70		\$25.01	\$17.79	\$10.24	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.00	\$71.69	\$0.00	\$14.64	\$20.70		\$25.01	\$17.79	8.59 (FRV)	\$0.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.60	\$3.58	\$0.00	\$0.73	\$1.04	\$0.00	\$1.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.60	\$75.27	\$0.00	\$15.37	\$21.74	\$0.00	\$26.26	\$17.79	\$8.59	\$0.58
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3556								
18	Qtrtly Routine Svcs 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 Svcs)	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 Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.25									

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

FINAL

Provider: Memorial Manor Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141919A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3131	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		32.86%	2.5%	Quarterly Medicaid CMI:			1.1981	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.41	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2165	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,565,944	\$3,528,198	\$0	\$1,324,365	\$341,290	\$469,720	\$705,102		\$197,269	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$41,888)	\$0	\$0	\$0	\$0	\$0	\$0		(\$41,888)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$2,566)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$28,876		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,008
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,601,374	\$3,528,198	\$0	\$1,324,365	\$341,290	\$469,720	\$702,536	\$28,876	\$155,381	\$51,008
8	Total Nursing Facility Days As Filed Days = 34,641	FY19 Audited C/R Days	34,641									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,435		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$191.25	\$101.85	\$0.00	\$38.23	\$23.41	(with L&H)	\$20.28	\$0.92	\$4.94	\$1.62
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3131								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.57	\$0.00	\$38.23	\$23.41		\$20.28	\$0.92	\$4.94	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.18	\$77.57	\$0.00	\$32.43	\$23.41		\$20.28	\$0.92	10.95 (FRV)	\$1.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.68	\$3.88	\$0.00	\$1.62	\$1.17	\$0.00	\$1.01	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.86	\$81.45	\$0.00	\$34.05	\$24.58	\$0.00	\$21.29	\$0.92	\$10.95	\$1.62
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2165								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.70									

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

FINAL

Provider: Medical Management H & R Prvdr ID: 00141941A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 22.06% Nurse Hours per On-Site Day/Quality Incentive: 2.35		<u>Facility Score</u> N/A 22.06% 2.35	<u>Add-on Percent</u> 5.00% 1.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6565 Quarterly Medicaid CMI: 1.4967 Qtrly Mcaid CMI w RUG Wght Options: 1.5231			<u>Facility Specific</u> 1.6565 1.4967 1.5231	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,171,244	\$2,169,081	\$0	\$391,706	\$514,662	\$0	\$596,035		\$499,760	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$94,259)	(\$25,645)	\$0	\$0	\$0	\$0	(\$4,654)		(\$63,960)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$38,524)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$62,368
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,100,829	\$2,143,436	\$0	\$391,706	\$514,662	\$0	\$552,857	\$0	\$435,800	\$62,368
8	Total Nursing Facility Days As Filed Days = 29,804	FY19 Audited C/R Days	29,804									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,697		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.54	\$71.92	\$0.00	\$13.14	\$17.27	(with L&H)	\$18.55	\$0.00	\$16.32	\$2.34
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6565								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.42	\$0.00	\$13.14	\$17.27		\$18.55	\$0.00	\$16.32	\$2.34
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.23	\$43.42	\$0.00	\$13.14	\$17.27		\$18.55	\$0.00	8.51 (FRV)	\$2.34
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.62	\$2.17	\$0.00	\$0.66	\$0.86	\$0.00	\$0.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$107.85	\$45.59	\$0.00	\$13.80	\$18.13	\$0.00	\$19.48	\$0.00	\$8.51	\$2.34
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5231								
18	Qtrly Routine Svcs 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	\$2.34
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.69	\$0.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.39	\$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	\$0.00
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	\$2.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$101.48									

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

FINAL

Provider: Warm Springs Med. Ctr. NH				<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141952A				Growth Allowance:			N/A	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%	Qtrly Mcaid CMI w RUG 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	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,173,551	\$2,139,589	\$0	\$699,682	\$253,367	\$288,670	\$594,959		\$197,284	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$12,879)	(\$4,825)	\$0	(\$2,879)	\$2,630	(\$4,526)	\$0		(\$3,279)		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$23,321)				
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$40,843			
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$8,356	
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,186,551	\$2,134,764	\$0	\$696,803	\$255,997	\$284,144	\$571,638	\$40,843	\$194,005	\$8,356	
8	Total Nursing Facility Days As Filed Days = 25,542	FY19 Audited C/R Days	25,542										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,843			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.45	\$83.58	\$0.00	\$27.28	\$21.15	(with L&H)	\$22.38	\$1.52	\$7.23	\$0.31	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1855									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.50									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.50	\$0.00	\$27.28	\$21.15		\$22.38	\$1.52	\$7.23	\$0.31	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.89	\$70.50	\$0.00	\$27.28	\$21.15		\$22.38	\$1.52	11.75 (FRV)	\$0.31	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.07	\$3.53	\$0.00	\$1.36	\$1.06	\$0.00	\$1.12	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.96	\$74.03	\$0.00	\$28.64	\$22.21	\$0.00	\$23.50	\$1.52	\$11.75	\$0.31	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2771									
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.89	\$1.89									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	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	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.19										

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

FINAL

Provider: Azalea Health & Rehabilitation				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
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		44.23%	2.5%	Quarterly Medicaid CMI:			1.6287	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.76	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6598	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,022,242	\$2,124,342	\$0	\$466,618	\$442,061	\$0	\$752,857		\$236,364	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$45,020)	\$1,510	\$0	\$0	(\$351)	(\$4,722)	(\$10,646)		(\$30,811)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$67,306)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$115,188		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,135
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,082,238	\$2,125,852	\$0	\$466,618	\$441,710	(\$4,722)	\$674,905	\$115,188	\$205,553	\$57,135
8	Total Nursing Facility Days As Filed Days = 27,037	FY19 Audited C/R Days	27,037									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,621		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$154.49	\$78.63	\$0.00	\$17.26	\$16.16	(with L&H)	\$24.96	\$5.33	\$9.51	\$2.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4117								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.70	\$0.00	\$17.26	\$16.16		\$24.96	\$5.33	\$9.51	\$2.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.19	\$55.70	\$0.00	\$17.26	\$16.16		\$24.96	\$5.33	11.14 (FRV)	\$2.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.71	\$2.79	\$0.00	\$0.86	\$0.81	\$0.00	\$1.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.90	\$58.49	\$0.00	\$18.12	\$16.97	\$0.00	\$26.21	\$5.33	\$11.14	\$2.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6598								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.08								
19	Quarterly Medicaid CMA Allowed Per Diem	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 Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.88	\$3.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.00									

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

FINAL

Provider: Eastman Health & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141974A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3227	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		32.58%	2.5%	Quarterly Medicaid CMI:			1.3497	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.79	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3722	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,215,326	\$1,994,705	\$0	\$406,757	\$464,318	\$0	\$559,591		\$789,955	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$32,963)	\$0	\$0	\$0	\$0	\$0	(\$1,650)		(\$31,313)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$22,355)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$49,865		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$46,640
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,256,513	\$1,994,705	\$0	\$406,757	\$464,318	\$0	\$535,586	\$49,865	\$758,642	\$46,640
8	Total Nursing Facility Days As Filed Days = 32,554	FY19 Audited C/R Days	32,554									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,643		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.67	\$61.27	\$0.00	\$12.49	\$14.26	(with L&H)	\$16.45	\$1.53	\$23.24	\$1.43
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3227								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.32								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.32	\$0.00	\$12.49	\$14.26		\$16.45	\$1.53	\$23.24	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.40	\$46.32	\$0.00	\$12.49	\$14.26		\$16.45	\$1.53	8.92 (FRV)	\$1.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.47	\$2.32	\$0.00	\$0.62	\$0.71	\$0.00	\$0.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$105.87	\$48.64	\$0.00	\$13.11	\$14.97	\$0.00	\$17.27	\$1.53	\$8.92	\$1.43
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3722								
18	Qtrtly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.67	\$1.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.00	\$2.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.30	\$4.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$146.27	\$70.94	\$0.00	\$13.33	\$15.38	\$0.00	\$34.74	\$1.53	\$8.92	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$96.88									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$173.15									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$117.04									

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

FINAL

Provider: Woodlands Health & Rehab Ctr. Prvdr ID: 00141985A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 28.33% Nurse Hours per On-Site Day/Quality Incentive: 4.27		<u>Facility Score</u> N/A 28.33% 4.27	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.1084 Quarterly Medicaid CMI: 1.3240 Qtrly Mcaid CMI w RUG Wght Options: 1.3453			<u>Facility Specific</u> 1.1084 1.3240 1.3453	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,148,315	\$2,634,956	\$0	\$507,701	\$473,348	\$0	\$831,533		\$700,777	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$64,926)	\$0	\$0	\$0	\$0	\$0	\$0		(\$64,926)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$202,876		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$130,522
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,416,787	\$2,634,956	\$0	\$507,701	\$473,348	\$0	\$831,533	\$202,876	\$635,851	\$130,522
8	Total Nursing Facility Days As Filed Days = 40,251	FY19 Audited C/R Days	40,251									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,884		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.94	\$65.46	\$0.00	\$12.61	\$11.76	(with L&H)	\$20.66	\$7.84	\$24.57	\$5.04
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1084								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.06	\$0.00	\$12.61	\$11.76		\$20.66	\$7.84	\$24.57	\$5.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.67	\$59.06	\$0.00	\$12.61	\$11.76		\$20.66	\$7.84	12.70 (FRV)	\$5.04
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.20	\$2.95	\$0.00	\$0.63	\$0.59	\$0.00	\$1.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.87	\$62.01	\$0.00	\$13.24	\$12.35	\$0.00	\$21.69	\$7.84	\$12.70	\$5.04
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3453								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.50	\$2.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.96	\$3.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.24	\$87.28	\$0.00	\$13.46	\$12.76	\$0.00	\$39.16	\$7.84	\$12.70	\$5.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.86									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Miller Nursing Home Prvdr ID: 00141996A H/B ?: Yes				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 55.0% Nurse Hours per On-Site Day/Quality Incentive: 4.97		Facility Score: N/A BIMS: 55.0% 4.97	Add-on Percent: 5.00% 5.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 2.0872 Quarterly Medicaid CMI: 2.2050 Qtrly Mcaid CMI w RUG Wght Options: 2.2485			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	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$ 69,303		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2021 GL-PL Ins. Rpt								21,893		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2019 Peer Group Limit		\$84.91		\$32.43	\$25.85		\$27.76		\$23.75	\$1.02
<u>Allowed @ 95% of Std</u>			\$187.17	\$80.66		\$30.81	\$24.56		\$26.37		\$23.75	\$1.02
Growth Allowance 5.0%			\$8.12	\$4.03		\$1.54	\$1.23		\$1.32			
CMA Allowed Per Diem (After Growth Allowance)			\$198.46	\$84.69		\$32.35	\$25.79		\$27.69	\$ 3.17	\$23.75	\$1.02
Quarterly Facility Case Mix Index for Medicaid Residents				2.2485							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$190.43								
Quarterly Medicaid CMA Allowed Per Diem			\$304.19	\$190.43		\$32.35	\$25.79		\$27.69	3.17	\$23.75	\$1.02
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 5.5% to Routine Srvcs)			\$10.47	\$10.47								
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%			\$7.62	\$7.62								
Nursing Home Provider Fee			\$17.10						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									

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

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

FINAL

Provider: New Horizons Limestone				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142007A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3070	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		16.95%	0.0%	Quarterly Medicaid CMI:			1.1844	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.88	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2012	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,736,669	\$5,615,351	\$0	\$1,311,032	\$475,032	\$741,054	\$1,845,986		\$748,214	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$10,832)	(\$301)	\$0	\$0	\$0	\$0	(\$5,955)		(\$4,576)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$64,743)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$63,292		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$5,786
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,730,172	\$5,615,050	\$0	\$1,311,032	\$475,032	\$741,054	\$1,775,288	\$63,292	\$743,638	\$5,786
8	Total Nursing Facility Days As Filed Days = 38,819	FY19 Audited C/R Days	38,819									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$277.57	\$144.65	\$0.00	\$33.77	\$31.33	(with L&H)	\$45.73	\$1.72	\$20.21	\$0.16
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3070								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$110.67	\$0.00	\$33.77	\$31.33		\$45.73	\$1.72	\$20.21	\$0.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.68	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$1.72	11.85 (FRV)	\$0.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.23	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.72	\$11.85	\$0.16
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2012								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.14	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.98									

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

FINAL

Provider: Mitchell Convalescent Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142018A		Case Mix Per Diem Rate Effective Date: 1/1/2022		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4420	1.4759
				Qtrly BIMS score		32.43%	2.5%	Quarterly Medicaid CMI:			1.4174	1.5485
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/21		Nurse Hours per On-Site Day/Quality Incentive:		3.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4391	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,469,422	\$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 Adjstmnts	(\$14,699)	\$0	\$0	\$0	(\$4,775)	(\$4,750)	\$0		(\$5,174)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$9,551)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$14,813		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$5,716
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,465,701	\$1,798,013	\$0	\$475,395	\$267,910	\$266,518	\$450,044	\$14,813	\$187,292	\$5,716
8	Total Nursing Facility Days As Filed Days = 17,271	FY19 Audited C/R Days	17,271									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,621		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.95	\$104.11	\$0.00	\$27.53	\$30.94	(with L&H)	\$26.06	\$0.95	\$11.99	\$0.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4420								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.20								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.20	\$0.00	\$27.53	\$30.94		\$26.06	\$0.95	\$11.99	\$0.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.24	\$72.20	\$0.00	\$27.53	\$25.85		\$26.06	\$0.95	12.28 (FRV)	\$0.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.58	\$3.61	\$0.00	\$1.38	\$1.29	\$0.00	\$1.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.82	\$75.81	\$0.00	\$28.91	\$27.14	\$0.00	\$27.36	\$0.95	\$12.28	\$0.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4391								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.10								
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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.22	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.92									

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

FINAL

Provider: Montezuma Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142062A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4297	1.4759
Case Mix Per Diem Rate Effective Date: 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				Nurse Hours per On-Site Day/Quality Incentive:		3.19	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5704	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,201,066	\$2,346,348	\$0	\$405,197	\$521,394	\$0	\$757,888		\$170,239	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$70,074)	(\$4,853)	\$0	\$0	(\$1,471)	(\$2,403)	(\$50,902)		(\$10,445)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$53,559)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$105,560		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,245
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,193,238	\$2,341,495	\$0	\$405,197	\$519,923	(\$2,403)	\$653,427	\$105,560	\$159,794	\$10,245
8	Total Nursing Facility Days As Filed Days = 24,299	FY19 Audited C/R Days	24,299									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.78	\$96.36	\$0.00	\$16.68	\$21.30	(with L&H)	\$26.89	\$5.57	\$8.44	\$0.54
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4297								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.40	\$0.00	\$16.68	\$21.30		\$26.89	\$5.57	\$8.44	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.96	\$67.40	\$0.00	\$16.68	\$21.30		\$26.89	\$5.57	10.58 (FRV)	\$0.54
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.61	\$3.37	\$0.00	\$0.83	\$1.07	\$0.00	\$1.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.57	\$70.77	\$0.00	\$17.51	\$22.37	\$0.00	\$28.23	\$5.57	\$10.58	\$0.54
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5704								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.11	\$6.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.18									

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

FINAL

Provider: Avalon Hlth. & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	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%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4835	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,512,304	\$2,832,711	\$0	\$501,531	\$625,334	\$0	\$841,697		\$711,031	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$195.62	\$96.20	\$0.00	\$17.08	\$20.78	(with L&H)	\$24.39	\$4.32	\$32.42	\$0.43
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5107								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.68								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.68	\$0.00	\$17.08	\$20.78		\$24.39	\$4.32	\$32.42	\$0.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.84	\$63.68	\$0.00	\$17.08	\$20.78		\$24.39	\$4.32	11.16 (FRV)	\$0.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.29	\$3.18	\$0.00	\$0.85	\$1.04	\$0.00	\$1.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.13	\$66.86	\$0.00	\$17.93	\$21.82	\$0.00	\$25.61	\$4.32	\$11.16	\$0.43
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4835								
18	Qtrtly Routine Svcs 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.09	\$4.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$219.54									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$151.83									

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

FINAL

Provider: PruittHealth - Moultrie				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142095A				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		25.53%	1.0%	Quarterly Medicaid CMI:			1.4637	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.29	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4896	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,847,479	\$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	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,003,730	\$1,777,556	\$0	\$339,141	\$524,437	\$0	\$562,084	\$294,958	\$474,392	\$31,162
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	24,115							19,366		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.17	\$73.71	\$0.00	\$14.06	\$21.75	(with L&H)	\$23.31	\$15.23	\$24.50	\$1.61
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5386								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.91	\$0.00	\$14.06	\$21.75		\$23.31	\$15.23	\$24.50	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.72	\$47.91	\$0.00	\$14.06	\$21.75		\$23.31	\$15.23	13.85 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.36	\$2.40	\$0.00	\$0.70	\$1.09	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.08	\$50.31	\$0.00	\$14.76	\$22.84	\$0.00	\$24.48	\$15.23	\$13.85	\$1.61
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4896								
18	Qtrly Routine Svcs 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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$3.75	\$3.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$199.16									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$136.55									

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

FINAL

Provider: Clinch Health Care Prvdr ID: 00142106A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 30.77% Nurse Hours per On-Site Day/Quality Incentive: 2.87		<u>Facility Score</u> N/A 30.77% 2.87	<u>Add-on Percent</u> 5.00% 2.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4909 Quarterly Medicaid CMI: 1.6284 Qtrly Mcaid CMI w RUG Wght Options: 1.6592			<u>Facility Specific</u> 1.4909 1.6284 1.6592	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,424,862	\$1,797,814	\$0	\$350,072	\$397,964	\$0	\$610,640		\$268,372	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$28,770)	\$0	\$0	\$0	\$0	\$0	(\$9,683)		(\$19,087)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$22,895)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$56,973		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,645
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,454,815	\$1,797,814	\$0	\$350,072	\$397,964	\$0	\$578,062	\$56,973	\$249,285	\$24,645
8	Total Nursing Facility Days As Filed Days = 26,662	FY19 Audited C/R Days	26,662									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,341		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.45	\$67.43	\$0.00	\$13.13	\$14.93	(with L&H)	\$21.68	\$1.94	\$8.50	\$0.84
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4909								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.23	\$0.00	\$13.13	\$14.93		\$21.68	\$1.94	\$8.50	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$105.11	\$45.23	\$0.00	\$13.13	\$14.93		\$21.68	\$1.94	7.36 (FRV)	\$0.84
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.75	\$2.26	\$0.00	\$0.66	\$0.75	\$0.00	\$1.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.86	\$47.49	\$0.00	\$13.79	\$15.68	\$0.00	\$22.76	\$1.94	\$7.36	\$0.84
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6592								
18	Qtrly Routine Svcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.97	\$1.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.58	\$1.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.18	\$4.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$163.35	\$82.88	\$0.00	\$14.01	\$16.09	\$0.00	\$40.23	\$1.94	\$7.36	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.69									

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

FINAL

Provider: Orchard View Rehabilitation				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142117A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3098	1.4759
Case Mix Per Diem Rate Effective Date: 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				Nurse Hours per On-Site Day/Quality Incentive:		5.72	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5245	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$14,802,206	\$8,297,295	\$0	\$1,343,073	\$1,468,429	\$0	\$1,655,384		\$2,038,025	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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 Svcs	Ln 7 / Ln 8 Col a	\$249.44	\$130.27	\$0.00	\$21.36	\$23.35	(with L&H)	\$25.52	\$5.23	\$42.87	\$0.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3098								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$99.46	\$0.00	\$21.36	\$23.35		\$25.52	\$5.23	\$42.87	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.33	\$84.91	\$0.00	\$21.36	\$23.35		\$25.52	\$5.23	38.12 (FRV)	\$0.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.77	\$4.25	\$0.00	\$1.07	\$1.17	\$0.00	\$1.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.10	\$89.16	\$0.00	\$22.43	\$24.52	\$0.00	\$26.80	\$5.23	\$38.12	\$0.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5245								
18	Qtrly Routine Svcs 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
Quarterly 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.48	\$7.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.08	\$4.08								
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	\$12.56	\$11.56	\$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	\$266.42	\$147.48	\$0.00	\$22.65	\$24.93	\$0.00	\$27.17	\$5.23	\$38.12	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.82									

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

FINAL

Provider: Summerhill Elderliving Home				<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00142139A				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.4504	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score			38.46%	2.5%	Quarterly Medicaid CMI:			1.4180	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:			5.23	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4405	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	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,148,238	\$5,901,167	\$0	\$1,263,796	\$1,289,857	\$0	\$1,372,860		\$320,558	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$107,120)	(\$658)	\$0	\$0	(\$4,808)	(\$7,883)	(\$7,731)		(\$86,040)		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$142,238)				
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$235,416			
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$90,683	
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,224,979	\$5,900,509	\$0	\$1,263,796	\$1,285,049	(\$7,883)	\$1,222,891	\$235,416	\$234,518	\$90,683	
8	Total Nursing Facility Days As Filed Days = 55,387	FY19 Audited C/R Days	55,387										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								49,289			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.87	\$106.53	\$0.00	\$22.82	\$23.06	(with L&H)	\$22.08	\$4.78	\$4.76	\$1.84	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4504									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.45									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.45	\$0.00	\$22.82	\$23.06		\$22.08	\$4.78	\$4.76	\$1.84	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.24	\$73.45	\$0.00	\$22.66	\$23.06		\$22.08	\$4.78	17.37 (FRV)	\$1.84	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.05	\$3.67	\$0.00	\$1.13	\$1.15	\$0.00	\$1.10	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.29	\$77.12	\$0.00	\$23.79	\$24.21	\$0.00	\$23.18	\$4.78	\$17.37	\$1.84	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4405									
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.52	\$6.64	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.78	\$117.73	\$0.00	\$23.79	\$24.62	\$0.00	\$40.65	\$4.78	\$17.37	\$1.84	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.26										

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

FINAL

Provider: Heritage Inn of Statesboro				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142161A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6645	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		25.93%	1.0%	Quarterly Medicaid CMI:			1.4928	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.55	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5163	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,554,156	\$2,196,329	\$0	\$489,240	\$477,822	\$0	\$752,536		\$638,229	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$117,469)	(\$35,362)	\$0	\$0	\$0	(\$7,555)	(\$37,954)		(\$36,598)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$49,140)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$96,980		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,452
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,520,979	\$2,160,967	\$0	\$489,240	\$477,822	(\$7,555)	\$665,442	\$96,980	\$601,631	\$36,452
8	Total Nursing Facility Days	FY19 Audited C/R Days	28,558									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,255		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.15	\$75.67	\$0.00	\$17.13	\$16.47	(with L&H)	\$23.30	\$4.56	\$28.31	\$1.71
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6645								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.46								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.46	\$0.00	\$17.13	\$16.47		\$23.30	\$4.56	\$28.31	\$1.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.74	\$45.46	\$0.00	\$17.13	\$16.47		\$23.30	\$4.56	8.11 (FRV)	\$1.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.12	\$2.27	\$0.00	\$0.86	\$0.82	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.86	\$47.73	\$0.00	\$17.99	\$17.29	\$0.00	\$24.47	\$4.56	\$8.11	\$1.71
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5163								
18	Qtrtly Routine Svcs 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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$1.45	\$1.45								
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	\$20.80	\$2.70	\$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	\$167.30	\$75.07	\$0.00	\$18.21	\$17.70	\$0.00	\$41.94	\$4.56	\$8.11	\$1.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.65									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$182.99									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$124.42									

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

FINAL

Provider: Nursecare of Buckhead Prvdr ID: 00142183A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 32.88% Nurse Hours per On-Site Day/Quality Incentive: 3.79		N/A 32.88% 3.79	5.00% 2.5% 1.0%	Base Period Overall CMI: 1.4328 Quarterly Medicaid CMI: 1.7141 Qtrtly Mcaid CMI w RUG Wght Options: 1.7450			1.4328 1.7141 1.7450	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$14,607,840	\$6,604,002	\$0	\$1,245,462	\$1,459,932	\$0	\$2,281,842		\$3,016,602	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$257,793)	(\$33,537)	\$0	\$0	\$0	\$0	\$40,445		(\$264,701)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$317,800)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$433,198		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$300,179
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$14,765,624	\$6,570,465	\$0	\$1,245,462	\$1,459,932	\$0	\$2,004,487	\$433,198	\$2,751,901	\$300,179
8	Total Nursing Facility Days As Filed Days = 74,747	FY19 Audited C/R Days	74,747									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								65,552		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$204.08	\$87.90	\$0.00	\$16.66	\$19.53	(with L&H)	\$26.82	\$6.61	\$41.98	\$4.58
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4328								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$16.66	\$19.53		\$26.82	\$6.61	\$41.98	\$4.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.27	\$61.35	\$0.00	\$16.66	\$19.53		\$26.82	\$6.61	11.72 (FRV)	\$4.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.22	\$3.07	\$0.00	\$0.83	\$0.98	\$0.00	\$1.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.49	\$64.42	\$0.00	\$17.49	\$20.51	\$0.00	\$28.16	\$6.61	\$11.72	\$4.58
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7450								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.48	\$112.41	\$0.00	\$17.49	\$20.51	\$0.00	\$28.16	\$6.61	\$11.72	\$4.58
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	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	\$0.00
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	\$4.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.21									

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

FINAL

Provider: Pinewood Nursing Ctr				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142205A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1741	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		34.00%	2.5%	Quarterly Medicaid CMI:			1.2220	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.57	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2405	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,531,953	\$1,472,038	\$0	\$337,582	\$439,902	\$0	\$522,833		\$759,598	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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										\$62,971
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,575,224	\$1,472,038	\$0	\$337,582	\$439,902	\$0	\$493,435	\$48,024	\$721,272	\$62,971
8	Total Nursing Facility Days	FY19 Audited C/R Days	24,890									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,934		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.60	\$59.14	\$0.00	\$13.56	\$17.67	(with L&H)	\$19.82	\$2.68	\$40.22	\$3.51
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1741								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.37								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.37	\$0.00	\$13.56	\$17.67		\$19.82	\$2.68	\$40.22	\$3.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.86	\$50.37	\$0.00	\$13.56	\$17.67		\$19.82	\$2.68	8.25 (FRV)	\$3.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.07	\$2.52	\$0.00	\$0.68	\$0.88	\$0.00	\$0.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.93	\$52.89	\$0.00	\$14.24	\$18.55	\$0.00	\$20.81	\$2.68	\$8.25	\$3.51
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2405								
18	Qtrtly Routine Svcs 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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$1.97	\$1.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$199.89									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$137.09									

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

FINAL

Provider: Oakview Health & Rehab Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00142238A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4815	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		32.38%	2.5%	Quarterly Medicaid CMI:			1.3568	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.95	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,200,220	\$4,745,815	\$0	\$881,271	\$1,008,077	\$0	\$1,436,917		\$1,128,140	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$178,259)	\$0	\$0	\$0	\$0	(\$1,468)	(\$133,192)		(\$43,599)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$79,755)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$157,040		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$46,918
7	Cost Center Costs After Audit Adjustments	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	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.51	\$91.91	\$0.00	\$17.07	\$19.49	(with L&H)	\$23.70	\$3.45	\$23.86	\$1.03
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4815								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.04								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.04	\$0.00	\$17.07	\$19.49		\$23.70	\$3.45	\$23.86	\$1.03
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.06	\$62.04	\$0.00	\$17.07	\$19.49		\$23.70	\$3.45	16.28 (FRV)	\$1.03
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.11	\$3.10	\$0.00	\$0.85	\$0.97	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.17	\$65.14	\$0.00	\$17.92	\$20.46	\$0.00	\$24.89	\$3.45	\$16.28	\$1.03
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3785								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.83	\$89.80	\$0.00	\$17.92	\$20.46	\$0.00	\$24.89	\$3.45	\$16.28	\$1.03
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.57	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.23									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$205.13									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$141.02									

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

FINAL

Provider: Oak View Home - Waverly Hall				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142249A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2607	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		27.27%	1.0%	Quarterly Medicaid CMI:			1.2168	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.63	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2359	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,495,656	\$2,757,041	\$0	\$533,300	\$650,659	\$0	\$1,237,682		\$316,974	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$478,009)	(\$28,619)	\$0	\$614	\$0	(\$6,081)	(\$421,811)		(\$22,112)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$53,300)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$107,380		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,188
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,097,915	\$2,728,422	\$0	\$533,914	\$650,659	(\$6,081)	\$762,571	\$107,380	\$294,862	\$26,188
8	Total Nursing Facility Days As Filed Days = 34,362	FY19 Audited C/R Days	34,362									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,920		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.71	\$79.40	\$0.00	\$15.54	\$18.76	(with L&H)	\$22.19	\$3.71	\$10.20	\$0.91
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2607								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.98	\$0.00	\$15.54	\$18.76		\$22.19	\$3.71	\$10.20	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.34	\$62.98	\$0.00	\$15.54	\$18.76		\$22.19	\$3.71	10.25 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	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		1.2359								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.63	\$1.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.08	\$2.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.00	\$84.71	\$0.00	\$16.54	\$20.11	\$0.00	\$40.77	\$3.71	\$10.25	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.93									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$178.41									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$120.98									

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

FINAL

Provider: The Oaks Nursing Home, Inc.				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00142271A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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:		3.80	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6573	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,270,149	\$1,837,155	\$0	\$342,820	\$483,574	\$0	\$527,453		\$79,147	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$26,021)	(\$1,360)	\$0	\$0	\$0	\$0	\$0		(\$24,661)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$37,258)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$44,590		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,912
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,283,372	\$1,835,795	\$0	\$342,820	\$483,574	\$0	\$490,195	\$44,590	\$54,486	\$31,912
8	Total Nursing Facility Days As Filed Days = 21,030	FY19 Audited C/R Days	21,030									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,095		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.09	\$87.29	\$0.00	\$16.30	\$22.99	(with L&H)	\$23.31	\$2.11	\$2.58	\$1.51
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6628								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.50	\$0.00	\$16.30	\$22.99		\$23.31	\$2.11	\$2.58	\$1.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.71	\$52.50	\$0.00	\$16.30	\$22.99		\$23.31	\$2.11	14.99 (FRV)	\$1.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.77	\$2.63	\$0.00	\$0.82	\$1.15	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.48	\$55.13	\$0.00	\$17.12	\$24.14	\$0.00	\$24.48	\$2.11	\$14.99	\$1.51
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6573								
18	Qtrly Routine Svcs 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	\$1.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.03	\$5.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.40	\$8.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.12	\$99.67	\$0.00	\$17.34	\$24.55	\$0.00	\$41.95	\$2.11	\$14.99	\$1.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.77									

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

FINAL

Provider: Oconee Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142293A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4030	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		25.00%	1.0%	Quarterly Medicaid CMI:			1.3403	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.08	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3633	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,047,965	\$1,495,217	\$0	\$332,133	\$389,420	\$0	\$538,198		\$292,997	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$29,333)	\$0	\$0	\$0	\$0	(\$3,890)	(\$9,987)		(\$15,456)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$27,040)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$52,910		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,325
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,058,827	\$1,495,217	\$0	\$332,133	\$389,420	(\$3,890)	\$501,171	\$52,910	\$277,541	\$14,325
8	Total Nursing Facility Days As Filed Days = 16,661	FY19 Audited C/R Days	16,661									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,569		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$192.69	\$89.74	\$0.00	\$19.93	\$23.14	(with L&H)	\$30.08	\$4.57	\$23.99	\$1.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4030								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.96								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.96	\$0.00	\$19.93	\$23.14		\$30.08	\$4.57	\$23.99	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.67	\$63.96	\$0.00	\$19.93	\$23.14		\$27.76	\$4.57	11.07 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.75	\$3.20	\$0.00	\$1.00	\$1.16	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.42	\$67.16	\$0.00	\$20.93	\$24.30	\$0.00	\$29.15	\$4.57	\$11.07	\$1.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3633								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.93	\$4.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.75	\$95.76	\$0.00	\$21.15	\$24.71	\$0.00	\$46.25	\$4.57	\$11.07	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.74									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$208.01									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$143.18									

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

FINAL

Provider: PruittHealth - Old Capitol				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142304A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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:		2.70	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3254	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,158,357	\$3,411,485	\$0	\$590,051	\$766,318	\$0	\$1,030,363		\$360,140	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$91,926)	(\$38,228)	\$0	\$0	\$0	\$0	(\$4,766)		(\$48,932)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$270,891)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$615,542		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$7,309
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,418,391	\$3,373,257	\$0	\$590,051	\$766,318	\$0	\$754,706	\$615,542	\$311,208	\$7,309
8	Total Nursing Facility Days As Filed Days = 44,238	FY19 Audited C/R Days	44,238									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,467		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.31	\$76.25	\$0.00	\$13.34	\$17.32	(with L&H)	\$17.06	\$17.36	\$8.77	\$0.21
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3231								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.63								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.63	\$0.00	\$13.34	\$17.32		\$17.06	\$17.36	\$8.77	\$0.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.24	\$57.63	\$0.00	\$13.34	\$17.32		\$17.06	\$17.36	8.32 (FRV)	\$0.21
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.27	\$2.88	\$0.00	\$0.67	\$0.87	\$0.00	\$0.85	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.51	\$60.51	\$0.00	\$14.01	\$18.19	\$0.00	\$17.91	\$17.36	\$8.32	\$0.21
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3254								
18	Qtrtly Routine Svcs 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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.81									

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

FINAL

Provider: PruittHealth - Ocilla				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.33	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5732	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,824,163	\$1,946,022	\$0	\$325,027	\$526,874	\$0	\$688,180		\$338,060	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$37,138)	(\$24,943)	\$0	\$0	(\$724)	\$0	\$11,053		(\$22,524)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$157,442)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$358,452		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,863
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,014,898	\$1,921,079	\$0	\$325,027	\$526,150	\$0	\$541,791	\$358,452	\$315,536	\$26,863
8	Total Nursing Facility Days As Filed Days = 23,877	FY19 Audited C/R Days	23,877							20,479		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.02	\$80.46	\$0.00	\$13.61	\$22.04	(with L&H)	\$22.69	\$17.50	\$15.41	\$1.31
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5355								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.40								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.40	\$0.00	\$13.61	\$22.04		\$22.69	\$17.50	\$15.41	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.63	\$52.40	\$0.00	\$13.61	\$22.04		\$22.69	\$17.50	10.08 (FRV)	\$1.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.53	\$2.62	\$0.00	\$0.68	\$1.10	\$0.00	\$1.13	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.16	\$55.02	\$0.00	\$14.29	\$23.14	\$0.00	\$23.82	\$17.50	\$10.08	\$1.31
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5732								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.33	\$4.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.96	\$4.86	\$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	\$199.66	\$91.42	\$0.00	\$14.51	\$23.55	\$0.00	\$41.29	\$17.50	\$10.08	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.92									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$234.23									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$162.85									

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

FINAL

Provider: Palemon Gaskins Nursing Home				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
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%	5.5%	Quarterly Medicaid CMI:			1.0966	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		5.20	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1099	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,236,615	\$992,917	\$0	\$507,620	\$116,577	\$228,961	\$423,578		(\$33,038)	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$508)	\$2,845	\$0	(\$54,392)	(\$17,108)	(\$7,414)	(\$23,414)		\$98,975	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$24,451)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$12,560		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$2,963
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,227,179	\$995,762	\$0	\$453,228	\$99,469	\$221,547	\$375,713	\$12,560	\$65,937	\$2,963
8	Total Nursing Facility Days As Filed Days = 10,179	FY19 Audited C/R Days	10,179									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								9,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$219.63	\$97.83	\$0.00	\$44.53	\$31.54	(with L&H)	\$36.91	\$1.36	\$7.14	\$0.32
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2352								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.20	\$0.00	\$44.53	\$31.54		\$36.91	\$1.36	\$7.14	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.28	\$79.20	\$0.00	\$32.43	\$25.85		\$27.76	\$1.36	15.36 (FRV)	\$0.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.26	\$3.96	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.54	\$83.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.36	\$15.36	\$0.32
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1099								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.08	\$5.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.05									

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

FINAL

Provider: PruittHealth - Palmyra				<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00142337A				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.4564	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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:			3.44	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5860	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	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,683,208	\$7,503,830	\$0	\$1,049,893	\$1,374,447	\$0	\$1,859,708		\$895,330	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$183,943)	(\$151,463)	\$0	\$0	(\$6,390)	\$0	\$45,025		(\$71,115)		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$474,240)				
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$1,001,633			
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$60,422	
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,087,080	\$7,352,367	\$0	\$1,049,893	\$1,368,057	\$0	\$1,430,493	\$1,001,633	\$824,215	\$60,422	
8	Total Nursing Facility Days As Filed Days = 79,681	FY19 Audited C/R Days	79,681										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								54,779			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.00	\$92.27	\$0.00	\$13.18	\$17.17	(with L&H)	\$17.95	\$18.28	\$15.05	\$1.10	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4564									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.36									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.36	\$0.00	\$13.18	\$17.17		\$17.95	\$18.28	\$15.05	\$1.10	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.83	\$63.36	\$0.00	\$13.18	\$17.17		\$17.95	\$18.28	9.79 (FRV)	\$1.10	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.59	\$3.17	\$0.00	\$0.66	\$0.86	\$0.00	\$0.90	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.42	\$66.53	\$0.00	\$13.84	\$18.03	\$0.00	\$18.85	\$18.28	\$9.79	\$1.10	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5860									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.52									
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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$5.28	\$5.28									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	(Ln 25 - Ln 23) * 0.75	\$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	Provider Number	RS-SNF	RS-ICF	SP-SERV	Dietary	Lnd-Hse	Opr-Mnt	Adm-Genrl	Prop Rel		
PARKWOOD DEV. CTR.	00142348A	10	10	10	8	6	6	6	2		
CERTIFIED BEDS	110	SNF	ICF							2021	2021
MEDICAID DAYS	40202	0	40,202							(Audited)	(Audited)
Descriptions	Total	Routine	Routine	Special	Dietary	Laundry/	Operations/	Admin/		A&G-GL-PL	Prop.
	SNF	Srvc SNF	Srvc ICF	Services		Housekpng	Maintenance	General		Insurance	Related
REP HST COST	6,708,296	0	1,398,677	2,235,655	583,001	512,392	472,527	1,005,598			406,303
											94,143
HIST COST ADJ											
1399	(2,235,655)			(2,235,655)							
1199	2,235,655		2,235,655								
1699	(472,527)										
1599	472,527					472,527	(472,527)				
1899	-										-
1999	-										-
1200	-	0	(64,805)								-
1400	-				-						-
1500	(8,484)					(8,484)					-
1700	64,805							64,805			-
1800	-										-
1898	-										-
TOTAL HIST ADJ	(8,484)	0	2,170,850	(2,235,655)	-	464,043	(472,527)	64,805			-
NET HST COST	7,252,791	0	3,569,527	-	583,001	976,435	-	1,070,403	552,979		406,303
PROJ COST ADJ											94,143
2800	-										-
2000	-	0			-	-		-			-
TOTAL PROJ ADJS	-	0	-	-	-	-		-			-
TOTAL HST/PROJ	7,252,791	0	-	-	583,001	976,435		1,070,403	552,979		406,303
REP PAT DAYS	41,859	0	40,213		41,859	41,859		41,859			94,143
PAT DAY ADJS	-		-								-
ADJ PAT DAYS	41,859		41,859	-	41,859	41,859		41,859			-
TOTAL PT. DAYS 2021									38,091		38,091
NET PER DIEM	175.77		85.28	-	13.93	23.33		25.57	14.52		10.67
STAND PER DIEM	177.29		85.28	-	13.93	23.33		25.57	14.52		14.66
NURSING HOME PROVIDER FEE	17.10										(FRV)
ALLOW PER DIEM	179.76		85.28	-	13.93	23.33		25.57	14.52		14.66
GTH 5.00%	7.41		4.26	-	0.70	1.17		1.28			-
INCEN PER DIEM	1.53		0.53	-	0.22	0.41		0.37			-
TOTAL PER DIEM	205.80										
BED HOLD & LEAVE DAY PER DIEM	141.52										

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

FINAL

Provider: WellStar Paulding Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142359A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.0155	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		42.57%	2.5%	Quarterly Medicaid CMI:			1.0585	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.59	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0703	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$23,688,557	\$8,537,572	\$0	\$2,741,819	\$1,387,621	\$1,790,564	\$4,061,240		\$5,169,741	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$104,429)	(\$121,128)	\$0	\$0	\$8,600	\$11,097	\$0		(\$2,998)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$133,757)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$130,331		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$23,580,702	\$8,416,444	\$0	\$2,741,819	\$1,396,221	\$1,801,661	\$3,927,483	\$130,331	\$5,166,743	\$0
8	Total Nursing Facility Days As Filed Days = 61,971	FY19 Audited C/R Days	61,971									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								42,862		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$418.61	\$135.81	\$0.00	\$44.24	\$51.60	(with L&H)	\$63.38	\$3.04	\$120.54	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.0155								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$133.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$133.74	\$0.00	\$44.24	\$51.60		\$63.38	\$3.04	\$120.54	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.29	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$3.04	10.30 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.84	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$3.04	\$10.30	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.0703								
18	Qtrly Routine Svcs 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	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.82	\$3.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.21	\$6.21	\$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	\$205.32	\$101.64	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$3.04	\$10.30	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.99									

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

FINAL

Provider: The Lodge Prvdr ID: 00142381A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 28.89% Nurse Hours per On-Site Day/Quality Incentive: 4.83		N/A	5.00% 1.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrtly Mcaid CMI w RUG Wght Options:			1.6945 1.7588 1.7918	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,919,406	\$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 Svcs	Ln 7 / Ln 8 Col a	\$216.60	\$120.42	\$0.00	\$25.68	\$27.60	(with L&H)	\$29.36	\$6.98	\$6.40	\$0.16
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6945								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.06	\$0.00	\$25.68	\$27.60		\$29.36	\$6.98	\$6.40	\$0.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.09	\$71.06	\$0.00	\$22.66	\$25.85		\$27.76	\$6.98	35.62 (FRV)	\$0.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.36	\$3.55	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.45	\$74.61	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$6.98	\$35.62	\$0.16
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7918								
18	Qtrtly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.81									

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

FINAL

Provider: Pelham Parkway Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142425A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2868	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		30.86%	2.5%	Quarterly Medicaid CMI:			1.1924	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.30	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2094	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,090,507	\$3,361,354	\$0	\$953,840	\$541,826	\$535,321	\$1,270,192		\$427,974	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$22,316)	\$0	\$0	\$0	(\$4,390)	(\$4,337)	\$0		(\$13,589)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$23,108)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$39,254		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$13,288
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,097,625	\$3,361,354	\$0	\$953,840	\$537,436	\$530,984	\$1,247,084	\$39,254	\$414,385	\$13,288
8	Total Nursing Facility Days As Filed Days = 38,233	FY19 Audited C/R Days	38,233									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,116		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$186.73	\$87.92	\$0.00	\$24.95	\$27.94	(with L&H)	\$32.62	\$1.12	\$11.80	\$0.38
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2868								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.33	\$0.00	\$24.95	\$27.94		\$32.62	\$1.12	\$11.80	\$0.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.60	\$68.33	\$0.00	\$24.95	\$25.85		\$27.76	\$1.12	13.21 (FRV)	\$0.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.35	\$3.42	\$0.00	\$1.25	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.95	\$71.75	\$0.00	\$26.20	\$27.14	\$0.00	\$29.15	\$1.12	\$13.21	\$0.38
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2094								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.17	\$2.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$5.30	\$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	\$206.59	\$92.07	\$0.00	\$26.42	\$27.14	\$0.00	\$46.25	\$1.12	\$13.21	\$0.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.12									

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

FINAL

Provider: PruittHealth -Jasper				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142436A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5223	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		27.50%	1.0%	Quarterly Medicaid CMI:			1.6664	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.39	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6998	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,932,238	\$1,938,198	\$0	\$342,738	\$544,238	\$0	\$806,976		\$300,088	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$44,308)	(\$58,810)	\$0	\$0	\$0	\$0	\$52,247		(\$37,745)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$113,924)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$258,122		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$11,314
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,043,442	\$1,879,388	\$0	\$342,738	\$544,238	\$0	\$745,299	\$258,122	\$262,343	\$11,314
8	Total Nursing Facility Days As Filed Days = 19,203	FY19 Audited C/R Days	19,203									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,241		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.72	\$97.87	\$0.00	\$17.85	\$28.34	(with L&H)	\$38.81	\$14.97	\$15.22	\$0.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5223								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.29								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.29	\$0.00	\$17.85	\$28.34		\$38.81	\$14.97	\$15.22	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.86	\$64.29	\$0.00	\$17.85	\$25.85		\$27.76	\$14.97	17.48 (FRV)	\$0.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.78	\$3.21	\$0.00	\$0.89	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.64	\$67.50	\$0.00	\$18.74	\$27.14	\$0.00	\$29.15	\$14.97	\$17.48	\$0.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6998								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.74								
19	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	\$0.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.88	\$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	\$0.00
25	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	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.75									

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

FINAL

Provider: Harborview Health Systems - Pierce				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142447A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4998	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		26.42%	1.0%	Quarterly Medicaid CMI:			1.7311	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		5.56	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7632	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,598,718	\$2,716,857	\$0	\$461,030	\$654,636	\$0	\$849,943		\$916,252	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$46,459)	\$0	\$0	(\$1,870)	(\$2,992)	(\$3,760)	(\$11,590)		(\$26,247)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$62,698)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$92,429		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$109,872
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,691,862	\$2,716,857	\$0	\$459,160	\$651,644	(\$3,760)	\$775,655	\$92,429	\$890,005	\$109,872
8	Total Nursing Facility Days As Filed Days = 26,179	FY19 Audited C/R Days	26,179									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,606		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$226.26	\$103.78	\$0.00	\$17.54	\$24.75	(with L&H)	\$29.63	\$4.28	\$41.19	\$5.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4998								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.20	\$0.00	\$17.54	\$24.75		\$29.63	\$4.28	\$41.19	\$5.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.55	\$69.20	\$0.00	\$17.54	\$24.75		\$27.76	\$4.28	17.93 (FRV)	\$5.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.97	\$3.46	\$0.00	\$0.88	\$1.24	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.52	\$72.66	\$0.00	\$18.42	\$25.99	\$0.00	\$29.15	\$4.28	\$17.93	\$5.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7632								
18	Qtrtly Routine Svcs 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 = 1.0% (to Routine Svcs)	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 Svcs)	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	(Ln 27 - Ln 23) * 0.75	\$184.64									

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

FINAL

Provider: Pine Knoll Nursing and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.84	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6594	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,206,075	\$3,716,827	\$0	\$772,862	\$696,545	\$0	\$1,275,235		\$744,606	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$49,808)	\$0	\$0	\$0	\$0	\$0	(\$13,448)		(\$36,360)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$10,987)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$12,462		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$41,351
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,199,093	\$3,716,827	\$0	\$772,862	\$696,545	\$0	\$1,250,800	\$12,462	\$708,246	\$41,351
8	Total Nursing Facility Days As Filed Days = 39,987	FY19 Audited C/R Days	39,987									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,574		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.02	\$92.95	\$0.00	\$19.33	\$17.42	(with L&H)	\$31.28	\$0.36	\$20.48	\$1.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6616								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.94	\$0.00	\$19.33	\$17.42		\$31.28	\$0.36	\$20.48	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.70	\$55.94	\$0.00	\$19.33	\$17.42		\$27.76	\$0.36	8.69 (FRV)	\$1.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.03	\$2.80	\$0.00	\$0.97	\$0.87	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.73	\$58.74	\$0.00	\$20.30	\$18.29	\$0.00	\$29.15	\$0.36	\$8.69	\$1.20
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6594								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.62	\$5.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.08	\$103.36	\$0.00	\$20.52	\$18.70	\$0.00	\$46.25	\$0.36	\$8.69	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.49									

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

FINAL

Provider: Cross View Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142502A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3288	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		31.25%	2.5%	Quarterly Medicaid CMI:			1.5931	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6232	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,590,947	\$1,629,031	\$0	\$349,374	\$349,528	\$0	\$575,197		\$687,817	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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										\$20,779
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,610,928	\$1,629,031	\$0	\$349,374	\$348,086	(\$1,283)	\$540,419	\$61,316	\$663,206	\$20,779
8	Total Nursing Facility Days As Filed Days = 24,878	FY19 Audited C/R Days	24,878									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,910		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.72	\$65.48	\$0.00	\$14.04	\$13.94	(with L&H)	\$21.72	\$2.68	\$28.95	\$0.91
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3288								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0.00	\$14.04	\$13.94		\$21.72	\$2.68	\$28.95	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.18	\$49.28	\$0.00	\$14.04	\$13.94		\$21.72	\$2.68	8.61 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.95	\$2.46	\$0.00	\$0.70	\$0.70	\$0.00	\$1.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.13	\$51.74	\$0.00	\$14.74	\$14.64	\$0.00	\$22.81	\$2.68	\$8.61	\$0.91
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6232								
18	Qtrly Routine Svcs 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	\$0.91
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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.52	\$2.52								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.62	\$89.13	\$0.00	\$14.96	\$15.05	\$0.00	\$40.28	\$2.68	\$8.61	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.89									

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

FINAL

Provider: Pinewood Manor Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142513A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2613	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		54.76%	5.5%	Quarterly Medicaid CMI:			1.4280	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.12	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4519	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,328,674	\$2,587,761	\$0	\$684,972	\$354,269	\$327,954	\$938,106		\$435,612	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$13,557)	\$0	\$0	\$0	\$0	\$0	\$0		(\$13,557)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$25,853)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$50,456		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$18,973
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,358,693	\$2,587,761	\$0	\$684,972	\$354,269	\$327,954	\$912,253	\$50,456	\$422,055	\$18,973
8	Total Nursing Facility Days As Filed Days = 34,636	FY19 Audited C/R Days	34,636									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,672		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.95	\$74.71	\$0.00	\$19.78	\$19.70	(with L&H)	\$26.34	\$1.89	\$15.82	\$0.71
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2613								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.23	\$0.00	\$19.78	\$19.70		\$26.34	\$1.89	\$15.82	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.60	\$59.23	\$0.00	\$19.78	\$19.70		\$26.34	\$1.89	9.95 (FRV)	\$0.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.26	\$2.96	\$0.00	\$0.99	\$0.99	\$0.00	\$1.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.86	\$62.19	\$0.00	\$20.77	\$20.69	\$0.00	\$27.66	\$1.89	\$9.95	\$0.71
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4519								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.29								
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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.97	\$4.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.71	\$2.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.88									

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

FINAL

Provider: Lillian G. Carter Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142524A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4810	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		50.00%	5.5%	Quarterly Medicaid CMI:			1.5176	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.72	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5461	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,499,817	\$3,031,718	\$0	\$533,251	\$621,444	\$0	\$794,157		\$519,247	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$67,170)	(\$36,162)	\$0	\$0	\$0	(\$7,737)	\$9,982		(\$33,253)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$53,040)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$105,950		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$32,568
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,518,125	\$2,995,556	\$0	\$533,251	\$621,444	(\$7,737)	\$751,099	\$105,950	\$485,994	\$32,568
8	Total Nursing Facility Days As Filed Days = 32,814	FY19 Audited C/R Days	32,814									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,064		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$172.20	\$91.29	\$0.00	\$16.25	\$18.70	(with L&H)	\$22.89	\$3.91	\$17.96	\$1.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4810								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.64	\$0.00	\$16.25	\$18.70		\$22.89	\$3.91	\$17.96	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.27	\$61.64	\$0.00	\$16.25	\$18.70		\$22.89	\$3.91	10.68 (FRV)	\$1.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.97	\$3.08	\$0.00	\$0.81	\$0.94	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.24	\$64.72	\$0.00	\$17.06	\$19.64	\$0.00	\$24.03	\$3.91	\$10.68	\$1.20
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5461								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.50	\$5.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$27.13	\$9.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.71	\$109.09	\$0.00	\$17.28	\$20.05	\$0.00	\$41.50	\$3.91	\$10.68	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.96									

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

FINAL

Provider: The Place at Martinez				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00142535A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3771	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		36.36%	2.5%	Quarterly Medicaid CMI:			1.3446	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.91	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3643	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,398,274	\$2,559,865	\$0	\$571,515	\$560,551	\$0	\$1,097,674		\$608,669	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$50,776)	\$0	\$0	\$0	\$0	\$0	\$0		(\$50,776)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$230,664)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$407,626		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$89,264
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,613,724	\$2,559,865	\$0	\$571,515	\$560,551	\$0	\$867,010	\$407,626	\$557,893	\$89,264
8	Total Nursing Facility Days As Filed Days = 28,304	FY19 Audited C/R Days	28,304									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,683		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$207.57	\$90.44	\$0.00	\$20.19	\$19.80	(with L&H)	\$30.63	\$17.97	\$24.60	\$3.94
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3771								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.68	\$0.00	\$20.19	\$19.80		\$30.63	\$17.97	\$24.60	\$3.94
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.67	\$65.68	\$0.00	\$20.19	\$19.80		\$27.76	\$17.97	11.33 (FRV)	\$3.94
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.67	\$3.28	\$0.00	\$1.01	\$0.99	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.34	\$68.96	\$0.00	\$21.20	\$20.79	\$0.00	\$29.15	\$17.97	\$11.33	\$3.94
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3643								
18	Qtrly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.43	\$5.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	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	(Ln 25 - Ln 23) * 0.75	\$153.59									

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

FINAL

Provider: Pleasant View Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142546A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2713	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		29.36%	1.0%	Quarterly Medicaid CMI:			1.2527	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.44	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2725	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,027,994	\$2,522,440	\$0	\$456,126	\$539,463	\$0	\$982,765		\$527,200	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$44,783)	\$0	\$0	\$0	\$0	\$0	(\$14,745)		(\$30,038)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$32,064)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$80,018		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$56,769
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,087,934	\$2,522,440	\$0	\$456,126	\$539,463	\$0	\$935,956	\$80,018	\$497,162	\$56,769
8	Total Nursing Facility Days As Filed Days = 40,599	FY19 Audited C/R Days	40,599									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								38,223		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.29	\$62.13	\$0.00	\$11.23	\$13.29	(with L&H)	\$23.05	\$2.09	\$13.01	\$1.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2713								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.87	\$0.00	\$11.23	\$13.29		\$23.05	\$2.09	\$13.01	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.71	\$48.87	\$0.00	\$11.23	\$13.29		\$23.05	\$2.09	9.69 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.81	\$2.44	\$0.00	\$0.56	\$0.66	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.52	\$51.31	\$0.00	\$11.79	\$13.95	\$0.00	\$24.20	\$2.09	\$9.69	\$1.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2725								
18	Qtrly Routine Svcs 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	\$1.49
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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.65	\$0.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	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	\$0.00
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	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$98.50									

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

FINAL

Provider: Cedar Valley Nursing and Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142557A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4833	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid CMI:			1.4938	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.84	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5199	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,312,328	\$2,436,008	\$0	\$616,246	\$574,559	\$0	\$990,756		\$694,759	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$92,842)	(\$38,102)	\$0	(\$1,151)	\$0	(\$3,373)	(\$15,934)		(\$34,282)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$9,005)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$10,215		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,640
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$5,256,336	\$2,397,906	\$0	\$615,095	\$574,559	(\$3,373)	\$965,817	\$10,215	\$660,477	\$35,640
8	Total Nursing Facility Days As Filed Days = 32,065	FY19 Audited C/R Days	32,065									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,936		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.18	\$74.78	\$0.00	\$19.18	\$17.81	(with L&H)	\$30.12	\$0.37	\$23.64	\$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4833								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.41								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.41	\$0.00	\$19.18	\$17.81		\$30.12	\$0.37	\$23.64	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.72	\$50.41	\$0.00	\$19.18	\$17.81		\$27.76	\$0.37	9.91 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.76	\$2.52	\$0.00	\$0.96	\$0.89	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.48	\$52.93	\$0.00	\$20.14	\$18.70	\$0.00	\$29.15	\$0.37	\$9.91	\$1.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5199								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.01	\$2.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$203.23									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$139.60									

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

FINAL

Provider: Presbyterian Home, Quitman, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142579A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3897	1.4759
Case Mix Per Diem Rate Effective Date: 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:		2.88	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$13,276,566	\$6,855,622	\$0	\$1,638,487	\$1,573,365	\$0	\$2,077,784		\$1,131,308	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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										\$28,896
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,283,943	\$6,851,082	\$0	\$1,638,487	\$1,573,365	\$413	\$2,024,087	\$100,151	\$1,067,462	\$28,896
8	Total Nursing Facility Days As Filed Days = 63,776	FY19 Audited C/R Days	63,776									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								59,903		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$209.50	\$107.42	\$0.00	\$25.69	\$24.68	(with L&H)	\$31.74	\$1.67	\$17.82	\$0.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3897								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.29	\$0.00	\$25.69	\$24.68		\$31.74	\$1.67	\$17.82	\$0.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.51	\$77.29	\$0.00	\$22.66	\$24.68		\$27.76	\$1.67	19.97 (FRV)	\$0.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.61	\$3.86	\$0.00	\$1.13	\$1.23	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.12	\$81.15	\$0.00	\$23.79	\$25.91	\$0.00	\$29.15	\$1.67	\$19.97	\$0.48
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2820								
18	Qtrtly Routine Svcs 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	\$0.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.72	\$5.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$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	\$0.00
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	\$0.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.31									

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

FINAL

Provider: Bryant Health & Rehab. Ctr, Inc				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 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%	Qtrtly Mcaid CMI w RUG Wght 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,606,412	\$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 Svcs	Ln 7 / Ln 8 Col a	\$154.18	\$65.08	\$0.00	\$13.67	\$16.67	(with L&H)	\$21.83	\$4.57	\$30.99	\$1.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4820								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.91	\$0.00	\$13.67	\$16.67		\$21.83	\$4.57	\$30.99	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.70	\$43.91	\$0.00	\$13.67	\$16.67		\$21.83	\$4.57	9.68 (FRV)	\$1.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$4.80	\$2.20	\$0.00	\$0.68	\$0.83	\$0.00	\$1.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.50	\$46.11	\$0.00	\$14.35	\$17.50	\$0.00	\$22.92	\$4.57	\$9.68	\$1.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5825								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.73	\$0.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.19	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$179.58									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$121.86									

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

FINAL

Provider: Providence Healthcare of Thomaston				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142612A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3919	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		44.44%	2.5%	Quarterly Medicaid CMI:			1.3829	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.94	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4067	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,902,418	\$2,262,099	\$0	\$436,697	\$542,561	\$0	\$800,631		\$860,430	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$48,413)	\$0	\$0	\$0	(\$1,647)	(\$1,552)	(\$21,513)		(\$23,701)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$52,958)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$110,694		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,644
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,931,385	\$2,262,099	\$0	\$436,697	\$540,914	(\$1,552)	\$726,160	\$110,694	\$836,729	\$19,644
8	Total Nursing Facility Days As Filed Days = 30,556	FY19 Audited C/R Days	30,556									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,628		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.47	\$74.03	\$0.00	\$14.29	\$17.65	(with L&H)	\$23.76	\$4.32	\$32.65	\$0.77
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3919								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.19	\$0.00	\$14.29	\$17.65		\$23.76	\$4.32	\$32.65	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.73	\$53.19	\$0.00	\$14.29	\$17.65		\$23.76	\$4.32	8.75 (FRV)	\$0.77
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.44	\$2.66	\$0.00	\$0.71	\$0.88	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.17	\$55.85	\$0.00	\$15.00	\$18.53	\$0.00	\$24.95	\$4.32	\$8.75	\$0.77
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4067								
18	Qtrly Routine Svcs 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	\$8.75	\$0.77
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.57	\$1.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.16	\$4.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$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	(Ln 25 - Ln 23) * 0.75	\$116.96									

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

FINAL

Provider: Providence Healthcare of Sparta				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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 Hours per On-Site Day/Quality Incentive:		2.84	2.0%	Qtrtly Mcaid CMI w RUG Wght 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,219,709	\$1,432,116	\$0	\$315,854	\$354,238	\$0	\$589,800		\$527,701	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$26,045)	\$0	\$0	\$0	\$0	\$0	\$0		(\$26,045)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$49,142)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	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 Svcs	Ln 7 / Ln 8 Col a	\$156.83	\$69.70	\$0.00	\$15.37	\$17.24	(with L&H)	\$26.31	\$0.00	\$28.21	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4233								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.97	\$0.00	\$15.37	\$17.24		\$26.31	\$0.00	\$28.21	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.68	\$48.97	\$0.00	\$15.37	\$17.24		\$26.31	\$0.00	9.79 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.40	\$2.45	\$0.00	\$0.77	\$0.86	\$0.00	\$1.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.08	\$51.42	\$0.00	\$16.14	\$18.10	\$0.00	\$27.63	\$0.00	\$9.79	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5216								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.56	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$216.82									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$149.79									

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

FINAL

Provider: Greene Point Healthcare				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142634A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4171	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		34.15%	2.5%	Quarterly Medicaid CMI:			1.2511	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.04	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2691	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,480,404	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$215.25	\$112.44	\$0.00	\$21.77	\$26.68	(with L&H)	\$32.16	\$3.49	\$17.55	\$1.16
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4171								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.35								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.35	\$0.00	\$21.77	\$26.68		\$32.16	\$3.49	\$17.55	\$1.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.41	\$79.35	\$0.00	\$21.77	\$25.85		\$27.76	\$3.49	13.03 (FRV)	\$1.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.74	\$3.97	\$0.00	\$1.09	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.15	\$83.32	\$0.00	\$22.86	\$27.14	\$0.00	\$29.15	\$3.49	\$13.03	\$1.16
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2691								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.66	\$6.34	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.23	\$112.08	\$0.00	\$23.08	\$27.14	\$0.00	\$46.25	\$3.49	\$13.03	\$1.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.85									

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

FINAL

Provider: Warrenton Health and Rehabilitation Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142645A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4793	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		58.82%	5.5%	Quarterly Medicaid CMI:			1.3171	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.38	3.0%	Qtrtly Mcaid CMI w RUG Wght 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,799,600	\$1,627,680	\$0	\$401,036	\$472,346	\$0	\$598,188		\$700,350	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$43,805)	\$0	\$0	\$0	(\$1,013)	\$0	\$0		(\$42,792)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$31,186)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,724,609	\$1,627,680	\$0	\$401,036	\$471,333	\$0	\$567,002	\$0	\$657,558	\$0
8	Total Nursing Facility Days As Filed Days = 23,804	FY19 Audited C/R Days	23,804									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,839		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.40	\$68.38	\$0.00	\$16.85	\$19.80	(with L&H)	\$23.82	\$0.00	\$31.55	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4793								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.22								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.22	\$0.00	\$16.85	\$19.80		\$23.82	\$0.00	\$31.55	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.60	\$46.22	\$0.00	\$16.85	\$19.80		\$23.82	\$0.00	8.91 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.33	\$2.31	\$0.00	\$0.84	\$0.99	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.93	\$48.53	\$0.00	\$17.69	\$20.79	\$0.00	\$25.01	\$0.00	\$8.91	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3378								
18	Qtrtly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.57	\$3.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.95	\$1.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$196.09									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$134.24									

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

FINAL

Provider: Orchard Health and Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142656A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1653	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		42.03%	2.5%	Quarterly Medicaid CMI:			1.2835	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.22	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3031	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,305,924	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	30,346							24,741		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.35	\$80.70	\$0.00	\$15.23	\$14.57	(with L&H)	\$22.74	\$4.42	\$6.73	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.1653								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.25	\$0.00	\$15.23	\$14.57		\$22.74	\$4.42	\$6.73	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.39	\$69.25	\$0.00	\$15.23	\$14.57		\$22.74	\$4.42	9.22 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.09	\$3.46	\$0.00	\$0.76	\$0.73	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.48	\$72.71	\$0.00	\$15.99	\$15.30	\$0.00	\$23.88	\$4.42	\$9.22	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3031								
18	Qtrtly Routine Svcs 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	\$164.52	\$94.75	\$0.00	\$15.99	\$15.30	\$0.00	\$23.88	\$4.42	\$9.22	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.84	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.36	\$100.49	\$0.00	\$16.21	\$15.71	\$0.00	\$41.35	\$4.42	\$9.22	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.45									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$191.99									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$131.17									

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

FINAL

Provider: Heritage Inn of Sandersville				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142678A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5154	1.4759
Case Mix Per Diem Rate Effective Date: 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				Nurse Hours per On-Site Day/Quality Incentive:		3.32	3.0%	Qtrtrly Mcaid CMI w RUG Wght Options:			1.6309	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,549,097	\$1,846,036	\$0	\$368,881	\$410,464	\$0	\$568,885		\$354,831	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$40,764)	\$0	\$0	\$0	(\$890)	(\$4,523)	(\$8,535)		(\$26,816)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$31,720)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$62,920		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,544
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,567,077	\$1,846,036	\$0	\$368,881	\$409,574	(\$4,523)	\$528,630	\$62,920	\$328,015	\$27,544
8	Total Nursing Facility Days As Filed Days = 21,531	FY19 Audited C/R Days	21,531									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,097		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.36	\$85.74	\$0.00	\$17.13	\$18.81	(with L&H)	\$24.55	\$3.48	\$18.13	\$1.52
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5154								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.58	\$0.00	\$17.13	\$18.81		\$24.55	\$3.48	\$18.13	\$1.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.85	\$56.58	\$0.00	\$17.13	\$18.81		\$24.55	\$3.48	11.78 (FRV)	\$1.52
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.86	\$2.83	\$0.00	\$0.86	\$0.94	\$0.00	\$1.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.71	\$59.41	\$0.00	\$17.99	\$19.75	\$0.00	\$25.78	\$3.48	\$11.78	\$1.52
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6309								
18	Qtrtrly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.96	\$5.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.15	\$102.75	\$0.00	\$18.21	\$20.16	\$0.00	\$43.25	\$3.48	\$11.78	\$1.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.04									

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

FINAL

Provider: Jesup Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142689A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.8109	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		21.88%	1.0%	Quarterly Medicaid CMI:			1.8247	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.72	4.0%	Qtrly Mcaid CMI w RUG Wght 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,658,705	\$1,772,610	\$0	\$350,767	\$406,864	\$0	\$765,650		\$362,814	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$11,172)	\$0	\$0	\$0	\$0	\$0	\$0		(\$11,172)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$28,574)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$16,669		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,862
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,653,490	\$1,772,610	\$0	\$350,767	\$406,864	\$0	\$737,076	\$16,669	\$351,642	\$17,862
8	Total Nursing Facility Days As Filed Days = 22,304	FY19 Audited C/R Days	22,304									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,731		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.27	\$79.47	\$0.00	\$15.73	\$18.24	(with L&H)	\$33.05	\$0.94	\$19.83	\$1.01
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.8109								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.88	\$0.00	\$15.73	\$18.24		\$33.05	\$0.94	\$19.83	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.50	\$43.88	\$0.00	\$15.73	\$18.24		\$27.76	\$0.94	7.94 (FRV)	\$1.01
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.28	\$2.19	\$0.00	\$0.79	\$0.91	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.78	\$46.07	\$0.00	\$16.52	\$19.15	\$0.00	\$29.15	\$0.94	\$7.94	\$1.01
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8612								
18	Qtrly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.43									

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

FINAL

Provider: Cobblestone Rehab and Healthcare Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142711A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5191	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		10.00%	0.0%	Quarterly Medicaid CMI:			1.2129	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.76	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2277	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,985,466	\$1,867,187	\$0	\$299,741	\$517,369	\$0	\$792,963		\$508,206	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$58,318)	(\$11,154)	\$0	\$0	\$0	\$0	(\$5,692)		(\$41,472)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$6,561)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$4,674		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$51,296
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,976,557	\$1,856,033	\$0	\$299,741	\$517,369	\$0	\$780,710	\$4,674	\$466,734	\$51,296
8	Total Nursing Facility Days	FY19 Audited C/R Days	20,277									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,007		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.06	\$91.53	\$0.00	\$14.78	\$25.52	(with L&H)	\$38.50	\$0.27	\$27.44	\$3.02
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5191								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.25								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.25	\$0.00	\$14.78	\$25.52		\$38.50	\$0.27	\$27.44	\$3.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.06	\$60.25	\$0.00	\$14.78	\$25.52		\$27.76	\$0.27	19.46 (FRV)	\$3.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.42	\$3.01	\$0.00	\$0.74	\$1.28	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.48	\$63.26	\$0.00	\$15.52	\$26.80	\$0.00	\$29.15	\$0.27	\$19.46	\$3.02
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2277								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.33	\$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									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$138.65									

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

FINAL

Provider: Blue Ridge Healthcare of Buchanan				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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%	Qtrtly Mcaid CMI w RUG Wght 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,399,801	\$1,717,784	\$0	\$276,115	\$327,871	\$0	\$782,351		\$295,680	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$244,602)	(\$4,087)	\$0	\$0	\$0	\$0	(\$213,990)		(\$26,525)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$114,461)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$92,686		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,972
7	Cost Center Costs After Audit Adjustments	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.96	\$86.21	\$0.00	\$13.89	\$16.49	(with L&H)	\$22.83	\$5.19	\$15.06	\$1.29
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5297								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.36								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.36	\$0.00	\$13.89	\$16.49		\$22.83	\$5.19	\$15.06	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.80	\$56.36	\$0.00	\$13.89	\$16.49		\$22.83	\$5.19	11.75 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.47	\$2.82	\$0.00	\$0.69	\$0.82	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.27	\$59.18	\$0.00	\$14.58	\$17.31	\$0.00	\$23.97	\$5.19	\$11.75	\$1.29
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4892								
18	Qtrtly Routine Svcs 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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.83	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$202.11									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$138.76									

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

FINAL

Provider: The Retreat Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142733A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1153	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		34.62%	2.5%	Quarterly Medicaid CMI:			1.3056	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.71	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3274	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,233,896	\$2,215,734	\$0	\$695,255	\$214,035	\$291,637	\$577,313		\$239,922	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$154,420)	(\$325,275)	\$0	\$57,393	\$1,004	\$45,558	\$186,200		(\$119,300)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$22,448)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$15,820		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,072,849	\$1,890,459	\$0	\$752,648	\$215,039	\$337,195	\$741,065	\$15,820	\$120,622	\$0
8	Total Nursing Facility Days As Filed Days = 19,518	FY19 Audited C/R Days	19,518									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,704		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$208.60	\$96.86	\$0.00	\$38.56	\$28.29	(with L&H)	\$37.97	\$0.80	\$6.12	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1153								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.84	\$0.00	\$38.56	\$28.29		\$37.97	\$0.80	\$6.12	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.73	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.80	8.98 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.28	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.80	\$8.98	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3274								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.55	\$3.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.74									

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

FINAL

Provider: Ridgewood Manor Nursing Home				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00142744A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3614	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		43.86%	2.5%	Quarterly Medicaid CMI:			1.2238	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.15	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2401	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,924,621	\$3,661,992	\$0	\$632,885	\$947,149	\$0	\$1,450,445		\$232,150	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$8,280)	(\$27,962)	\$0	\$0	(\$4,935)	(\$3,345)	\$27,962		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$113,774)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$51,996		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,318
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$6,864,881	\$3,634,030	\$0	\$632,885	\$942,214	(\$3,345)	\$1,364,633	\$51,996	\$232,150	\$10,318
8	Total Nursing Facility Days	FY19 Audited C/R Days	36,074									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,728		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.58	\$100.74	\$0.00	\$17.54	\$26.03	(with L&H)	\$37.83	\$2.02	\$9.02	\$0.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3614								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.00								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.00	\$0.00	\$17.54	\$26.03		\$37.83	\$2.02	\$9.02	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.43	\$74.00	\$0.00	\$17.54	\$25.85		\$27.76	\$2.02	9.86 (FRV)	\$0.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$7.26	\$3.70	\$0.00	\$0.88	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.69	\$77.70	\$0.00	\$18.42	\$27.14	\$0.00	\$29.15	\$2.02	\$9.86	\$0.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2401								
18	Qtrtly Routine Svcs 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.19	\$4.87	\$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	\$205.54	\$101.23	\$0.00	\$18.64	\$27.14	\$0.00	\$46.25	\$2.02	\$9.86	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.33									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$213.81									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$147.53									

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

FINAL

Provider: Harborview Health Systems - Satilla				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142755A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5263	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		11.48%	0.0%	Quarterly Medicaid CMI:			1.8589	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.50	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8944	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,967,120	\$2,920,664	\$0	\$525,305	\$681,818	\$0	\$913,027		\$926,306	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$65,878)	\$1,349	\$0	\$0	(\$9,254)	(\$9,855)	(\$11,135)		(\$36,983)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$64,718)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$138,917		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$74,651
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$6,050,092	\$2,922,013	\$0	\$525,305	\$672,564	(\$9,855)	\$837,174	\$138,917	\$889,323	\$74,651
8	Total Nursing Facility Days As Filed Days = 33,099	FY19 Audited C/R Days	33,099									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,283		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$187.12	\$88.28	\$0.00	\$15.87	\$20.02	(with L&H)	\$25.29	\$4.74	\$30.37	\$2.55
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5263								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$15.87	\$20.02		\$25.29	\$4.74	\$30.37	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.92	\$57.84	\$0.00	\$15.87	\$20.02		\$25.29	\$4.74	13.61 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <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		1.8944								
18	Qtrtly Routine Svcs 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 = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$173.66									

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

FINAL

Provider: Etowah Landing Care and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142766A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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:		2.79	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6331	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,363,329	\$2,745,529	\$0	\$490,185	\$484,581	\$0	\$1,029,864		\$613,170	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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										\$47,314
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,522,089	\$2,721,153	\$0	\$490,185	\$484,581	\$0	\$976,491	\$207,141	\$595,224	\$47,314
8	Total Nursing Facility Days As Filed Days = 32,145	FY19 Audited C/R Days	32,145									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,460		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.19	\$84.65	\$0.00	\$15.25	\$15.07	(with L&H)	\$30.38	\$7.03	\$20.20	\$1.61
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4598								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.99	\$0.00	\$15.25	\$15.07		\$30.38	\$7.03	\$20.20	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.88	\$57.99	\$0.00	\$15.25	\$15.07		\$27.76	\$7.03	9.17 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.80	\$2.90	\$0.00	\$0.76	\$0.75	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.68	\$60.89	\$0.00	\$16.01	\$15.82	\$0.00	\$29.15	\$7.03	\$9.17	\$1.61
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6331								
18	Qtrly Routine Svcs 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	\$1.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.99	\$1.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.74	\$5.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.97	\$104.45	\$0.00	\$16.23	\$16.23	\$0.00	\$46.25	\$7.03	\$9.17	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.90									

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

FINAL

Provider: Roberta Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142777A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.72	3.0%	Qtrtrly Mcaid CMI w RUG Wght Options:			1.6928	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,592,159	\$2,153,240	\$0	\$429,566	\$480,053	\$0	\$863,552		\$665,748	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$31,756)	\$0	\$0	\$0	(\$1,124)	(\$1,178)	\$0		(\$29,454)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$16,450)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$43,750		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,735
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,645,438	\$2,153,240	\$0	\$429,566	\$478,929	(\$1,178)	\$847,102	\$43,750	\$636,294	\$57,735
8	Total Nursing Facility Days As Filed Days = 31,395	FY19 Audited C/R Days	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.83	\$68.59	\$0.00	\$13.68	\$15.22	(with L&H)	\$26.98	\$1.68	\$24.46	\$2.22
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6310								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.05								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$42.05	\$0.00	\$13.68	\$15.22		\$26.98	\$1.68	\$24.46	\$2.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.83	\$42.05	\$0.00	\$13.68	\$15.22		\$26.98	\$1.68	8.00 (FRV)	\$2.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.89	\$2.10	\$0.00	\$0.68	\$0.76	\$0.00	\$1.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.72	\$44.15	\$0.00	\$14.36	\$15.98	\$0.00	\$28.33	\$1.68	\$8.00	\$2.22
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6928								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.31	\$74.74	\$0.00	\$14.36	\$15.98	\$0.00	\$28.33	\$1.68	\$8.00	\$2.22
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.87	\$1.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.74	\$4.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.05	\$79.38	\$0.00	\$14.58	\$16.39	\$0.00	\$45.80	\$1.68	\$8.00	\$2.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.21									

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

FINAL

Provider: Twin Fountains Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142843A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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:		3.00	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0612	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,443,125	\$3,547,894	\$0	\$697,484	\$741,670	\$634,855	\$4,944,294		\$876,928	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$68,855)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$49,751		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,424,021	\$3,547,894	\$0	\$697,484	\$741,670	\$634,855	\$4,875,439	\$49,751	\$876,928	\$0
8	Total Nursing Facility Days As Filed Days = 36,848	FY19 Audited C/R Days	36,848									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,430		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$316.37	\$96.28	\$0.00	\$18.93	\$37.36	(with L&H)	\$132.31	\$1.69	\$29.80	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.0956								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.88	\$0.00	\$18.93	\$37.36		\$132.31	\$1.69	\$29.80	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.97	\$84.91	\$0.00	\$18.93	\$25.85		\$27.76	\$1.69	11.83 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.88	\$4.25	\$0.00	\$0.95	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.85	\$89.16	\$0.00	\$19.88	\$27.14	\$0.00	\$29.15	\$1.69	\$11.83	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.0612								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.31	\$94.62	\$0.00	\$19.88	\$27.14	\$0.00	\$29.15	\$1.69	\$11.83	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.31									

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

FINAL

Provider: Winder Nursing, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142854A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3427	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		38.95%	2.5%	Quarterly Medicaid CMI:			1.4761	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.27	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5027	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,168,279	\$3,675,808	\$0	\$1,178,447	\$748,333	\$0	\$1,157,224		\$408,467	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.48	\$78.91	\$0.00	\$25.30	\$16.07	(with L&H)	\$21.28	\$4.45	\$9.09	\$1.38
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3427								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.77								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.77	\$0.00	\$25.30	\$16.07		\$21.28	\$4.45	\$9.09	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.43	\$58.77	\$0.00	\$22.66	\$16.07		\$21.28	\$4.45	12.82 (FRV)	\$1.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.93	\$2.94	\$0.00	\$1.13	\$0.80	\$0.00	\$1.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.36	\$61.71	\$0.00	\$23.79	\$16.87	\$0.00	\$22.34	\$4.45	\$12.82	\$1.38
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5027								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.73								
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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.78	\$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	(Ln 25 - Ln 23) * 0.75	\$135.59									

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

FINAL

Provider: Dade Health and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.74	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7933	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,349,231	\$1,789,341	\$0	\$351,820	\$382,714	\$0	\$512,134		\$313,222	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	\$10,517	\$0	\$0	\$0	\$0	\$0	\$22,277		(\$11,760)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$86,955)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$110,492		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,789
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,394,074	\$1,789,341	\$0	\$351,820	\$382,714	\$0	\$447,456	\$110,492	\$301,462	\$10,789
8	Total Nursing Facility Days As Filed Days = 20,579	FY19 Audited C/R Days	20,579									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								16,805		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.54	\$86.95	\$0.00	\$17.10	\$18.60	(with L&H)	\$21.74	\$6.57	\$17.94	\$0.64
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2608								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.96	\$0.00	\$17.10	\$18.60		\$21.74	\$6.57	\$17.94	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.51	\$68.96	\$0.00	\$17.10	\$18.60		\$21.74	\$6.57	9.90 (FRV)	\$0.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.33	\$3.45	\$0.00	\$0.86	\$0.93	\$0.00	\$1.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.84	\$72.41	\$0.00	\$17.96	\$19.53	\$0.00	\$22.83	\$6.57	\$9.90	\$0.64
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7933								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.14	\$7.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.90	\$3.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.67	\$11.57	\$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	\$236.95	\$141.42	\$0.00	\$18.18	\$19.94	\$0.00	\$40.30	\$6.57	\$9.90	\$0.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.89									

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

FINAL

Provider: Savannah Beach Nursing & Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142876A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1672	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		41.03%	2.5%	Quarterly Medicaid CMI:			1.4772	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.70	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5050	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,794,924	\$1,486,794	\$0	\$208,055	\$253,992	\$0	\$491,242		\$354,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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 Svcs	Ln 7 / Ln 8 Col a	\$181.90	\$95.25	\$0.00	\$13.33	\$16.27	(with L&H)	\$31.47	\$3.00	\$18.98	\$3.60
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1672								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.61	\$0.00	\$13.33	\$16.27		\$31.47	\$3.00	\$18.98	\$3.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.22	\$81.61	\$0.00	\$13.33	\$16.27		\$27.76	\$3.00	11.65 (FRV)	\$3.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.95	\$4.08	\$0.00	\$0.67	\$0.81	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.17	\$85.69	\$0.00	\$14.00	\$17.08	\$0.00	\$29.15	\$3.00	\$11.65	\$3.60
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5050								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.22	\$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.87	\$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	(Ln 25 - Ln 23) * 0.75	\$161.77									

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

FINAL

Provider: Sears Manor Prvdr ID: 00142898A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 27.91% Nurse Hours per On-Site Day/Quality Incentive: 4.57		N/A	5.00% 1.0% 3.0%	Base Period Overall CMI: 1.4253 Quarterly Medicaid CMI: 1.6763 Qtrtry Mcaid CMI w RUG Wght Options: 1.7067			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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,245,026	\$2,840,536	\$0	\$664,681	\$639,734	\$0	\$728,189		\$371,886	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$69,915)	(\$4,087)	\$0	\$0	\$1,150	\$1,326	(\$3,740)		(\$64,564)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$84,513)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$86,191		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$52,738
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,229,527	\$2,836,449	\$0	\$664,681	\$640,884	\$1,326	\$639,936	\$86,191	\$307,322	\$52,738
8	Total Nursing Facility Days As Filed Days = 27,029	FY19 Audited C/R Days	27,029									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,338		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.95	\$104.94	\$0.00	\$24.59	\$23.76	(with L&H)	\$23.68	\$3.86	\$13.76	\$2.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4253								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.63	\$0.00	\$24.59	\$23.76		\$23.68	\$3.86	\$13.76	\$2.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.84	\$73.63	\$0.00	\$22.66	\$23.76		\$23.68	\$3.86	10.89 (FRV)	\$2.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.18	\$3.68	\$0.00	\$1.13	\$1.19	\$0.00	\$1.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.02	\$77.31	\$0.00	\$23.79	\$24.95	\$0.00	\$24.86	\$3.86	\$10.89	\$2.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7067								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.65	\$131.94	\$0.00	\$23.79	\$24.95	\$0.00	\$24.86	\$3.86	\$10.89	\$2.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.96	\$3.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.69	\$5.81	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.34	\$137.75	\$0.00	\$23.79	\$25.36	\$0.00	\$42.33	\$3.86	\$10.89	\$2.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.93									

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

FINAL

Provider: Seminole Manor Nursing Home Prvdr ID: 00142909A				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 27.50% Nurse Hours per On-Site Day/Quality Incentive: 3.71	N/A 27.50% 3.71	5.00% 1.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.1518 1.1279 1.1426	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,967,550	\$2,289,682	\$0	\$699,078	\$543,620	\$458,236	\$599,083		\$377,851	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$24,108)	(\$118,864)	\$0	\$0	(\$10,025)	(\$8,450)	\$118,864		(\$5,633)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$7,220)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$11,038		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$13,280
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,960,540	\$2,170,818	\$0	\$699,078	\$533,595	\$449,786	\$710,727	\$11,038	\$372,218	\$13,280
8	Total Nursing Facility Days As Filed Days = 22,114	FY19 Audited C/R Days	22,114									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,968		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.29	\$98.16	\$0.00	\$31.61	\$44.47	(with L&H)	\$32.14	\$0.53	\$17.75	\$0.63
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1518								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.22	\$0.00	\$31.61	\$44.47		\$32.14	\$0.53	\$17.75	\$0.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.47	\$84.91	\$0.00	\$31.61	\$25.85		\$27.76	\$0.53	10.18 (FRV)	\$0.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.51	\$4.25	\$0.00	\$1.58	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.98	\$89.16	\$0.00	\$33.19	\$27.14	\$0.00	\$29.15	\$0.53	\$10.18	\$0.63
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1426								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.24									

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

FINAL

Provider: Vista Park Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142931A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5444	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		34.95%	2.5%	Quarterly Medicaid CMI:			1.5477	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.14	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5753	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,021,578	\$4,654,604	\$0	\$972,947	\$885,640	\$0	\$1,344,991		\$1,163,396	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$124,744)	\$18,069	\$0	(\$18,069)	(\$292)	(\$323)	(\$62,722)		(\$61,407)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$88,790)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$174,720		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$60,967
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$9,043,731	\$4,672,673	\$0	\$954,878	\$885,348	(\$323)	\$1,193,479	\$174,720	\$1,101,989	\$60,967
8	Total Nursing Facility Days As Filed Days = 50,934	FY19 Audited C/R Days	50,934									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								41,410		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.60	\$91.74	\$0.00	\$18.75	\$17.38	(with L&H)	\$23.43	\$4.22	\$26.61	\$1.47
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5444								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.40	\$0.00	\$18.75	\$17.38		\$23.43	\$4.22	\$26.61	\$1.47
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.99	\$59.40	\$0.00	\$18.75	\$17.38		\$23.43	\$4.22	22.34 (FRV)	\$1.47
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.95	\$2.97	\$0.00	\$0.94	\$0.87	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.94	\$62.37	\$0.00	\$19.69	\$18.25	\$0.00	\$24.60	\$4.22	\$22.34	\$1.47
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5753								
18	Qtrtly Routine Svcs 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.95	\$2.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.04	\$5.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.82									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$227.87									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$158.07									

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

FINAL

Provider: Ross Memorial Health Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142942A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3419	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		46.94%	5.5%	Quarterly Medicaid CMI:			1.3064	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.06	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3282	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,959,312	\$3,504,097	\$0	\$663,741	\$757,274	\$0	\$742,141		\$292,059	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$31,427)	\$15,140	\$0	\$0	\$0	\$0	\$12,485		(\$59,052)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$70,549)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$60,353		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$91,368
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,009,057	\$3,519,237	\$0	\$663,741	\$757,274	\$0	\$684,077	\$60,353	\$233,007	\$91,368
8	Total Nursing Facility Days As Filed Days = 28,843	FY19 Audited C/R Days	28,843									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,946		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$210.42	\$122.01	\$0.00	\$23.01	\$26.26	(with L&H)	\$23.72	\$2.42	\$9.34	\$3.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3419								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.93	\$0.00	\$23.01	\$26.26		\$23.72	\$2.42	\$9.34	\$3.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.91	\$84.91	\$0.00	\$22.66	\$25.85		\$23.72	\$2.42	13.69 (FRV)	\$3.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.86	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.77	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$24.91	\$2.42	\$13.69	\$3.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3282								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.51	\$6.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.55	\$3.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$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
25	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.35									

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

FINAL

Provider: PruittHealth - Shepherd Hills, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142964A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3977	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		27.55%	1.0%	Quarterly Medicaid CMI:			1.3743	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.95	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,007,444	\$3,520,886	\$0	\$471,143	\$808,257	\$0	\$950,478		\$256,680	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$96,819)	(\$74,609)	\$0	\$0	(\$507)	(\$32,303)	\$64,100		(\$53,500)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$212,226)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$486,905		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$47,049
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,232,353	\$3,446,277	\$0	\$471,143	\$807,750	(\$32,303)	\$802,352	\$486,905	\$203,180	\$47,049
8	Total Nursing Facility Days As Filed Days = 38,382	FY19 Audited C/R Days	38,382									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,759		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.38	\$89.79	\$0.00	\$12.28	\$20.20	(with L&H)	\$20.90	\$14.01	\$5.85	\$1.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3977								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.24	\$0.00	\$12.28	\$20.20		\$20.90	\$14.01	\$5.85	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.51	\$64.24	\$0.00	\$12.28	\$20.20		\$20.90	\$14.01	8.53 (FRV)	\$1.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.88	\$3.21	\$0.00	\$0.61	\$1.01	\$0.00	\$1.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.39	\$67.45	\$0.00	\$12.89	\$21.21	\$0.00	\$21.95	\$14.01	\$8.53	\$1.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3971								
18	Qtrtly Routine Svcs 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	\$1.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.71	\$4.71								
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	\$24.28	\$6.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.45	\$100.41	\$0.00	\$13.11	\$21.62	\$0.00	\$39.42	\$14.01	\$8.53	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.01									

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

FINAL

Provider: Gold City Health and Rehabilitation Ctr				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142975A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5927	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly 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/Quality Incentive:		1.97	1.0%	Qtrtly 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,134,341	\$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 Adjstmnts	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$118.72	\$70.21	\$0.00	\$10.15	\$10.18	(with L&H)	\$20.82	\$0.00	\$6.22	\$1.14
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5927								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.08								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.08	\$0.00	\$10.15	\$10.18		\$20.82	\$0.00	\$6.22	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$95.81	\$44.08	\$0.00	\$10.15	\$10.18		\$20.82	\$0.00	9.44 (FRV)	\$1.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$4.26	\$2.20	\$0.00	\$0.51	\$0.51	\$0.00	\$1.04	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$100.07	\$46.28	\$0.00	\$10.66	\$10.69	\$0.00	\$21.86	\$0.00	\$9.44	\$1.14
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5627								
18	Qtrtly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.72	\$0.72								
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	\$19.35	\$1.25	\$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	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$156.21									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$104.33									

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

FINAL

Provider: Signature HC - Marietta				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142986A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7059	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		26.37%	1.0%	Quarterly Medicaid CMI:			1.7448	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.53	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7790	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,522,573	\$5,202,123	\$0	\$815,884	\$756,452	\$0	\$2,241,124		\$2,506,990	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$117,320)	\$0	\$0	\$0	(\$1,969)	\$0	\$0		(\$115,351)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$154,928)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$242,651		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$136,387
7	Cost Center Costs After Audit Adjustments	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	FY19 Audited C/R Days	44,316									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								43,226		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$264.01	\$117.39	\$0.00	\$18.41	\$17.03	(with L&H)	\$47.08	\$5.61	\$55.33	\$3.16
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7059								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.81	\$0.00	\$18.41	\$17.03		\$47.08	\$5.61	\$55.33	\$3.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.74	\$68.81	\$0.00	\$18.41	\$17.03		\$27.76	\$5.61	14.96 (FRV)	\$3.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.60	\$3.44	\$0.00	\$0.92	\$0.85	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.34	\$72.25	\$0.00	\$19.33	\$17.88	\$0.00	\$29.15	\$5.61	\$14.96	\$3.16
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7790								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.62	\$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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.86	\$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	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.03	\$134.21	\$0.00	\$19.55	\$18.29	\$0.00	\$46.25	\$5.61	\$14.96	\$3.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.70									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$242.14									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$168.78									

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

FINAL

Provider: PruittHealth - Fairburn, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142997A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4512	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		25.00%	1.0%	Quarterly Medicaid CMI:			1.5985	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.29	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6277	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,546,249	\$3,120,372	\$0	\$453,883	\$599,066	\$0	\$959,155		\$413,773	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$88,850)	(\$65,032)	\$0	\$0	\$1,678	(\$30,629)	\$60,803		(\$55,670)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$155,307)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$356,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$58,313
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,716,405	\$3,055,340	\$0	\$453,883	\$600,744	(\$30,629)	\$864,651	\$356,000	\$358,103	\$58,313
8	Total Nursing Facility Days As Filed Days = 28,428	FY19 Audited C/R Days	28,428									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,659		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.30	\$107.48	\$0.00	\$15.97	\$20.05	(with L&H)	\$30.42	\$17.23	\$17.33	\$2.82
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4512								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.06	\$0.00	\$15.97	\$20.05		\$30.42	\$17.23	\$17.33	\$2.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$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	\$0.80	\$1.00	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.26	\$77.76	\$0.00	\$16.77	\$21.05	\$0.00	\$29.15	\$17.23	\$14.48	\$2.82
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6277								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 Svcs)	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 Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.62									

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

FINAL

Provider: Smith Medical Nursing Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143008A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			0.9534	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		36.36%	2.5%	Quarterly Medicaid CMI:			0.9388	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.60	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			0.9480	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$1,656,122	\$728,797	\$0	\$232,131	\$184,060	\$0	\$485,984		\$25,150	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$91.38	\$39.48	\$0.00	\$12.60	\$9.99	(with L&H)	\$22.48	\$5.09	\$0.46	\$1.28
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		0.9534								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.41								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.41	\$0.00	\$12.60	\$9.99		\$22.48	\$5.09	\$0.46	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.30	\$41.41	\$0.00	\$12.60	\$9.99		\$22.48	\$5.09	11.45 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.32	\$2.07	\$0.00	\$0.63	\$0.50	\$0.00	\$1.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$108.62	\$43.48	\$0.00	\$13.23	\$10.49	\$0.00	\$23.60	\$5.09	\$11.45	\$1.28
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		0.9480								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.66	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$81.69									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

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

FINAL

Provider: Social Circle Nursing and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143041A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5339	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		24.32%	1.0%	Quarterly Medicaid CMI:			1.7088	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.83	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7409	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,412,106	\$2,267,751	\$0	\$439,924	\$522,291	\$0	\$728,586		\$453,554	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$83,823)	(\$30,677)	\$0	\$904	\$0	(\$24,399)	(\$11,202)		(\$18,449)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$5,854)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$6,640		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,108
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,355,177	\$2,237,074	\$0	\$440,828	\$522,291	(\$24,399)	\$711,530	\$6,640	\$435,105	\$26,108
8	Total Nursing Facility Days As Filed Days = 21,984	FY19 Audited C/R Days	21,984									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,838		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$200.41	\$101.76	\$0.00	\$20.05	\$22.65	(with L&H)	\$32.37	\$0.33	\$21.93	\$1.32
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5339								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.34								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.34	\$0.00	\$20.05	\$22.65		\$32.37	\$0.33	\$21.93	\$1.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.17	\$66.34	\$0.00	\$20.05	\$22.65		\$27.76	\$0.33	10.72 (FRV)	\$1.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.84	\$3.32	\$0.00	\$1.00	\$1.13	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.01	\$69.66	\$0.00	\$21.05	\$23.78	\$0.00	\$29.15	\$0.33	\$10.72	\$1.32
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7409								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.43	\$2.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.90	\$4.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.52	\$125.44	\$0.00	\$21.27	\$24.19	\$0.00	\$46.25	\$0.33	\$10.72	\$1.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.32									

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

FINAL

Provider: PruittHealth - Griffin, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143052A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4000	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		43.90%	2.5%	Quarterly Medicaid CMI:			1.5560	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.73	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5835	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,885,382	\$2,086,080	\$0	\$309,870	\$495,875	\$0	\$646,140		\$347,417	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$83,356)	(\$63,528)	\$0	\$0	\$0	(\$47,334)	\$65,180		(\$37,674)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$131,003)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$299,657		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$38,781
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,009,461	\$2,022,552	\$0	\$309,870	\$495,875	(\$47,334)	\$580,317	\$299,657	\$309,743	\$38,781
8	Total Nursing Facility Days As Filed Days = 21,065	FY19 Audited C/R Days	21,065									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,315		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.00	\$96.01	\$0.00	\$14.71	\$21.29	(with L&H)	\$27.55	\$17.31	\$17.89	\$2.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4000								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.58	\$0.00	\$14.71	\$21.29		\$27.55	\$17.31	\$17.89	\$2.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.29	\$68.58	\$0.00	\$14.71	\$21.29		\$27.55	\$17.31	9.61 (FRV)	\$2.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.61	\$3.43	\$0.00	\$0.74	\$1.06	\$0.00	\$1.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.90	\$72.01	\$0.00	\$15.45	\$22.35	\$0.00	\$28.93	\$17.31	\$9.61	\$2.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5835								
18	Qtrly Routine Svcs 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	\$2.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.16		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.84	\$6.84								
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	\$28.11	\$10.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.03	\$124.25	\$0.00	\$15.67	\$22.76	\$0.00	\$46.19	\$17.31	\$9.61	\$2.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.70									

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

FINAL

Provider: Sparta Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143063A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2320	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		13.95%	0.0%	Quarterly Medicaid CMI:			1.2844	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.07	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3051	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,784,122	\$1,904,126	\$0	\$445,378	\$428,939	\$0	\$605,623		\$400,056	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$35,349)	\$0	\$0	\$0	\$0	(\$5,149)	(\$9,829)		(\$20,371)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$43,420)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$85,088		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,458
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,811,899	\$1,904,126	\$0	\$445,378	\$428,939	(\$5,149)	\$552,374	\$85,088	\$379,685	\$21,458
8	Total Nursing Facility Days As Filed Days = 25,143	FY19 Audited C/R Days	25,143									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,357		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.93	\$75.73	\$0.00	\$17.71	\$16.86	(with L&H)	\$21.97	\$5.54	\$24.72	\$1.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2320								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.47	\$0.00	\$17.71	\$16.86		\$21.97	\$5.54	\$24.72	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.42	\$61.47	\$0.00	\$17.71	\$16.86		\$21.97	\$5.54	9.47 (FRV)	\$1.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.90	\$3.07	\$0.00	\$0.89	\$0.84	\$0.00	\$1.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.32	\$64.54	\$0.00	\$18.60	\$17.70	\$0.00	\$23.07	\$5.54	\$9.47	\$1.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3051								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.16	\$3.06	\$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	\$181.17	\$87.29	\$0.00	\$18.82	\$18.11	\$0.00	\$40.54	\$5.54	\$9.47	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.05									

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

FINAL

Provider: Fox Glove Court Care and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.04	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8719	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,282,724	\$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 Adjstmts	(\$28,104)	\$0	\$0	\$0	\$0	\$0	\$0		(\$28,104)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$183,642		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$95,064
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,533,326	\$1,645,276	\$0	\$311,928	\$290,722	\$0	\$605,498	\$183,642	\$401,196	\$95,064
8	Total Nursing Facility Days As Filed Days = 20,784	FY19 Audited C/R Days	20,784									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,671		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.36	\$79.16	\$0.00	\$15.01	\$13.99	(with L&H)	\$29.13	\$5.15	\$11.25	\$2.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5171								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.18	\$0.00	\$15.01	\$13.99		\$29.13	\$5.15	\$11.25	\$2.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.57	\$52.18	\$0.00	\$15.01	\$13.99		\$27.76	\$5.15	8.81 (FRV)	\$2.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.45	\$2.61	\$0.00	\$0.75	\$0.70	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.02	\$54.79	\$0.00	\$15.76	\$14.69	\$0.00	\$29.15	\$5.15	\$8.81	\$2.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8719								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.08	\$3.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.90	\$6.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.69	\$108.73	\$0.00	\$15.98	\$15.10	\$0.00	\$46.25	\$5.15	\$8.81	\$2.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.19									

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

FINAL

Provider: Cartersville Heights Care and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143085A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5588	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		23.75%	1.0%	Quarterly Medicaid CMI:			1.7806	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.85	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8155	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,645,484	\$3,395,764	\$0	\$563,359	\$536,443	\$0	\$736,184		\$413,734	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$50,771)	(\$3,400)	\$0	\$0	\$0	\$0	(\$2,242)		(\$45,129)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$160,041		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$92,154
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,846,908	\$3,392,364	\$0	\$563,359	\$536,443	\$0	\$733,942	\$160,041	\$368,605	\$92,154
8	Total Nursing Facility Days As Filed Days = 40,854	FY19 Audited C/R Days	40,854									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,071		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.13	\$83.04	\$0.00	\$13.79	\$13.13	(with L&H)	\$17.96	\$4.44	\$10.22	\$2.55
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5588								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.27	\$0.00	\$13.79	\$13.13		\$17.96	\$4.44	\$10.22	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.89	\$53.27	\$0.00	\$13.79	\$13.13		\$17.96	\$4.44	14.75 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.91	\$2.66	\$0.00	\$0.69	\$0.66	\$0.00	\$0.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.80	\$55.93	\$0.00	\$14.48	\$13.79	\$0.00	\$18.86	\$4.44	\$14.75	\$2.55
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8155								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.68	\$3.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.09	\$105.12	\$0.00	\$14.70	\$14.20	\$0.00	\$36.33	\$4.44	\$14.75	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.24									

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

FINAL

Provider: PruittHealth -Spring Valley, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.77	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5308	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,201,083	\$1,680,084	\$0	\$287,251	\$411,805	\$0	\$592,489		\$229,454	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$31,855)	(\$44,089)	\$0	\$0	(\$3,846)	(\$4,769)	\$33,632		(\$12,783)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$113,560)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$260,162		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,034
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,331,864	\$1,635,995	\$0	\$287,251	\$407,959	(\$4,769)	\$512,561	\$260,162	\$216,671	\$16,034
8	Total Nursing Facility Days As Filed Days = 17,588	FY19 Audited C/R Days	17,588									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,382		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.77	\$93.02	\$0.00	\$16.33	\$22.92	(with L&H)	\$29.14	\$14.97	\$12.47	\$0.92
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5488								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.06	\$0.00	\$16.33	\$22.92		\$29.14	\$14.97	\$12.47	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.23	\$60.06	\$0.00	\$16.33	\$22.92		\$27.76	\$14.97	10.27 (FRV)	\$0.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.36	\$3.00	\$0.00	\$0.82	\$1.15	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.59	\$63.06	\$0.00	\$17.15	\$24.07	\$0.00	\$29.15	\$14.97	\$10.27	\$0.92
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5308								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.83	\$4.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.50	\$7.77	\$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	\$218.56	\$104.30	\$0.00	\$17.37	\$24.48	\$0.00	\$46.25	\$14.97	\$10.27	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.10									

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

FINAL

Provider: Winthrop Manor Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143118A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5306	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		29.17%	1.0%	Quarterly Medicaid CMI:			1.2674	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.14	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2854	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,396,522	\$3,009,888	\$0	\$578,637	\$649,733	\$0	\$1,016,730		\$141,534	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$82,666)	(\$15,696)	\$0	\$0	\$2,442	(\$2,333)	(\$55,068)		(\$12,011)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$52,650)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$104,650		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$12,925
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,378,781	\$2,994,192	\$0	\$578,637	\$652,175	(\$2,333)	\$909,012	\$104,650	\$129,523	\$12,925
8	Total Nursing Facility Days As Filed Days = 31,870	FY19 Audited C/R Days	31,870									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,977		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.54	\$93.95	\$0.00	\$18.16	\$20.39	(with L&H)	\$28.52	\$4.03	\$4.99	\$0.50
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5306								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.38	\$0.00	\$18.16	\$20.39		\$28.52	\$4.03	\$4.99	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.36	\$61.38	\$0.00	\$18.16	\$20.39		\$27.76	\$4.03	12.14 (FRV)	\$0.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.39	\$3.07	\$0.00	\$0.91	\$1.02	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.75	\$64.45	\$0.00	\$19.07	\$21.41	\$0.00	\$29.15	\$4.03	\$12.14	\$0.50
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2854								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.84								
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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$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	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.22									

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

FINAL

Provider: Senior Care Ctr.- St. Marys				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143129A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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:		4.67	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2919	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,537,052	\$3,127,140	\$0	\$722,004	\$669,895	\$0	\$866,555		\$151,458	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,801)	(\$30,787)	\$0	\$0	(\$3,226)	(\$1,435)	(\$3,353)		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$161,358		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$11,871
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,671,480	\$3,096,353	\$0	\$722,004	\$666,669	(\$1,435)	\$863,202	\$161,358	\$151,458	\$11,871
8	Total Nursing Facility Days As Filed Days = 24,110	FY19 Audited C/R Days	24,110									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,919		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$239.88	\$128.43	\$0.00	\$29.95	\$27.59	(with L&H)	\$35.80	\$9.00	\$8.45	\$0.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.2588								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$102.02	\$0.00	\$29.95	\$27.59		\$35.80	\$9.00	\$8.45	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.32	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$9.00	11.48 (FRV)	\$0.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.38	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$9.00	\$11.48	\$0.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2919								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.19								
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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.34	\$6.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.66									

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

FINAL

Provider: Eagle Health				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143151A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5922	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		28.95%	1.0%	Quarterly Medicaid CMI:			1.4806	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.43	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5054	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,594,695	\$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
8	Total Nursing Facility Days As Filed Days = 27,772	FY19 Audited C/R Days	24,828									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,879		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.53	\$100.60	\$0.00	\$18.06	\$18.59	(with L&H)	\$33.04	\$7.88	\$15.49	\$2.87
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5922								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.18								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.18	\$0.00	\$18.06	\$18.59		\$33.04	\$7.88	\$15.49	\$2.87
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.16	\$63.18	\$0.00	\$18.06	\$18.59		\$27.76	\$7.88	10.82 (FRV)	\$2.87
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.38	\$3.16	\$0.00	\$0.90	\$0.93	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.54	\$66.34	\$0.00	\$18.96	\$19.52	\$0.00	\$29.15	\$7.88	\$10.82	\$2.87
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5054								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.87								
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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.00	\$3.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.67									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$233.35									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$162.19									

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

FINAL

Provider: Arrowhead Healthcare				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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%	Qtrtly Mcaid CMI w RUG Wght Options:			2.0567	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,277,342	\$2,820,906	\$0	\$556,845	\$760,271	\$0	\$1,221,072		\$918,248	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$51,747)	\$0	\$0	\$0	\$0	\$0	\$0		(\$51,747)	
	As Adjusted Cost Center Costs (GL/PL)	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 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	39,180							30,428		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.86	\$72.00	\$0.00	\$14.21	\$19.40	(with L&H)	\$29.49	\$1.93	\$28.48	\$2.35
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.8872								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.15								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$38.15	\$0.00	\$14.21	\$19.40		\$29.49	\$1.93	\$28.48	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.46	\$38.15	\$0.00	\$14.21	\$19.40		\$27.76	\$1.93	10.66 (FRV)	\$2.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.98	\$1.91	\$0.00	\$0.71	\$0.97	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.44	\$40.06	\$0.00	\$14.92	\$20.37	\$0.00	\$29.15	\$1.93	\$10.66	\$2.35
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.0567								
18	Qtrtly Routine Svcs 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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.53	\$4.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$198.29									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$135.89									

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

FINAL

Provider: PruittHealth - Sunrise, LLC Prvdr ID: 00143173A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 6.90% Nurse Hours per On-Site Day/Quality Incentive: 4.38		<u>Facility Score</u> N/A 6.90% 4.38	<u>Add-on Percent</u> 5.00% 0.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5044 Quarterly Medicaid CMI: 1.5025 Qtrly Mcaid CMI w RUG Wght Options: 1.5326			<u>Facility Specific</u> 1.5044 1.5025 1.5326	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,448,282	\$1,903,928	\$0	\$335,637	\$423,377	\$0	\$564,002		\$221,338	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$45,044)	(\$16,395)	\$0	\$0	\$0	\$0	(\$1,676)		(\$26,973)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$113,994)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$260,644		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,788
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,569,676	\$1,887,533	\$0	\$335,637	\$423,377	\$0	\$448,332	\$260,644	\$194,365	\$19,788
8	Total Nursing Facility Days As Filed Days = 20,121	FY19 Audited C/R Days	20,121									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,338		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.76	\$93.81	\$0.00	\$16.68	\$21.04	(with L&H)	\$22.28	\$16.99	\$12.67	\$1.29
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5044								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.36	\$0.00	\$16.68	\$21.04		\$22.28	\$16.99	\$12.67	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.62	\$62.36	\$0.00	\$16.68	\$21.04		\$22.28	\$16.99	11.98 (FRV)	\$1.29
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.11	\$3.12	\$0.00	\$0.83	\$1.05	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.73	\$65.48	\$0.00	\$17.51	\$22.09	\$0.00	\$23.39	\$16.99	\$11.98	\$1.29
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5326								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.60	\$100.35	\$0.00	\$17.51	\$22.09	\$0.00	\$23.39	\$16.99	\$11.98	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.02	\$5.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.65	\$5.55	\$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	\$217.25	\$105.90	\$0.00	\$17.73	\$22.50	\$0.00	\$40.86	\$16.99	\$11.98	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.11									

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

FINAL

Provider: Mountain View Health and Rehab Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00143184A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4223	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		44.23%	2.5%	Quarterly Medicaid CMI:			1.4188	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.02	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4431	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,716,312	\$2,515,785	\$0	\$476,825	\$581,953	\$0	\$785,409		\$356,340	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$26,949)	\$0	\$0	\$0	\$0	\$0	\$0		(\$26,949)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$40,817)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,901
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,677,447	\$2,515,785	\$0	\$476,825	\$581,953	\$0	\$744,592	\$0	\$329,391	\$28,901
8	Total Nursing Facility Days As Filed Days = 35,726	FY19 Audited C/R Days	35,726									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,819		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.78	\$70.42	\$0.00	\$13.35	\$16.29	(with L&H)	\$20.84	\$0.00	\$11.84	\$1.04
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4223								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.51	\$0.00	\$13.35	\$16.29		\$20.84	\$0.00	\$11.84	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.14	\$49.51	\$0.00	\$13.35	\$16.29		\$20.84	\$0.00	8.11 (FRV)	\$1.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.00	\$2.48	\$0.00	\$0.67	\$0.81	\$0.00	\$1.04	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.14	\$51.99	\$0.00	\$14.02	\$17.10	\$0.00	\$21.88	\$0.00	\$8.11	\$1.04
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4431								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.88	\$1.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.50	\$1.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.01	\$3.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$159.19	\$78.94	\$0.00	\$14.24	\$17.51	\$0.00	\$39.35	\$0.00	\$8.11	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$106.57									

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

FINAL

Provider: PruittHealth - Swainsboro, LLC				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00143195A				Growth Allowance:	N/A	5.00%	Base Period Overall CMI:			1.4466	1.4759	
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score	14.29%	0.0%	Quarterly Medicaid CMI:			1.4480	1.5485	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:	2.87	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4742	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,981,225	\$2,690,154	\$0	\$468,324	\$617,603	\$0	\$842,885		\$362,259	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$25,892)	(\$38,728)	\$0	\$0	\$14,353	(\$26,628)	\$49,272		(\$24,161)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$195,161)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$447,421		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,790
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,233,383	\$2,651,426	\$0	\$468,324	\$631,956	(\$26,628)	\$696,996	\$447,421	\$338,098	\$25,790
8	Total Nursing Facility Days As Filed Days = 29,002	FY19 Audited C/R Days	29,002									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,111		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$192.81	\$91.42	\$0.00	\$16.15	\$20.87	(with L&H)	\$24.03	\$22.25	\$16.81	\$1.28
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4466								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.20	\$0.00	\$16.15	\$20.87		\$24.03	\$22.25	\$16.81	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.58	\$63.20	\$0.00	\$16.15	\$20.87		\$24.03	\$22.25	10.80 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.21	\$3.16	\$0.00	\$0.81	\$1.04	\$0.00	\$1.20	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.79	\$66.36	\$0.00	\$16.96	\$21.91	\$0.00	\$25.23	\$22.25	\$10.80	\$1.28
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4742								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$5.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.78	\$103.25	\$0.00	\$17.18	\$22.32	\$0.00	\$42.70	\$22.25	\$10.80	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.01									

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

FINAL

Provider: PruittHealth - Sylvester				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143206A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4645	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		25.40%	1.0%	Quarterly Medicaid CMI:			1.3168	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.62	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3393	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,435,967	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.41	\$89.19	\$0.00	\$15.02	\$22.26	(with L&H)	\$24.72	\$16.49	\$13.63	\$1.10
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4645								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.90								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.90	\$0.00	\$15.02	\$22.26		\$24.72	\$16.49	\$13.63	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.31	\$60.90	\$0.00	\$15.02	\$22.26		\$24.72	\$16.49	10.82 (FRV)	\$1.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.15	\$3.05	\$0.00	\$0.75	\$1.11	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.46	\$63.95	\$0.00	\$15.77	\$23.37	\$0.00	\$25.96	\$16.49	\$10.82	\$1.10
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3393								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.65								
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 = 1.0% (to Routine Svcs)	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 Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.37									

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

FINAL

Provider: Tattnall Nursing, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143228A				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%	Qtrtly Mcaid CMI w RUG Wght 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,375,282	\$1,777,376	\$0	\$340,389	\$386,236	\$0	\$577,429		\$293,852	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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	FY19 Audited C/R Days	29,268									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,355		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$118.61	\$60.73	\$0.00	\$11.63	\$13.20	(with L&H)	\$18.47	\$2.43	\$11.19	\$0.96
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2991								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.75	\$0.00	\$11.63	\$13.20		\$18.47	\$2.43	\$11.19	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.61	\$46.75	\$0.00	\$11.63	\$13.20		\$18.47	\$2.43	8.17 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$4.50	\$2.34	\$0.00	\$0.58	\$0.66	\$0.00	\$0.92	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.11	\$49.09	\$0.00	\$12.21	\$13.86	\$0.00	\$19.39	\$2.43	\$8.17	\$0.96
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2492								
18	Qtrtly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.53	\$1.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.23	\$1.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.39	\$3.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

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

FINAL

Provider: Thomson Health & Rehab Prvdr ID: 00143261A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 45.59% Nurse Hours per On-Site Day/Quality Incentive: 3.76			<u>Facility Score</u> Add-on Percent 5.00% 5.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3859 Quarterly Medicaid CMI: 1.5014 Qtrly Mcaid CMI w RUG Wght Options: 1.5260			<u>Facility Specific</u> 1.3859 1.5014 1.5260	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,682,701	\$3,829,877	\$0	\$695,835	\$841,792	\$0	\$801,348		\$513,849	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$44,142)	(\$747)	\$0	\$0	\$0	\$0	(\$4,621)		(\$38,774)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$118,084)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$134,037		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$41,941
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,696,453	\$3,829,130	\$0	\$695,835	\$841,792	\$0	\$678,643	\$134,037	\$475,075	\$41,941
8	Total Nursing Facility Days As Filed Days = 41,915	FY19 Audited C/R Days	41,915									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,872		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.03	\$91.35	\$0.00	\$16.60	\$20.08	(with L&H)	\$16.19	\$4.08	\$14.45	\$1.28
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3859								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.91	\$0.00	\$16.60	\$20.08		\$16.19	\$4.08	\$14.45	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.59	\$65.91	\$0.00	\$16.60	\$20.08		\$16.19	\$4.08	9.45 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.94	\$3.30	\$0.00	\$0.83	\$1.00	\$0.00	\$0.81	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.53	\$69.21	\$0.00	\$17.43	\$21.08	\$0.00	\$17.00	\$4.08	\$9.45	\$1.28
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5260								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.81	\$5.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$28.66	\$10.56	\$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	\$204.59	\$116.17	\$0.00	\$17.65	\$21.49	\$0.00	\$34.47	\$4.08	\$9.45	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.62									

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

FINAL

Provider: Rehabilitation Center of South Georgia				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143283A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5704	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		45.36%	5.5%	Quarterly Medicaid CMI:			1.4707	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.15	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4950	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,408,719	\$4,660,318	\$0	\$930,177	\$1,179,971	\$0	\$1,031,298		\$606,955	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$69,461)	\$0	\$0	\$0	(\$5,331)	(\$3,695)	(\$6,303)		(\$54,132)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$110,940)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$150,941		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$68,224
7	Cost Center Costs After Audit Adjustments	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	FY19 Audited C/R Days	49,273									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								41,136		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.54	\$94.58	\$0.00	\$18.88	\$23.76	(with L&H)	\$18.55	\$3.67	\$13.44	\$1.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5704								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.23								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.23	\$0.00	\$18.88	\$23.76		\$18.55	\$3.67	\$13.44	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.54	\$60.23	\$0.00	\$18.88	\$23.76		\$18.55	\$3.67	9.79 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.07	\$3.01	\$0.00	\$0.94	\$1.19	\$0.00	\$0.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.61	\$63.24	\$0.00	\$19.82	\$24.95	\$0.00	\$19.48	\$3.67	\$9.79	\$1.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4950								
18	Qtrtly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.20	\$5.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.67	\$8.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.58	\$103.11	\$0.00	\$20.04	\$25.36	\$0.00	\$36.95	\$3.67	\$9.79	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.61									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$203.77									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$140.00									

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

FINAL

Provider: Tifton Health and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143294A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6488	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		28.36%	1.0%	Quarterly Medicaid CMI:			1.7842	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.19	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8169	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,722,905	\$2,692,883	\$0	\$468,785	\$457,696	\$0	\$888,737		\$1,214,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$49,795)	(\$16,087)	\$0	\$0	\$1,363	\$1,713	(\$4,867)		(\$31,917)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$6,348)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$174,400		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$40,501
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,881,663	\$2,676,796	\$0	\$468,785	\$459,059	\$1,713	\$877,522	\$174,400	\$1,182,887	\$40,501
8	Total Nursing Facility Days As Filed Days = 33,485	FY19 Audited C/R Days	33,485									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,584		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.81	\$79.94	\$0.00	\$14.00	\$13.76	(with L&H)	\$26.21	\$6.10	\$41.38	\$1.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6488								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.48								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.48	\$0.00	\$14.00	\$13.76		\$26.21	\$6.10	\$41.38	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.37	\$48.48	\$0.00	\$14.00	\$13.76		\$26.21	\$6.10	11.40 (FRV)	\$1.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.12	\$2.42	\$0.00	\$0.70	\$0.69	\$0.00	\$1.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.49	\$50.90	\$0.00	\$14.70	\$14.45	\$0.00	\$27.52	\$6.10	\$11.40	\$1.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8169								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.32	\$4.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.39	\$96.70	\$0.00	\$14.92	\$14.86	\$0.00	\$44.99	\$6.10	\$11.40	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.97									

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

FINAL

Provider: PruittHealth -Toccoa, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143305A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5047	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:		3.33	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4494	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,959,137	\$5,183,279	\$0	\$818,177	\$991,208	\$0	\$1,484,100		\$482,373	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$82,229)	(\$69,272)	\$0	\$0	\$0	\$0	\$25,127		(\$38,084)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$341,716)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$785,660		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$42,036
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,362,888	\$5,114,007	\$0	\$818,177	\$991,208	\$0	\$1,167,511	\$785,660	\$444,289	\$42,036
8	Total Nursing Facility Days As Filed Days = 53,198	FY19 Audited C/R Days	53,198									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								44,956		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.39	\$96.13	\$0.00	\$15.38	\$18.63	(with L&H)	\$21.95	\$17.48	\$9.88	\$0.94
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5047								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.88	\$0.00	\$15.38	\$18.63		\$21.95	\$17.48	\$9.88	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.30	\$63.88	\$0.00	\$15.38	\$18.63		\$21.95	\$17.48	7.04 (FRV)	\$0.94
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.99	\$3.19	\$0.00	\$0.77	\$0.93	\$0.00	\$1.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.29	\$67.07	\$0.00	\$16.15	\$19.56	\$0.00	\$23.05	\$17.48	\$7.04	\$0.94
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4494								
18	Qtrly Routine Svcs 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	\$0.94
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.86	\$4.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.92	\$7.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.35	\$105.03	\$0.00	\$16.37	\$19.97	\$0.00	\$40.52	\$17.48	\$7.04	\$0.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.69									

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

FINAL

Provider: Oxley Park Health & Rehab Prvdr ID: 00143316A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 20.00% Nurse Hours per On-Site Day/Quality Incentive: 2.97			Facility Score Add-on Percent	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4468 Quarterly Medicaid CMI: 1.4135 Qtrly Mcaid CMI w RUG Wght Options: 1.4388			Facility Specific 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,218,750	\$3,416,533	\$0	\$613,485	\$657,494	\$0	\$929,423		\$601,815	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$86,849)	(\$9,907)	\$0	\$0	\$147	(\$1,804)	(\$34,510)		(\$40,775)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$54,858)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$110,108		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$41,900
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,229,051	\$3,406,626	\$0	\$613,485	\$657,641	(\$1,804)	\$840,055	\$110,108	\$561,040	\$41,900
8	Total Nursing Facility Days 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 Svcs	Ln 7 / Ln 8 Col a	\$183.83	\$96.08	\$0.00	\$17.30	\$18.50	(with L&H)	\$23.69	\$4.36	\$22.24	\$1.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4468								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.41	\$0.00	\$17.30	\$18.50		\$23.69	\$4.36	\$22.24	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.11	\$66.41	\$0.00	\$17.30	\$18.50		\$23.69	\$4.36	16.19 (FRV)	\$1.66
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.30	\$3.32	\$0.00	\$0.87	\$0.93	\$0.00	\$1.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.41	\$69.73	\$0.00	\$18.17	\$19.43	\$0.00	\$24.87	\$4.36	\$16.19	\$1.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4388								
18	Qtrly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.66									

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

FINAL

Provider: PruittHealth - Peake, LLC Prvdr ID: 00143327A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 28.57% Nurse Hours per On-Site Day/Quality Incentive: 3.27		<u>Facility Score</u> N/A 28.57% 3.27	<u>Add-on Percent</u> 5.00% 1.0% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4991 Quarterly Medicaid CMI: 1.3799 Qtrly Mcaid CMI w RUG Wght Options: 1.4031			<u>Facility Specific</u> 1.4991 1.3799 1.4031	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,481,356	\$4,792,851	\$0	\$729,402	\$968,467	\$0	\$1,355,907		\$634,729	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$147,661)	(\$72,856)	\$0	\$0	\$0	\$0	\$63,292		(\$138,097)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$230,808)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$528,920		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$115,031
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,746,838	\$4,719,995	\$0	\$729,402	\$968,467	\$0	\$1,188,391	\$528,920	\$496,632	\$115,031
8	Total Nursing Facility Days As Filed Days = 41,336	FY19 Audited C/R Days	41,336									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,126		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$217.44	\$114.19	\$0.00	\$17.65	\$23.43	(with L&H)	\$28.75	\$15.50	\$14.55	\$3.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4991								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.17	\$0.00	\$17.65	\$23.43		\$28.75	\$15.50	\$14.55	\$3.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.74	\$76.17	\$0.00	\$17.65	\$23.43		\$27.76	\$15.50	16.86 (FRV)	\$3.37
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.25	\$3.81	\$0.00	\$0.88	\$1.17	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.99	\$79.98	\$0.00	\$18.53	\$24.60	\$0.00	\$29.15	\$15.50	\$16.86	\$3.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4031								
18	Qtrly Routine Svcs 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	\$3.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.49	\$4.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.87	\$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	\$244.10	\$118.36	\$0.00	\$18.75	\$25.01	\$0.00	\$46.25	\$15.50	\$16.86	\$3.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.25									

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

FINAL

Provider: Chatuge Regional Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143338A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2955	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		27.78%	1.0%	Quarterly Medicaid CMI:			1.6358	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.08	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6657	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,180,469	\$4,828,212	\$0	\$1,372,980	\$513,826	\$733,242	\$1,408,865		\$323,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$441)	\$28,259	\$0	\$0	(\$4,572)	(\$6,524)	(\$17,604)		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$61,750)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$37,438		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,155,726	\$4,856,471	\$0	\$1,372,980	\$509,254	\$726,718	\$1,329,511	\$37,438	\$323,344	\$10
8	Total Nursing Facility Days As Filed Days = 39,716	FY19 Audited C/R Days	39,716									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,081		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$232.70	\$122.28	\$0.00	\$34.57	\$31.12	(with L&H)	\$33.48	\$1.17	\$10.08	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2955								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$94.39	\$0.00	\$34.57	\$31.12		\$33.48	\$1.17	\$10.08	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.00	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$1.17	11.88 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.55	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$1.17	\$11.88	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6657								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.49	\$1.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$21.56	\$4.46	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$273.46	\$152.97	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$1.17	\$11.88	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.27									

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

FINAL

Provider: Treutlen County Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143349A				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		38.46%	2.5%	Quarterly Medicaid CMI:			1.6795	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.71	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7120	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,194,567	\$1,707,609	\$0	\$379,780	\$337,764	\$0	\$559,811		\$209,603	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$41,133)	\$0	\$0	\$0	\$0	\$2,929	(\$38,133)		(\$5,929)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$26,650)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$52,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$6,121
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,184,905	\$1,707,609	\$0	\$379,780	\$337,764	\$2,929	\$495,028	\$52,000	\$203,674	\$6,121
8	Total Nursing Facility Days As Filed Days = 17,821	FY19 Audited C/R Days	17,821									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,502		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.91	\$95.82	\$0.00	\$21.31	\$19.12	(with L&H)	\$27.78	\$3.35	\$13.14	\$0.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5629								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.31	\$0.00	\$21.31	\$19.12		\$27.78	\$3.35	\$13.14	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.63	\$61.31	\$0.00	\$21.31	\$19.12		\$27.76	\$3.35	16.39 (FRV)	\$0.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.49	\$3.07	\$0.00	\$1.07	\$0.96	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.12	\$64.38	\$0.00	\$22.38	\$20.08	\$0.00	\$29.15	\$3.35	\$16.39	\$0.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7120								
18	Qtrly Routine Svcs 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 Svcs)	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 Svcs)	Ln 19 Col b x Sfng 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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.54									

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

FINAL

Provider: Berrien Nursing Center Prvdr ID: 00143382A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 33.87% Nurse Hours per On-Site Day/Quality Incentive: 3.58		N/A 2.5% 3.58	5.00% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.4832 1.5483 1.5749	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41					
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,981,849	\$2,860,490	\$0	\$679,439	\$664,550	\$0	\$1,034,453		\$742,917	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$69,067)	(\$4,201)	\$0	(\$7,090)	\$0	\$1,284	(\$18,524)		(\$40,536)	
	As Adjusted Cost Center Costs (GL/PL)	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.02	\$82.06	\$0.00	\$19.32	\$19.13	(with L&H)	\$24.32	\$7.25	\$25.28	\$1.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4832								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.32								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.32	\$0.00	\$19.32	\$19.13		\$24.32	\$7.25	\$25.28	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.13	\$55.32	\$0.00	\$19.32	\$19.13		\$24.32	\$7.25	14.13 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.92	\$2.77	\$0.00	\$0.97	\$0.96	\$0.00	\$1.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.05	\$58.09	\$0.00	\$20.29	\$20.09	\$0.00	\$25.54	\$7.25	\$14.13	\$1.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5749								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	(Ln 25 - Ln 23) * 0.75	\$140.26									

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

FINAL

Provider: Twin Oaks Convalescent Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.30	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4335	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,585,689	\$2,876,272	\$0	\$1,014,159	\$361,873	\$444,330	\$1,349,327		\$539,728	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$20,507)	(\$240,968)	\$0	\$2,956	(\$3,639)	(\$7,102)	\$255,830		(\$27,584)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$82,275)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$103,954		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,077
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,605,938	\$2,635,304	\$0	\$1,017,115	\$358,234	\$437,228	\$1,522,882	\$103,954	\$512,144	\$19,077
8	Total Nursing Facility Days As Filed Days = 31,171	FY19 Audited C/R Days	31,171									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,297		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$218.81	\$84.54	\$0.00	\$32.63	\$25.52	(with L&H)	\$48.86	\$4.46	\$21.98	\$0.82
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3983								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.46								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.46	\$0.00	\$32.63	\$25.52		\$48.86	\$4.46	\$21.98	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.32	\$60.46	\$0.00	\$32.43	\$25.52		\$27.76	\$4.46	19.87 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.31	\$3.02	\$0.00	\$1.62	\$1.28	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.63	\$63.48	\$0.00	\$34.05	\$26.80	\$0.00	\$29.15	\$4.46	\$19.87	\$0.82
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4335								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0.53	\$0.00	\$0.00	\$0.25	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.73	\$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	\$4.17	\$0.00	\$0.00	\$0.25	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.67	\$95.17	\$0.00	\$34.05	\$27.05	\$0.00	\$46.25	\$4.46	\$19.87	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.93									

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

FINAL

Provider: Union County Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143415A		Case Mix Per Diem Rate Effective Date: 1/1/2022		Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2012	1.4759
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/21		Qtrly BIMS score		37.21%	2.5%	Quarterly Medicaid CMI:			1.3087	1.5485
				Nurse Hours per On-Site Day/Quality Incentive:		3.15	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3323	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,054,487	\$6,310,542	\$0	\$1,762,463	\$749,400	\$869,881	\$1,746,709		\$615,492	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$326,767)	\$1,171	\$0	\$0	(\$11,042)	(\$7,249)	(\$41,644)		(\$268,003)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$71,900)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$35,505		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,542
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,708,867	\$6,311,713	\$0	\$1,762,463	\$738,358	\$862,632	\$1,633,165	\$35,505	\$347,489	\$17,542
8	Total Nursing Facility Days As Filed Days = 53,244	FY19 Audited C/R Days	53,244									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								44,627		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$221.36	\$118.54	\$0.00	\$33.10	\$30.07	(with L&H)	\$30.67	\$0.80	\$7.79	\$0.39
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2012								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.68								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.68	\$0.00	\$33.10	\$30.07		\$30.67	\$0.80	\$7.79	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.25	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.80	12.11 (FRV)	\$0.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.80	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.80	\$12.11	\$0.39
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3323								
18	Qtrly Routine Svcs 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	\$0.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.63	\$6.53	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.06	\$125.32	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$0.80	\$12.11	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.72									

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

FINAL

Provider: Kentwood				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143426A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.20	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5645	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,495,085	\$3,766,012	\$0	\$619,404	\$691,109	\$0	\$1,085,052		\$333,508	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$410,439)	(\$50,068)	\$0	\$0	\$0	(\$9,134)	(\$344,598)		(\$6,639)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$120,859)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$119,858		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$6,829
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,090,474	\$3,715,944	\$0	\$619,404	\$691,109	(\$9,134)	\$619,595	\$119,858	\$326,869	\$6,829
8	Total Nursing Facility Days As Filed Days = 33,029	FY19 Audited C/R Days	33,029									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,098		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$192.16	\$112.51	\$0.00	\$18.75	\$20.65	(with L&H)	\$18.76	\$5.68	\$15.49	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3801								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.52								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.52	\$0.00	\$18.75	\$20.65		\$18.76	\$5.68	\$15.49	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.57	\$81.52	\$0.00	\$18.75	\$20.65		\$18.76	\$5.68	15.89 (FRV)	\$0.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.99	\$4.08	\$0.00	\$0.94	\$1.03	\$0.00	\$0.94	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.56	\$85.60	\$0.00	\$19.69	\$21.68	\$0.00	\$19.70	\$5.68	\$15.89	\$0.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5645								
18	Qtrly Routine Svcs 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	\$0.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.37	\$7.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$0.00
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	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.35									

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

FINAL

Provider: Chulio Hills Health and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.87	2.0%	Qtrtry Mcaid CMI w RUG Wght Options:			2.0145	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,021,204	\$4,174,786	\$0	\$498,403	\$658,496	\$0	\$985,351		\$704,168	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$129,457)	(\$46,087)	\$0	\$0	\$0	\$0	(\$45,421)		(\$37,949)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$121,458)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$158,028		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$20,796
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,949,113	\$4,128,699	\$0	\$498,403	\$658,496	\$0	\$818,472	\$158,028	\$666,219	\$20,796
8	Total Nursing Facility Days As Filed Days = 33,596	FY19 Audited C/R Days	33,596									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$224.82	\$122.89	\$0.00	\$14.84	\$19.60	(with L&H)	\$24.36	\$8.07	\$34.00	\$1.06
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6109								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.29	\$0.00	\$14.84	\$19.60		\$24.36	\$8.07	\$34.00	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.72	\$76.29	\$0.00	\$14.84	\$19.60		\$24.36	\$8.07	11.50 (FRV)	\$1.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.75	\$3.81	\$0.00	\$0.74	\$0.98	\$0.00	\$1.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.47	\$80.10	\$0.00	\$15.58	\$20.58	\$0.00	\$25.58	\$8.07	\$11.50	\$1.06
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.0145								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.61	\$1.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$267.20	\$166.73	\$0.00	\$15.80	\$20.99	\$0.00	\$43.05	\$8.07	\$11.50	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.58									

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

FINAL

Provider: Waycross Health & Rehabilitation Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143459A		Case Mix Per Diem Rate Effective Date: 1/1/2022		Growth Allowance:	N/A	5.00%	Base Period Overall CMI:			1.4985	1.4759	
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/21		Qtrly BIMS score	27.03%	1.0%	Quarterly Medicaid CMI:			1.2495	1.5485	
				Nurse Hours per On-Site Day/Quality Incentive:	3.23	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2738	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,209,102	\$2,231,469	\$0	\$417,546	\$489,303	\$0	\$713,854		\$356,930	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$59,617)	\$0	\$0	\$0	(\$3,211)	(\$6,960)	(\$9,410)		(\$40,036)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$49,530)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$97,370		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,844
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,234,169	\$2,231,469	\$0	\$417,546	\$486,092	(\$6,960)	\$654,914	\$97,370	\$316,894	\$36,844
8	Total Nursing Facility Days As Filed Days = 23,354	FY19 Audited C/R Days	23,354									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,858		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$187.25	\$95.55	\$0.00	\$17.88	\$20.52	(with L&H)	\$28.04	\$5.45	\$17.75	\$2.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4985								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.77	\$0.00	\$17.88	\$20.52		\$28.04	\$5.45	\$17.75	\$2.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.63	\$63.77	\$0.00	\$17.88	\$20.52		\$27.76	\$5.45	8.19 (FRV)	\$2.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.50	\$3.19	\$0.00	\$0.89	\$1.03	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.13	\$66.96	\$0.00	\$18.77	\$21.55	\$0.00	\$29.15	\$5.45	\$8.19	\$2.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2738								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.41	\$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
25	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.91									

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

FINAL

Provider: Washington County ECF				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143481A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1751	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		28.95%	1.0%	Quarterly Medicaid CMI:			1.2343	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.59	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2557	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,840,613	\$2,135,539	\$0	\$621,338	\$177,497	\$162,410	\$752,103		(\$8,274)	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$18,950)	(\$9,720)	\$0	(\$40,616)	(\$5,590)	(\$412)	(\$47,964)		\$85,352	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$21,976)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$37,791		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$3,843
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,841,321	\$2,125,819	\$0	\$580,722	\$171,907	\$161,998	\$682,163	\$37,791	\$77,078	\$3,843
8	Total Nursing Facility Days As Filed Days = 21,298	FY19 Audited C/R Days	21,298									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,788		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.50	\$99.81	\$0.00	\$27.27	\$15.68	(with L&H)	\$32.03	\$1.82	\$3.71	\$0.18
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1751								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.94	\$0.00	\$27.27	\$15.68		\$32.03	\$1.82	\$3.71	\$0.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.02	\$84.91	\$0.00	\$27.27	\$15.68		\$27.76	\$1.82	11.40 (FRV)	\$0.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.78	\$4.25	\$0.00	\$1.36	\$0.78	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.80	\$89.16	\$0.00	\$28.63	\$16.46	\$0.00	\$29.15	\$1.82	\$11.40	\$0.18
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2557								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									

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

FINAL

Provider: Westbury H & R - Conyers, Inc				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.23	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5656	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,906,019	\$5,928,934	\$0	\$1,089,128	\$1,355,064	\$0	\$1,427,548		\$105,345	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$95,646)	\$0	\$0	\$0	(\$2,713)	(\$2,276)	(\$12,582)		(\$78,075)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$235,659)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$22,948		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$18,778
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,616,440	\$5,928,934	\$0	\$1,089,128	\$1,352,351	(\$2,276)	\$1,179,307	\$22,948	\$27,270	\$18,778
8	Total Nursing Facility Days As Filed Days = 56,114	FY19 Audited C/R Days	56,114									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								6,318		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.07	\$105.66	\$0.00	\$19.41	\$24.06	(with L&H)	\$21.02	\$3.63	\$4.32	\$2.97
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4768								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.55	\$0.00	\$19.41	\$24.06		\$21.02	\$3.63	\$4.32	\$2.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.74	\$71.55	\$0.00	\$19.41	\$24.06		\$21.02	\$3.63	11.10 (FRV)	\$2.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.80	\$3.58	\$0.00	\$0.97	\$1.20	\$0.00	\$1.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.54	\$75.13	\$0.00	\$20.38	\$25.26	\$0.00	\$22.07	\$3.63	\$11.10	\$2.97
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5656								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.53	\$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
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.13	\$124.62	\$0.00	\$20.60	\$25.67	\$0.00	\$39.54	\$3.63	\$11.10	\$2.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.27									

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

FINAL

Provider: Westbury Medical Care Home, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143514A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5011	1.4759
Case Mix Per Diem Rate Effective Date: 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:		5.98	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8284	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,632,236	\$7,361,357	\$0	\$1,473,323	\$1,737,507	\$0	\$1,834,149		\$225,900	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$206,396)	(\$11,257)	\$0	\$0	\$0	\$3,862	(\$117,196)		(\$81,805)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$184,818)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$36,835		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,633
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,305,490	\$7,350,100	\$0	\$1,473,323	\$1,737,507	\$3,862	\$1,532,135	\$36,835	\$144,095	\$27,633
8	Total Nursing Facility Days As Filed Days = 66,743	FY19 Audited C/R Days	66,743									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								8,498		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$205.79	\$110.13	\$0.00	\$22.07	\$26.09	(with L&H)	\$22.96	\$4.33	\$16.96	\$3.25
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5011								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.37	\$0.00	\$22.07	\$26.09		\$22.96	\$4.33	\$16.96	\$3.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.25	\$73.37	\$0.00	\$22.07	\$25.85		\$22.96	\$4.33	12.42 (FRV)	\$3.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.21	\$3.67	\$0.00	\$1.10	\$1.29	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.46	\$77.04	\$0.00	\$23.17	\$27.14	\$0.00	\$24.11	\$4.33	\$12.42	\$3.25
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8284								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.52	\$3.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.11									

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

FINAL

Provider: Westbury H & R-McDonough, Inc				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143525A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4131	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		44.57%	2.5%	Quarterly Medicaid CMI:			1.7246	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.31	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7576	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,118,082	\$6,170,815	\$0	\$1,049,612	\$1,371,618	\$0	\$1,421,895		\$104,142	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$111,156)	(\$16,812)	\$0	\$0	(\$1,926)	(\$1,518)	(\$21,187)		(\$69,713)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$161,120)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$27,507		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$20,394
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,893,707	\$6,154,003	\$0	\$1,049,612	\$1,369,692	(\$1,518)	\$1,239,588	\$27,507	\$34,429	\$20,394
8	Total Nursing Facility Days As Filed Days = 53,203	FY19 Audited C/R Days	53,203									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								7,566		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$195.31	\$115.67	\$0.00	\$19.73	\$25.72	(with L&H)	\$23.30	\$3.64	\$4.55	\$2.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4131								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.86								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.86	\$0.00	\$19.73	\$25.72		\$23.30	\$3.64	\$4.55	\$2.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.14	\$81.86	\$0.00	\$19.73	\$25.72		\$23.30	\$3.64	10.19 (FRV)	\$2.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.54	\$4.09	\$0.00	\$0.99	\$1.29	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.68	\$85.95	\$0.00	\$20.72	\$27.01	\$0.00	\$24.47	\$3.64	\$10.19	\$2.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7576								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.22	\$0.53	\$0.00	\$0.22	\$0.10	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.78	\$3.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.53	\$4.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$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
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$266.43	\$159.91	\$0.00	\$20.94	\$27.11	\$0.00	\$41.94	\$3.64	\$10.19	\$2.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.00									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: PruittHealth - Seaside, LLC Prvdr ID: 00143536A H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 39.6% Nurse Hours per On-Site Day/Quality Incentive: 3.73		Facility Score: N/A Add-on Percent: 5.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5193 Quarterly Medicaid CMI: 1.5962 Qtrly Mcaid CMI w RUG Wght Options: 1.6262				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	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$ 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		\$22.66	\$1.21
<u>Allowed @ 95% of Std</u>			\$176.99	\$80.66		\$21.53	\$24.56		\$26.37		\$22.66	\$1.21
Growth Allowance 5.0%			\$7.66	\$4.03		\$1.08	\$1.23		\$1.32			
CMA Allowed Per Diem (After Growth Allowance)			\$199.06	\$84.69		\$22.61	\$25.79		\$27.69	\$ 14.42	\$22.66	\$1.21
Quarterly Facility Case Mix Index for Medicaid Residents				1.6262							(FRV Rate)	
Qrtly 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 Srvcs)			\$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									

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

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

FINAL

Provider: Wildwood Health Care, Inc.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143547A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6136	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		45.16%	5.5%	Quarterly Medicaid CMI:			1.4621	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.79	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4885	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,513,489	\$1,255,081	\$0	\$296,470	\$293,235	\$0	\$376,900		\$291,803	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$16,830)	\$0	\$0	\$0	\$0	\$0	\$0		(\$16,830)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$19,200)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$16,773
7	Cost Center Costs After Audit Adjustments	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$172.11	\$84.94	\$0.00	\$20.06	\$19.85	(with L&H)	\$24.21	\$0.00	\$21.72	\$1.33
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6136								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.64								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.64	\$0.00	\$20.06	\$19.85		\$24.21	\$0.00	\$21.72	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.32	\$52.64	\$0.00	\$20.06	\$19.85		\$24.21	\$0.00	11.23 (FRV)	\$1.33
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.83	\$2.63	\$0.00	\$1.00	\$0.99	\$0.00	\$1.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.15	\$55.27	\$0.00	\$21.06	\$20.84	\$0.00	\$25.42	\$0.00	\$11.23	\$1.33
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4885								
18	Qtrtly Routine Svcs 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 = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.52	\$4.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$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	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.00									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$193.34									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$132.18									

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

FINAL

Provider: Southland Healthcare & Rehab Ctr.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143558A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4870	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		17.14%	0.0%	Quarterly Medicaid CMI:			1.5855	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.03	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,927,344	\$2,208,730	\$0	\$399,747	\$508,635	\$0	\$775,650		\$1,034,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$60,167)	\$0	\$0	\$0	\$0	\$0	(\$11,456)		(\$48,711)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$75,849)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$49,011		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$28,506
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,868,845	\$2,208,730	\$0	\$399,747	\$508,635	\$0	\$688,345	\$49,011	\$985,871	\$28,506
8	Total Nursing Facility Days As Filed Days = 31,543	FY19 Audited C/R Days	31,543									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,162		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$157.11	\$70.02	\$0.00	\$12.67	\$16.13	(with L&H)	\$21.82	\$1.68	\$33.81	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4870								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.09								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.09	\$0.00	\$12.67	\$16.13		\$21.82	\$1.68	\$33.81	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.29	\$47.09	\$0.00	\$12.67	\$16.13		\$21.82	\$1.68	8.92 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.88	\$2.35	\$0.00	\$0.63	\$0.81	\$0.00	\$1.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.17	\$49.44	\$0.00	\$13.30	\$16.94	\$0.00	\$22.91	\$1.68	\$8.92	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6126								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.46	\$79.73	\$0.00	\$13.30	\$16.94	\$0.00	\$22.91	\$1.68	\$8.92	\$0.98
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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.59	\$1.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.22	\$2.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.68	\$81.85	\$0.00	\$13.52	\$17.35	\$0.00	\$40.38	\$1.68	\$8.92	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.69									

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

FINAL

Provider: Pruitt Health - Washington				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00143569A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4865	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		30.56%	2.5%	Quarterly Medicaid CMI:			1.5474	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.91	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5768	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,642,953	\$1,420,993	\$0	\$238,164	\$320,542	\$0	\$560,169		\$103,085	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$27,980)	(\$17,374)	\$0	\$0	\$0	\$0	\$8,342		(\$18,948)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$89,416)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$203,687		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$17,744
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,746,988	\$1,403,619	\$0	\$238,164	\$320,542	\$0	\$479,095	\$203,687	\$84,137	\$17,744
8	Total Nursing Facility Days As Filed Days = 13,778	FY19 Audited C/R Days	13,778									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,957		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$202.74	\$101.87	\$0.00	\$17.29	\$23.26	(with L&H)	\$34.77	\$17.03	\$7.04	\$1.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4865								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.53								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.53	\$0.00	\$17.29	\$23.26		\$34.77	\$17.03	\$7.04	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.90	\$68.53	\$0.00	\$17.29	\$23.26		\$27.76	\$17.03	10.55 (FRV)	\$1.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.84	\$3.43	\$0.00	\$0.86	\$1.16	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.74	\$71.96	\$0.00	\$18.15	\$24.42	\$0.00	\$29.15	\$17.03	\$10.55	\$1.48
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5768								
18	Qtrly Routine Svcs 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	\$1.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.67	\$5.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.77	\$9.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.02	\$122.51	\$0.00	\$18.37	\$24.83	\$0.00	\$46.25	\$17.03	\$10.55	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.94									

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

FINAL

Provider: Wood Dale Health Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.20	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0962	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,077,299	\$3,302,261	\$0	\$614,817	\$749,018	\$0	\$1,222,353		\$188,850	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$14,648)	(\$38,729)	\$0	\$0	\$0	\$0	\$24,083		(\$2)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$106,676)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$41,801		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$8,431
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,006,207	\$3,263,532	\$0	\$614,817	\$749,018	\$0	\$1,139,760	\$41,801	\$188,848	\$8,431
8	Total Nursing Facility Days As Filed Days = 28,681	FY19 Audited C/R Days	28,681									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,486		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.27	\$113.79	\$0.00	\$21.44	\$26.12	(with L&H)	\$39.74	\$1.78	\$8.04	\$0.36
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3180								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.33	\$0.00	\$21.44	\$26.12		\$39.74	\$1.78	\$8.04	\$0.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.52	\$84.91	\$0.00	\$21.44	\$25.85		\$27.76	\$1.78	12.42 (FRV)	\$0.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.00	\$4.25	\$0.00	\$1.07	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.52	\$89.16	\$0.00	\$22.51	\$27.14	\$0.00	\$29.15	\$1.78	\$12.42	\$0.36
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.0962								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.38	\$5.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.95	\$1.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.65	\$7.33	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.75	\$105.07	\$0.00	\$22.73	\$27.14	\$0.00	\$46.25	\$1.78	\$12.42	\$0.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.99									

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

FINAL

Provider: Wrightsville Manor				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143602A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5557	1.4759
Case Mix Per Diem Rate Effective Date: 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%	Qtrtly Mcaid CMI w RUG Wght 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,799,684	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	32,176							26,128		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.93	\$80.89	\$0.00	\$17.72	\$16.99	(with L&H)	\$21.85	\$2.69	\$12.81	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5557								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.99	\$0.00	\$17.72	\$16.99		\$21.85	\$2.69	\$12.81	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.12	\$51.99	\$0.00	\$17.72	\$16.99		\$21.85	\$2.69	12.90 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.43	\$2.60	\$0.00	\$0.89	\$0.85	\$0.00	\$1.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.55	\$54.59	\$0.00	\$18.61	\$17.84	\$0.00	\$22.94	\$2.69	\$12.90	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6334								
18	Qtrtly Routine Svcs 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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.68									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$192.56									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$131.60									

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

FINAL

Provider: Heritage Inn of Barnesville Prvdr ID: 00143613A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 48.65% Nurse Hours per On-Site Day/Quality Incentive: 2.87		N/A 5.00% 48.65% 2.87	5.00% 5.5% 3.0%	Base Period Overall CMI: 1.6080 Quarterly Medicaid CMI: 1.4852 Qtrtrly Mcaid CMI w RUG Wght Options: 1.5102			1.6080 1.4852 1.5102	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,233,151	\$3,483,014	\$0	\$576,907	\$693,884	\$0	\$957,408		\$521,938	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$53,184)	\$0	\$0	\$0	\$3,388	(\$6,349)	(\$14,844)		(\$35,379)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$62,140)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$123,176		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$36,258
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,277,261	\$3,483,014	\$0	\$576,907	\$697,272	(\$6,349)	\$880,424	\$123,176	\$486,559	\$36,258
8	Total Nursing Facility Days As Filed Days = 37,279	FY19 Audited C/R Days	37,279									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,069		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.83	\$93.43	\$0.00	\$15.48	\$18.53	(with L&H)	\$23.62	\$4.72	\$18.66	\$1.39
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6080								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.10								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.10	\$0.00	\$15.48	\$18.53		\$23.62	\$4.72	\$18.66	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.09	\$58.10	\$0.00	\$15.48	\$18.53		\$23.62	\$4.72	8.25 (FRV)	\$1.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.79	\$2.91	\$0.00	\$0.77	\$0.93	\$0.00	\$1.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.88	\$61.01	\$0.00	\$16.25	\$19.46	\$0.00	\$24.80	\$4.72	\$8.25	\$1.39
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5102								
18	Qtrtrly Routine Svcs 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	\$1.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.07	\$5.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.46	\$8.36	\$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	\$193.47	\$100.50	\$0.00	\$16.47	\$19.87	\$0.00	\$42.27	\$4.72	\$8.25	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.28									

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

FINAL

Provider: Traditions Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143701A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6146	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		51.35%	5.5%	Quarterly Medicaid CMI:			1.7240	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.56	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7538	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,180,572	\$5,938,771	\$0	\$1,058,006	\$1,166,295	\$0	\$1,598,228		\$419,272	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$168,205)	(\$2,696)	\$0	\$0	\$6,626	(\$566)	(\$95,856)		(\$75,713)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$96,070)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$191,035		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$151,329
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,258,661	\$5,936,075	\$0	\$1,058,006	\$1,172,921	(\$566)	\$1,406,302	\$191,035	\$343,559	\$151,329
8	Total Nursing Facility Days As Filed Days = 59,984	FY19 Audited C/R Days	57,228									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								37,791		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.43	\$103.73	\$0.00	\$18.49	\$20.49	(with L&H)	\$24.57	\$5.06	\$9.09	\$4.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6146								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.25								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.25	\$0.00	\$18.49	\$20.49		\$24.57	\$5.06	\$9.09	\$4.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.67	\$64.25	\$0.00	\$18.49	\$20.49		\$24.57	\$5.06	10.81 (FRV)	\$4.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.38	\$3.21	\$0.00	\$0.92	\$1.02	\$0.00	\$1.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.05	\$67.46	\$0.00	\$19.41	\$21.51	\$0.00	\$25.80	\$5.06	\$10.81	\$4.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7538								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.51	\$6.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.55	\$3.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	(Ln 25 - Ln 23) * 0.75	\$162.37									

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

FINAL

Provider: PruittHealth -Lilburn, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00145527A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4668	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		45.59%	5.5%	Quarterly Medicaid CMI:			1.6664	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.91	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6973	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,098,958	\$4,619,515	\$0	\$786,201	\$989,243	\$0	\$1,361,674		\$342,325	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$101,349)	(\$60,969)	\$0	\$0	\$4,026	(\$53,054)	\$61,575		(\$52,927)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$288,046)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$660,869		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$71,754
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,442,186	\$4,558,546	\$0	\$786,201	\$993,269	(\$53,054)	\$1,135,203	\$660,869	\$289,398	\$71,754
8	Total Nursing Facility Days As Filed Days = 48,398	FY19 Audited C/R Days	48,398									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,536		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.08	\$94.19	\$0.00	\$16.24	\$19.43	(with L&H)	\$23.46	\$18.60	\$8.14	\$2.02
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4668								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.22	\$0.00	\$16.24	\$19.43		\$23.46	\$18.60	\$8.14	\$2.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.52	\$64.22	\$0.00	\$16.24	\$19.43		\$23.46	\$18.60	8.55 (FRV)	\$2.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.16	\$3.21	\$0.00	\$0.81	\$0.97	\$0.00	\$1.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.68	\$67.43	\$0.00	\$17.05	\$20.40	\$0.00	\$24.63	\$18.60	\$8.55	\$2.02
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6973								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.29	\$6.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$18.60	\$8.55	\$2.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.43									

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

FINAL

Provider: Quinton Memorial Health Care				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00150279A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3621	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		14.89%	0.0%	Quarterly Medicaid CMI:			1.1379	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.17	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.1541	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,346,159	\$4,813,368	\$0	\$825,734	\$833,780	\$0	\$1,551,754		\$321,523	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$22,296)	(\$39,183)	\$0	\$0	(\$3,301)	(\$2,627)	\$22,815		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$130,594)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$61,173		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$11,847
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$8,266,289	\$4,774,185	\$0	\$825,734	\$830,479	(\$2,627)	\$1,443,975	\$61,173	\$321,523	\$11,847
8	Total Nursing Facility Days As Filed Days = 42,058	FY19 Audited C/R Days	42,058									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,422		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$200.56	\$113.51	\$0.00	\$19.63	\$19.68	(with L&H)	\$34.33	\$2.08	\$10.93	\$0.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3621								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.34								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.34	\$0.00	\$19.63	\$19.68		\$34.33	\$2.08	\$10.93	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.44	\$83.34	\$0.00	\$19.63	\$19.68		\$27.76	\$2.08	20.55 (FRV)	\$0.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.52	\$4.17	\$0.00	\$0.98	\$0.98	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.96	\$87.51	\$0.00	\$20.61	\$20.66	\$0.00	\$29.15	\$2.08	\$20.55	\$0.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1541								
18	Qtrtly Routine Svcs 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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02								
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	\$20.28	\$2.55	\$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	\$214.73	\$103.55	\$0.00	\$20.83	\$21.07	\$0.00	\$46.25	\$2.08	\$20.55	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.22									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$226.50									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$157.05									

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

FINAL

Provider: Christian City Convalescent Center, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00158034A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4846	1.4759
Case Mix Per Diem Rate Effective Date: 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:		3.31	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5404	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$13,423,618	\$7,550,981	\$0	\$1,214,889	\$1,300,152	\$0	\$2,988,285		\$369,311	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$73,044)	(\$141,715)	\$0	\$0	\$0	\$0	\$101,820		(\$33,149)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$378,229)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$861,543		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$32,256
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$13,866,144	\$7,409,266	\$0	\$1,214,889	\$1,300,152	\$0	\$2,711,876	\$861,543	\$336,162	\$32,256
8	Total Nursing Facility Days As Filed Days = 69,421	FY19 Audited C/R Days	69,421									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								60,954		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$202.20	\$106.73	\$0.00	\$17.50	\$18.73	(with L&H)	\$39.06	\$14.13	\$5.52	\$0.53
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4846								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.89	\$0.00	\$17.50	\$18.73		\$39.06	\$14.13	\$5.52	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.05	\$71.89	\$0.00	\$17.50	\$18.73		\$27.76	\$14.13	15.51 (FRV)	\$0.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.80	\$3.59	\$0.00	\$0.88	\$0.94	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.85	\$75.48	\$0.00	\$18.38	\$19.67	\$0.00	\$29.15	\$14.13	\$15.51	\$0.53
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5404								
18	Qtrtly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.91	\$2.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.64									

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

FINAL

Provider: Manor Care Rehab Ctr of Decatur				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.40	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2624	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,286,944	\$4,989,068	\$0	\$809,489	\$778,980	\$0	\$1,509,697		\$199,710	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$63,182)	\$0	\$0	\$0	\$0	(\$17,248)	\$17,248		(\$63,182)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$115,739)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$29,171		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$167,764
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,304,958	\$4,989,068	\$0	\$809,489	\$778,980	(\$17,248)	\$1,411,206	\$29,171	\$136,528	\$167,764
8	Total Nursing Facility Days As Filed Days = 42,733	FY19 Audited C/R Days	42,733									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,395		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$195.96	\$116.75	\$0.00	\$18.94	\$17.83	(with L&H)	\$33.02	\$0.82	\$3.86	\$4.74
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5256								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.53	\$0.00	\$18.94	\$17.83		\$33.02	\$0.82	\$3.86	\$4.74
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.82	\$76.53	\$0.00	\$18.94	\$17.83		\$27.76	\$0.82	11.20 (FRV)	\$4.74
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.06	\$3.83	\$0.00	\$0.95	\$0.89	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.88	\$80.36	\$0.00	\$19.89	\$18.72	\$0.00	\$29.15	\$0.82	\$11.20	\$4.74
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2624								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.27	\$1.54	\$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	\$205.24	\$102.99	\$0.00	\$20.11	\$19.13	\$0.00	\$46.25	\$0.82	\$11.20	\$4.74
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.11									

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

FINAL

Provider: Hart Care Center Prvdr ID: 00167857A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 37.50% Nurse Hours per On-Site Day/Quality Incentive: 3.07		N/A 37.50% 3.07	5.00% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.6940 1.4657 1.4905	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,598,387	\$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 Svcs	Ln 7 / Ln 8 Col a	\$149.43	\$94.72	\$0.00	\$16.79	\$14.25	(with L&H)	\$18.52	\$2.52	\$0.91	\$1.72
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6940								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.92	\$0.00	\$16.79	\$14.25		\$18.52	\$2.52	\$0.91	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.39	\$55.92	\$0.00	\$16.79	\$14.25		\$18.52	\$2.52	7.67 (FRV)	\$1.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.28	\$2.80	\$0.00	\$0.84	\$0.71	\$0.00	\$0.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.67	\$58.72	\$0.00	\$17.63	\$14.96	\$0.00	\$19.45	\$2.52	\$7.67	\$1.72
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4905								
18	Qtrly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.45	\$5.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$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	(Ln 25 - Ln 23) * 0.75	\$118.37									

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

FINAL

Provider: Scepter Health & Rehab Prvdr ID: 00169199A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 32.50% Nurse Hours per On-Site Day/Quality Incentive: 3.37		N/A 32.50% 3.37	5.00% 2.5% 3.0%	Base Period Overall CMI: 1.5006 Quarterly Medicaid CMI: 1.6173 Qtrtrly Mcaid CMI w RUG Wght Options: 1.6450			1.5006 1.6173 1.6450	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,102,484	\$4,654,677	\$0	\$931,212	\$1,040,231	\$0	\$1,535,774		\$940,590	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$78,281)	(\$35,039)	\$0	\$0	\$4,693	\$4,863	\$6,418		(\$59,216)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$323,796		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$82,197
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,430,196	\$4,619,638	\$0	\$931,212	\$1,044,924	\$4,863	\$1,542,192	\$323,796	\$881,374	\$82,197
8	Total Nursing Facility Days As Filed Days = 46,175	FY19 Audited C/R Days	46,175									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								55,184		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.68	\$100.05	\$0.00	\$20.17	\$22.73	(with L&H)	\$33.40	\$5.87	\$15.97	\$1.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5006								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.68	\$0.00	\$20.17	\$22.73		\$33.40	\$5.87	\$15.97	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.98	\$66.68	\$0.00	\$20.17	\$22.73		\$27.76	\$5.87	11.28 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.87	\$3.33	\$0.00	\$1.01	\$1.14	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.85	\$70.01	\$0.00	\$21.18	\$23.87	\$0.00	\$29.15	\$5.87	\$11.28	\$1.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6450								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.01	\$115.17	\$0.00	\$21.18	\$23.87	\$0.00	\$29.15	\$5.87	\$11.28	\$1.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.60	\$6.87	\$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	\$232.61	\$122.04	\$0.00	\$21.40	\$24.28	\$0.00	\$46.25	\$5.87	\$11.28	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.63									

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

FINAL

Provider: Woodstock Nursing and Rehab Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00171212A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7021	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		35.48%	2.5%	Quarterly Medicaid CMI:			1.6528	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.03	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6831	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,240,794	\$5,539,077	\$0	\$928,795	\$1,019,754	\$0	\$1,573,465		\$1,179,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$70,814)	\$0	\$0	\$0	\$0	\$0	(\$16,216)		(\$54,598)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$15,398)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$17,468		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$75,681
7	Cost Center Costs After Audit Adjustments	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 Svcs	Ln 7 / Ln 8 Col a	\$212.68	\$114.88	\$0.00	\$19.26	\$21.15	(with L&H)	\$31.98	\$0.36	\$23.47	\$1.58
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7021								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.49	\$0.00	\$19.26	\$21.15		\$31.98	\$0.36	\$23.47	\$1.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.23	\$67.49	\$0.00	\$19.26	\$21.15		\$27.76	\$0.36	9.63 (FRV)	\$1.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.78	\$3.37	\$0.00	\$0.96	\$1.06	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.01	\$70.86	\$0.00	\$20.22	\$22.21	\$0.00	\$29.15	\$0.36	\$9.63	\$1.58
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6831								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.98	\$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.39	\$2.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.63	\$5.90	\$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	\$226.04	\$125.16	\$0.00	\$20.44	\$22.62	\$0.00	\$46.25	\$0.36	\$9.63	\$1.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.71									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$238.55									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$166.09									

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

FINAL

Provider: Fairburn Health Care Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00173071A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3629	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		31.71%	2.5%	Quarterly Medicaid CMI:			1.8075	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.63	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8427	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,168,626	\$1,140,868	\$0	\$225,540	\$231,835	\$0	\$496,021		\$74,362	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$8,513)	\$0	\$0	\$0	\$9,668	\$8,753	(\$5,319)		(\$21,615)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$97,425)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$244,477		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$55,514
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$2,362,679	\$1,140,868	\$0	\$225,540	\$241,503	\$8,753	\$393,277	\$244,477	\$52,747	\$55,514
8	Total Nursing Facility Days As Filed Days = 17,312	FY19 Audited C/R Days	17,312									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,777		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.56	\$65.90	\$0.00	\$13.03	\$14.46	(with L&H)	\$22.72	\$7.94	\$1.71	\$1.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3629								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.35								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.35	\$0.00	\$13.03	\$14.46		\$22.72	\$7.94	\$1.71	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.68	\$48.35	\$0.00	\$13.03	\$14.46		\$22.72	\$7.94	9.38 (FRV)	\$1.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.93	\$2.42	\$0.00	\$0.65	\$0.72	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.61	\$50.77	\$0.00	\$13.68	\$15.18	\$0.00	\$23.86	\$7.94	\$9.38	\$1.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8427								
18	Qtrtly Routine Svcs 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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.05									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$196.91									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$134.86									

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

FINAL

Provider: The Oaks at Scenic View Prvdr ID: 00178307A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hours per On-Site Day/Quality Incentive: 3.71		<u>Facility Score</u> N/A 33.33% 3.71	<u>Add-on Percent</u> 5.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7268 Quarterly Medicaid CMI: 1.7074 Qtrly Mcaid CMI w RUG Wght Options: 1.7397			<u>Facility Specific</u> 1.7268 1.7074 1.7397	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,153,590	\$5,234,878	\$0	\$744,879	\$1,088,234	\$0	\$1,416,265		\$669,334	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$161,882)	(\$138,103)	\$0	\$0	(\$4,983)	(\$6,012)	\$60,710		(\$73,494)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$279,813)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$642,229		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$56,825
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,410,949	\$5,096,775	\$0	\$744,879	\$1,083,251	(\$6,012)	\$1,197,162	\$642,229	\$595,840	\$56,825
8	Total Nursing Facility Days As Filed Days = 47,248	FY19 Audited C/R Days	47,248									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								33,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$210.57	\$107.87	\$0.00	\$15.77	\$22.80	(with L&H)	\$25.34	\$19.24	\$17.85	\$1.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7268								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.47	\$0.00	\$15.77	\$22.80		\$25.34	\$19.24	\$17.85	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.86	\$62.47	\$0.00	\$15.77	\$22.80		\$25.34	\$19.24	9.54 (FRV)	\$1.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7397								
18	Qtrly Routine Svcs 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfng 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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.34									

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

FINAL

Provider: PruittHealth - Marietta Prvdr ID: 00202507A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2022				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5283	1.4759
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Qtrly BIMS score		45.21%	5.5%	Quarterly Medicaid CMI:			1.6010	1.5485
				Nurse Hours per On-Site Day/Quality Incentive:		2.78	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6294	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,482,110	\$3,981,184	\$0	\$650,757	\$746,857	\$0	\$1,228,941		\$874,371	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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 Svcs	Ln 7 / Ln 8 Col a	\$199.31	\$96.30	\$0.00	\$16.07	\$18.40	(with L&H)	\$24.24	\$16.25	\$25.85	\$2.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5283								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.01	\$0.00	\$16.07	\$18.40		\$24.24	\$16.25	\$25.85	\$2.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.82	\$63.01	\$0.00	\$16.07	\$18.40		\$24.24	\$16.25	14.65 (FRV)	\$2.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.08	\$3.15	\$0.00	\$0.80	\$0.92	\$0.00	\$1.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.90	\$66.16	\$0.00	\$16.87	\$19.32	\$0.00	\$25.45	\$16.25	\$14.65	\$2.20
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6294								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$5.93	\$5.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.39	\$5.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.95	\$11.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.49	\$119.65	\$0.00	\$17.09	\$19.73	\$0.00	\$42.92	\$16.25	\$14.65	\$2.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.54									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$253.12									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$177.02									

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

FINAL

Provider: Gordon Health Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00202848A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5297	1.4759
Case Mix Per Diem Rate Effective Date: 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:		3.14	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4877	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,167,208	\$3,656,258	\$0	\$721,266	\$737,856	\$0	\$1,146,199		\$905,629	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$119,918)	\$0	\$0	\$0	\$0	(\$5,159)	(\$79,898)		(\$34,861)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$61,685)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$121,680		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$40,990
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,148,275	\$3,656,258	\$0	\$721,266	\$737,856	(\$5,159)	\$1,004,616	\$121,680	\$870,768	\$40,990
8	Total Nursing Facility Days As Filed Days = 39,683	FY19 Audited C/R Days	39,683									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								33,732		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.74	\$92.14	\$0.00	\$18.18	\$18.46	(with L&H)	\$25.32	\$3.61	\$25.81	\$1.22
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5297								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.23	\$0.00	\$18.18	\$18.46		\$25.32	\$3.61	\$25.81	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.77	\$60.23	\$0.00	\$18.18	\$18.46		\$25.32	\$3.61	11.75 (FRV)	\$1.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.11	\$3.01	\$0.00	\$0.91	\$0.92	\$0.00	\$1.27	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.88	\$63.24	\$0.00	\$19.09	\$19.38	\$0.00	\$26.59	\$3.61	\$11.75	\$1.22
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4877								
18	Qtrtly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.05									

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

FINAL

Provider: Florence Hand Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00207083A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1680	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		30.49%	2.5%	Quarterly Medicaid CMI:			1.2479	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.95	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2651	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$16,950,691	\$5,020,863	\$0	\$1,375,396	\$1,132,257	\$1,046,496	\$7,018,645		\$1,357,034	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$17,760	\$0	\$0	\$0	\$10,546	\$9,747	(\$2,533)		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$131,325)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$72,005		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$16,909,131	\$5,020,863	\$0	\$1,375,396	\$1,142,803	\$1,056,243	\$6,884,787	\$72,005	\$1,357,034	\$0
8	Total Nursing Facility Days As Filed Days = 49,762	FY19 Audited C/R Days	49,762									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$352.91	\$100.90	\$0.00	\$27.64	\$44.19	(with L&H)	\$138.35	\$2.11	\$39.72	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1680								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.38	\$0.00	\$27.64	\$44.19		\$138.35	\$2.11	\$39.72	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.69	\$84.91	\$0.00	\$27.64	\$25.85		\$27.76	\$2.11	16.42 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.31	\$4.25	\$0.00	\$1.38	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.00	\$89.16	\$0.00	\$29.02	\$27.14	\$0.00	\$29.15	\$2.11	\$16.42	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2651								
18	Qtrly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.52	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.30									

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

FINAL

Provider: Chatsworth Health Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00209778A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4075	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		42.27%	2.5%	Quarterly Medicaid CMI:			1.9683	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.88	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			2.0075	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,629,642	\$1,443,826	\$0	\$306,585	\$279,436	\$0	\$448,430		\$151,365	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$47,510)	(\$25,884)	\$0	\$0	\$3,656	\$2,928	(\$12,137)		(\$16,073)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$97,425)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$244,862		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$202,529
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$2,932,098	\$1,417,942	\$0	\$306,585	\$283,092	\$2,928	\$338,868	\$244,862	\$135,292	\$202,529
8	Total Nursing Facility Days As Filed Days = 20,205	FY19 Audited C/R Days	20,205									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,934		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.50	\$70.18	\$0.00	\$15.17	\$14.16	(with L&H)	\$16.77	\$6.81	\$3.77	\$5.64
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4075								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.86	\$0.00	\$15.17	\$14.16		\$16.77	\$6.81	\$3.77	\$5.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.10	\$49.86	\$0.00	\$15.17	\$14.16		\$16.77	\$6.81	9.69 (FRV)	\$5.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$4.80	\$2.49	\$0.00	\$0.76	\$0.71	\$0.00	\$0.84	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.90	\$52.35	\$0.00	\$15.93	\$14.87	\$0.00	\$17.61	\$6.81	\$9.69	\$5.64
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.0075								
18	Qtrtly Routine Svcs 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.41	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$218.09									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$150.74									

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

FINAL

Provider: High Shoals Health & Rehabilitation				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00212814A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4763	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		43.64%	2.5%	Quarterly Medicaid CMI:			1.4057	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.13	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4336	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,824,749	\$3,278,795	\$0	\$569,313	\$645,902	\$0	\$753,837		\$576,902	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.13	\$97.07	\$0.00	\$16.86	\$19.23	(with L&H)	\$19.57	\$4.03	\$21.54	\$0.83
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4763								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$16.86	\$19.23		\$19.57	\$4.03	\$21.54	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.02	\$65.75	\$0.00	\$16.86	\$19.23		\$19.57	\$4.03	16.75 (FRV)	\$0.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.07	\$3.29	\$0.00	\$0.84	\$0.96	\$0.00	\$0.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.09	\$69.04	\$0.00	\$17.70	\$20.19	\$0.00	\$20.55	\$4.03	\$16.75	\$0.83
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4336								
18	Qtrtly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$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	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$215.54									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$148.83									

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

FINAL

Provider: PruittHealth - Fort Oglethorpe				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00214695A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4953	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		25.00%	1.0%	Quarterly Medicaid CMI:			1.5207	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.16	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5473	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,452,147	\$3,744,740	\$0	\$584,007	\$794,588	\$0	\$1,060,609		\$268,203	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$82,914)	(\$55,581)	\$0	\$0	\$0	(\$26,785)	\$40,086		(\$40,634)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$227,413)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$521,515		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,271
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,694,606	\$3,689,159	\$0	\$584,007	\$794,588	(\$26,785)	\$873,282	\$521,515	\$227,569	\$31,271
8	Total Nursing Facility Days As Filed Days = 40,719	FY19 Audited C/R Days	40,688									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,796		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.89	\$90.67	\$0.00	\$14.35	\$18.87	(with L&H)	\$21.46	\$16.40	\$7.16	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4953								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.64	\$0.00	\$14.35	\$18.87		\$21.46	\$16.40	\$7.16	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.00	\$60.64	\$0.00	\$14.35	\$18.87		\$21.46	\$16.40	9.30 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.76	\$3.03	\$0.00	\$0.72	\$0.94	\$0.00	\$1.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.76	\$63.67	\$0.00	\$15.07	\$19.81	\$0.00	\$22.53	\$16.40	\$9.30	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5473								
18	Qtrly Routine Svcs 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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.56	\$5.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.17	\$103.98	\$0.00	\$15.29	\$20.22	\$0.00	\$40.00	\$16.40	\$9.30	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.80									

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

FINAL

Provider: Westwood (University Extended Care)				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00219359A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3589	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		36.92%	2.5%	Quarterly Medicaid CMI:			1.4519	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.89	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4761	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,413,097	\$5,484,483	\$0	\$1,071,939	\$911,154	\$0	\$1,531,907		\$413,614	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$603,775)	(\$75,637)	\$0	\$0	\$0	(\$6,733)	(\$511,537)		(\$9,868)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$178,476)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$179,706		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,220
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$8,820,772	\$5,408,846	\$0	\$1,071,939	\$911,154	(\$6,733)	\$841,894	\$179,706	\$403,746	\$10,220
8	Total Nursing Facility Days As Filed Days = 51,386	FY19 Audited C/R Days	51,386									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,264		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.47	\$105.26	\$0.00	\$20.86	\$17.60	(with L&H)	\$16.38	\$4.96	\$11.13	\$0.28
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3589								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.46								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.46	\$0.00	\$20.86	\$17.60		\$16.38	\$4.96	\$11.13	\$0.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.72	\$77.46	\$0.00	\$20.86	\$17.60		\$16.38	\$4.96	17.18 (FRV)	\$0.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.61	\$3.87	\$0.00	\$1.04	\$0.88	\$0.00	\$0.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.33	\$81.33	\$0.00	\$21.90	\$18.48	\$0.00	\$17.20	\$4.96	\$17.18	\$0.28
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4761								
18	Qtrtly Routine Svcs 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 = 2.5% (to Routine Svcs)	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 Svcs)	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
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.28	\$127.18	\$0.00	\$22.12	\$18.89	\$0.00	\$34.67	\$4.96	\$17.18	\$0.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.14									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$226.59									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$157.12									

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

FINAL

Provider: Comer Health and Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00220448A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3718	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:		3.05	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5402	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,470,079	\$3,501,333	\$0	\$726,195	\$721,324	\$0	\$1,015,589		\$505,638	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$130,590)	\$0	\$0	\$0	\$0	(\$8,479)	(\$107,623)		(\$14,488)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$61,165)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$120,640		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$13,924
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,412,888	\$3,501,333	\$0	\$726,195	\$721,324	(\$8,479)	\$846,801	\$120,640	\$491,150	\$13,924
8	Total Nursing Facility Days As Filed Days = 38,121	FY19 Audited C/R Days	38,121									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,704		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.39	\$91.85	\$0.00	\$19.05	\$18.70	(with L&H)	\$22.21	\$4.35	\$17.73	\$0.50
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3718								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.96	\$0.00	\$19.05	\$18.70		\$22.21	\$4.35	\$17.73	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.18	\$66.96	\$0.00	\$19.05	\$18.70		\$22.21	\$4.35	9.41 (FRV)	\$0.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.35	\$3.35	\$0.00	\$0.95	\$0.94	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.53	\$70.31	\$0.00	\$20.00	\$19.64	\$0.00	\$23.32	\$4.35	\$9.41	\$0.50
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5402								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.29								
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	\$0.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$0.00
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	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.37									

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

FINAL

Provider: Glenwood Health and Rehab Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00220514A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5080	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		32.95%	2.5%	Quarterly Medicaid CMI:			1.5730	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5999	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,607,069	\$7,236,266	\$0	\$1,092,512	\$955,714	\$0	\$1,844,372		\$1,478,205	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$112,002)	\$0	\$0	\$0	\$3,424	\$3,507	(\$10,087)		(\$108,846)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$5,482)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$25,508		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$94,477
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,609,570	\$7,236,266	\$0	\$1,092,512	\$959,138	\$3,507	\$1,828,803	\$25,508	\$1,369,359	\$94,477
8	Total Nursing Facility Days As Filed Days = 77,313	FY19 Audited C/R Days	77,313									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								66,608		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.19	\$93.60	\$0.00	\$14.13	\$12.45	(with L&H)	\$23.65	\$0.38	\$20.56	\$1.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5080								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.07								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.07	\$0.00	\$14.13	\$12.45		\$23.65	\$0.38	\$20.56	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.61	\$62.07	\$0.00	\$14.13	\$12.45		\$23.65	\$0.38	7.51 (FRV)	\$1.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.61	\$3.10	\$0.00	\$0.71	\$0.62	\$0.00	\$1.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.22	\$65.17	\$0.00	\$14.84	\$13.07	\$0.00	\$24.83	\$0.38	\$7.51	\$1.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5999								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.32	\$104.27	\$0.00	\$14.84	\$13.07	\$0.00	\$24.83	\$0.38	\$7.51	\$1.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.37	\$6.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	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	\$7.51	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.19									

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

FINAL

Provider: Porter Field H & R Ctr, LLC				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.04	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7884	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,646,680	\$2,531,060	\$0	\$439,220	\$465,231	\$0	\$759,706		\$451,463	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$63,824)	\$0	\$0	\$0	\$0	\$1,226	(\$9,177)		(\$55,873)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$73,056)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$176,195		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$68,193
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,754,188	\$2,531,060	\$0	\$439,220	\$465,231	\$1,226	\$677,473	\$176,195	\$395,590	\$68,193
8	Total Nursing Facility Days As Filed Days = 29,323	FY19 Audited C/R Days	29,323									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,747		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.24	\$86.32	\$0.00	\$14.98	\$15.91	(with L&H)	\$23.10	\$6.59	\$14.79	\$2.55
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3459								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.14	\$0.00	\$14.98	\$15.91		\$23.10	\$6.59	\$14.79	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.48	\$64.14	\$0.00	\$14.98	\$15.91		\$23.10	\$6.59	9.21 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.92	\$3.21	\$0.00	\$0.75	\$0.80	\$0.00	\$1.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.40	\$67.35	\$0.00	\$15.73	\$16.71	\$0.00	\$24.26	\$6.59	\$9.21	\$2.55
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7884								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.61	\$3.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.25	\$7.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.75	\$127.60	\$0.00	\$15.95	\$17.12	\$0.00	\$41.73	\$6.59	\$9.21	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.74									

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

FINAL

Provider: Eatonton Health & Rehabilitation Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.01	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4280	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,583,770	\$2,314,000	\$0	\$449,439	\$624,107	\$0	\$798,341		\$397,883	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$39,940)	\$0	\$0	\$0	\$1,142	(\$2,083)	(\$11,191)		(\$27,808)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$54,730)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$109,005		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$27,966
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,626,071	\$2,314,000	\$0	\$449,439	\$625,249	(\$2,083)	\$732,420	\$109,005	\$370,075	\$27,966
8	Total Nursing Facility Days As Filed Days = 28,307	FY19 Audited C/R Days	28,307									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,448		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.14	\$81.75	\$0.00	\$15.88	\$22.01	(with L&H)	\$25.87	\$5.08	\$17.25	\$1.30
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2960								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.08	\$0.00	\$15.88	\$22.01		\$25.87	\$5.08	\$17.25	\$1.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.05	\$63.08	\$0.00	\$15.88	\$22.01		\$25.87	\$5.08	9.83 (FRV)	\$1.30
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.33	\$3.15	\$0.00	\$0.79	\$1.10	\$0.00	\$1.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.38	\$66.23	\$0.00	\$16.67	\$23.11	\$0.00	\$27.16	\$5.08	\$9.83	\$1.30
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4280								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.42	\$4.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.15	\$98.90	\$0.00	\$16.89	\$23.52	\$0.00	\$44.63	\$5.08	\$9.83	\$1.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.29									

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

FINAL

Provider: Chestnut Ridge Nursing & Rehabilitation Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00228049A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5713	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		37.35%	2.5%	Quarterly Medicaid CMI:			1.4439	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.53	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4678	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,734,829	\$4,720,984	\$0	\$882,131	\$815,657	\$0	\$1,274,563		\$1,041,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	\$39,760	\$0	\$0	\$0	\$0	\$0	\$68,994		(\$29,234)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$13,508)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$15,322		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$31,413
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$8,807,816	\$4,720,984	\$0	\$882,131	\$815,657	\$0	\$1,330,049	\$15,322	\$1,012,260	\$31,413
8	Total Nursing Facility Days As Filed Days = 45,107	FY19 Audited C/R Days	45,107									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								41,405		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.37	\$104.66	\$0.00	\$19.56	\$18.08	(with L&H)	\$29.49	\$0.37	\$24.45	\$0.76
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5713								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.61								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.61	\$0.00	\$19.56	\$18.08		\$29.49	\$0.37	\$24.45	\$0.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.93	\$66.61	\$0.00	\$19.56	\$18.08		\$27.76	\$0.37	8.79 (FRV)	\$0.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.60	\$3.33	\$0.00	\$0.98	\$0.90	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.53	\$69.94	\$0.00	\$20.54	\$18.98	\$0.00	\$29.15	\$0.37	\$8.79	\$0.76
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4678								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.25	\$102.66	\$0.00	\$20.54	\$18.98	\$0.00	\$29.15	\$0.37	\$8.79	\$0.76
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$5.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$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	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$204.34									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$140.43									

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

FINAL

Provider: Manor Care Rehab Ctr of Marietta Prvdr ID: 00236211A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 12.20% Nurse Hours per On-Site Day/Quality Incentive: 4.42		<u>Facility Score</u> N/A 2.0%	<u>Add-on Percent</u> 5.00% 0.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5386 Quarterly Medicaid CMI: 1.1623 Qtrly Mcaid CMI w RUG Wght Options: 1.1752			<u>Facility Specific</u> 1.5386 1.1623 1.1752	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,691,878	\$5,141,758	\$0	\$869,589	\$796,161	\$0	\$1,551,658		\$332,712	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$42,897)	\$0	\$0	\$0	\$9,029	(\$7,323)	\$18,073		(\$62,676)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$134,324)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$24,378		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$66,657
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,605,692	\$5,141,758	\$0	\$869,589	\$805,190	(\$7,323)	\$1,435,407	\$24,378	\$270,036	\$66,657
8	Total Nursing Facility Days As Filed Days = 39,371	FY19 Audited C/R Days	39,371									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								31,838		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.76	\$130.60	\$0.00	\$22.09	\$20.27	(with L&H)	\$36.46	\$0.77	\$8.48	\$2.09
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5386								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.88	\$0.00	\$22.09	\$20.27		\$36.46	\$0.77	\$8.48	\$2.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.56	\$84.88	\$0.00	\$22.09	\$20.27		\$27.76	\$0.77	11.70 (FRV)	\$2.09
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$7.74	\$4.24	\$0.00	\$1.10	\$1.01	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.30	\$89.12	\$0.00	\$23.19	\$21.28	\$0.00	\$29.15	\$0.77	\$11.70	\$2.09
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1752								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$19.84	\$2.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.75	\$106.84	\$0.00	\$23.41	\$21.69	\$0.00	\$46.25	\$0.77	\$11.70	\$2.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.74									

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

FINAL

Provider: PruittHealth - Savannah, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7682	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,280,304	\$4,837,453	\$0	\$676,774	\$972,707	\$0	\$1,506,783		\$1,286,587	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$124,590)	(\$100,311)	\$0	\$0	\$9,802	\$11,781	\$53,682		(\$99,544)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$229,863)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$523,002		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$119,697
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,568,550	\$4,737,142	\$0	\$676,774	\$982,509	\$11,781	\$1,330,602	\$523,002	\$1,187,043	\$119,697
8	Total Nursing Facility Days As Filed Days = 40,674	FY19 Audited C/R Days	40,674									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								38,491		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$237.81	\$116.47	\$0.00	\$16.64	\$24.45	(with L&H)	\$32.71	\$13.59	\$30.84	\$3.11
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6785								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.39	\$0.00	\$16.64	\$24.45		\$32.71	\$13.59	\$30.84	\$3.11
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.62	\$69.39	\$0.00	\$16.64	\$24.45		\$27.76	\$13.59	25.68 (FRV)	\$3.11
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.91	\$3.47	\$0.00	\$0.83	\$1.22	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.53	\$72.86	\$0.00	\$17.47	\$25.67	\$0.00	\$29.15	\$13.59	\$25.68	\$3.11
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7682								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.86	\$3.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.41	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$266.91	\$134.51	\$0.00	\$17.69	\$26.08	\$0.00	\$46.25	\$13.59	\$25.68	\$3.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.36									

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

FINAL

Provider: Resorts at Pooler				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00238741A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3064	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		24.24%	1.0%	Quarterly Medicaid CMI:			1.3805	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.75	2.0%	Qtrly Mcaid CMI w RUG Wght 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,907,704	\$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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.70	\$83.60	\$0.00	\$19.18	\$18.98	(with L&H)	\$23.01	\$7.20	\$20.33	\$2.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3064								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.99								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.99	\$0.00	\$19.18	\$18.98		\$23.01	\$7.20	\$20.33	\$2.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.76	\$63.99	\$0.00	\$19.18	\$18.98		\$23.01	\$7.20	8.00 (FRV)	\$2.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.26	\$3.20	\$0.00	\$0.96	\$0.95	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.02	\$67.19	\$0.00	\$20.14	\$19.93	\$0.00	\$24.16	\$7.20	\$8.00	\$2.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4020								
18	Qtrly Routine Svcs 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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$197.48	\$97.55	\$0.00	\$20.36	\$20.34	\$0.00	\$41.63	\$7.20	\$8.00	\$2.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.29									

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

FINAL

Provider: Windemere Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00241678A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7228	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid CMI:			1.6569	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.69	2.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.6875	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,311,468	\$3,945,635	\$0	\$616,880	\$572,743	\$0	\$1,172,806		\$2,003,404	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$67,964)	\$0	\$0	\$0	(\$4,092)	(\$6,475)	\$0		(\$57,397)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$4,663)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$221,572		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$61,483
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,521,896	\$3,945,635	\$0	\$616,880	\$568,651	(\$6,475)	\$1,168,143	\$221,572	\$1,946,007	\$61,483
8	Total Nursing Facility Days As Filed Days = 38,135	FY19 Audited C/R Days	38,135									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,524		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$243.16	\$103.46	\$0.00	\$16.18	\$14.74	(with L&H)	\$30.63	\$7.77	\$68.22	\$2.16
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7228								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.05								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.05	\$0.00	\$16.18	\$14.74		\$30.63	\$7.77	\$68.22	\$2.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.36	\$60.05	\$0.00	\$16.18	\$14.74		\$27.76	\$7.77	10.70 (FRV)	\$2.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.94	\$3.00	\$0.00	\$0.81	\$0.74	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.30	\$63.05	\$0.00	\$16.99	\$15.48	\$0.00	\$29.15	\$7.77	\$10.70	\$2.16
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6875								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.40								
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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.13	\$2.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.05	\$5.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$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	(Ln 25 - Ln 23) * 0.75	\$145.95									

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

FINAL

Provider: PruittHealth Augusta Hills				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00245055A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5245	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		26.98%	1.0%	Quarterly Medicaid CMI:			1.5284	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.19	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5546	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,620,926	\$2,994,870	\$0	\$523,232	\$733,235	\$0	\$1,033,089		\$336,500	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$79,789)	(\$74,726)	\$0	\$0	\$0	\$0	\$51,537		(\$56,600)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$238,261)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$547,187		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$47,690
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,897,753	\$2,920,144	\$0	\$523,232	\$733,235	\$0	\$846,365	\$547,187	\$279,900	\$47,690
8	Total Nursing Facility Days As Filed Days = 29,412	FY19 Audited C/R Days	29,412									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,019		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$202.00	\$99.28	\$0.00	\$17.79	\$24.93	(with L&H)	\$28.78	\$19.53	\$9.99	\$1.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5245								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.12	\$0.00	\$17.79	\$24.93		\$28.78	\$19.53	\$9.99	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.33	\$65.12	\$0.00	\$17.79	\$24.93		\$27.76	\$19.53	8.50 (FRV)	\$1.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.79	\$3.26	\$0.00	\$0.89	\$1.25	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.12	\$68.38	\$0.00	\$18.68	\$26.18	\$0.00	\$29.15	\$19.53	\$8.50	\$1.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5546								
18	Qtrly Routine Svcs 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	\$1.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.32	\$5.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.64	\$6.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.68	\$113.21	\$0.00	\$18.90	\$26.59	\$0.00	\$46.25	\$19.53	\$8.50	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.19									

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

FINAL

Provider: PruittHealth - Magnolia Manor				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00252007A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6282	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		21.31%	1.0%	Quarterly Medicaid CMI:			1.4256	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.18	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4495	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,632,307	\$3,285,692	\$0	\$482,347	\$751,167	\$0	\$1,126,254		\$986,847	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$159,308)	(\$118,752)	\$0	\$0	\$0	\$0	\$65,100		(\$105,656)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,418)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$423,022		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$112,316
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$6,818,919	\$3,166,940	\$0	\$482,347	\$751,167	\$0	\$1,001,936	\$423,022	\$881,191	\$112,316
8	Total Nursing Facility Days As Filed Days = 33,383	FY19 Audited C/R Days	33,383									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								26,707		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$214.87	\$94.87	\$0.00	\$14.45	\$22.50	(with L&H)	\$30.01	\$15.84	\$32.99	\$4.21
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6282								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.27								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.27	\$0.00	\$14.45	\$22.50		\$30.01	\$15.84	\$32.99	\$4.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.83	\$58.27	\$0.00	\$14.45	\$22.50		\$27.76	\$15.84	28.80 (FRV)	\$4.21
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.15	\$2.91	\$0.00	\$0.72	\$1.13	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.98	\$61.18	\$0.00	\$15.17	\$23.63	\$0.00	\$29.15	\$15.84	\$28.80	\$4.21
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4495								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.48	\$88.68	\$0.00	\$15.17	\$23.63	\$0.00	\$29.15	\$15.84	\$28.80	\$4.21
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.43	\$4.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.58	\$5.85	\$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	\$229.06	\$94.53	\$0.00	\$15.39	\$24.04	\$0.00	\$46.25	\$15.84	\$28.80	\$4.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.97									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$262.67									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$184.18									

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

FINAL

Provider: PruittHealth - Decatur				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00252942A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5900	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		27.55%	1.0%	Quarterly Medicaid CMI:			1.4413	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.00	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4652	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,723,556	\$5,385,774	\$0	\$784,877	\$1,005,403	\$0	\$1,557,267		\$990,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$133,453)	(\$76,986)	\$0	\$0	(\$4,653)	(\$5,255)	\$9,341		(\$55,900)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$276,255)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$634,296		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$66,376
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$10,014,520	\$5,308,788	\$0	\$784,877	\$1,000,750	(\$5,255)	\$1,290,353	\$634,296	\$934,335	\$66,376
8	Total Nursing Facility Days As Filed Days = 49,477	FY19 Audited C/R Days	49,477									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								46,345		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$204.64	\$107.30	\$0.00	\$15.86	\$20.12	(with L&H)	\$26.08	\$13.69	\$20.16	\$1.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.5900								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.49	\$0.00	\$15.86	\$20.12		\$26.08	\$13.69	\$20.16	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.40	\$67.49	\$0.00	\$15.86	\$20.12		\$26.08	\$13.69	14.73 (FRV)	\$1.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.47	\$3.37	\$0.00	\$0.79	\$1.01	\$0.00	\$1.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.87	\$70.86	\$0.00	\$16.65	\$21.13	\$0.00	\$27.38	\$13.69	\$14.73	\$1.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4652								
18	Qtrtly Routine Svcs 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.15	\$4.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.82	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$228.57									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$158.60									

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

FINAL

Provider: PruittHealth -Lafayette, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00254394A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5724	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		27.59%	1.0%	Quarterly Medicaid CMI:			1.3828	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.80	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4053	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,036,000	\$2,805,185	\$0	\$501,638	\$593,565	\$0	\$802,744		\$332,868	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$72,932)	(\$78,271)	\$0	\$0	(\$2,650)	(\$26,746)	\$60,513		(\$25,778)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,529)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$434,816		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,180
7	Cost Center Costs After Audit Adjustments	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							26,283		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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		1.5724								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.88								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.88	\$0.00	\$16.45	\$18.50		\$22.10	\$16.54	\$11.68	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.55	\$56.88	\$0.00	\$16.45	\$18.50		\$22.10	\$16.54	9.08 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.70	\$2.84	\$0.00	\$0.82	\$0.93	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.25	\$59.72	\$0.00	\$17.27	\$19.43	\$0.00	\$23.21	\$16.54	\$9.08	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4053								
18	Qtrtly Routine Svcs 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$210.96									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$145.40									

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

FINAL

Provider: PruittHealth - West Atlanta				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00256088A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3790	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		27.16%	1.0%	Quarterly Medicaid CMI:			1.4288	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.03	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4512	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,276,151	\$3,466,962	\$0	\$478,324	\$989,293	\$0	\$1,138,130		\$203,442	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$117,033)	(\$60,829)	\$0	\$0	\$9,206	(\$45,307)	\$41,304		(\$61,407)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$227,531)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$522,301		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$78,073
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,531,961	\$3,406,133	\$0	\$478,324	\$998,499	(\$45,307)	\$951,903	\$522,301	\$142,035	\$78,073
8	Total Nursing Facility Days As Filed Days = 34,599	FY19 Audited C/R Days	34,599									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,633		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$191.57	\$98.45	\$0.00	\$13.82	\$27.55	(with L&H)	\$27.51	\$17.05	\$4.64	\$2.55
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3790								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.39	\$0.00	\$13.82	\$27.55		\$27.51	\$17.05	\$4.64	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.76	\$71.39	\$0.00	\$13.82	\$25.85		\$27.51	\$17.05	11.59 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.93	\$3.57	\$0.00	\$0.69	\$1.29	\$0.00	\$1.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.69	\$74.96	\$0.00	\$14.51	\$27.14	\$0.00	\$28.89	\$17.05	\$11.59	\$2.55
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4512								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.78								
19	Quarterly Medicaid CMA Allowed Per Diem	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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.19		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.49									

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

FINAL

Provider: Bainbridge Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00258915A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7827	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		41.07%	2.5%	Quarterly Medicaid CMI:			1.9413	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.22	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9780	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,596,760	\$1,942,136	\$0	\$394,340	\$445,080	\$0	\$900,053		\$915,151	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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 Svcs	Ln 7 / Ln 8 Col a	\$155.47	\$63.70	\$0.00	\$12.98	\$14.65	(with L&H)	\$28.86	\$1.07	\$33.12	\$1.09
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7827								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$35.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$35.73	\$0.00	\$12.98	\$14.65		\$28.86	\$1.07	\$33.12	\$1.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$102.20	\$35.73	\$0.00	\$12.98	\$14.65		\$27.76	\$1.07	8.92 (FRV)	\$1.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.56	\$1.79	\$0.00	\$0.65	\$0.73	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.76	\$37.52	\$0.00	\$13.63	\$15.38	\$0.00	\$29.15	\$1.07	\$8.92	\$1.09
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9780								
18	Qtrtly Routine Svcs 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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.86	\$1.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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	\$23.09	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$173.34									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$117.18									

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

FINAL

Provider: PruittHealth - Covington Prvdr ID: 00265196A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 24.53% Nurse Hours per On-Site Day/Quality Incentive: 3.70			<u>Facility Score</u> Add-on Percent: 5.00% 1.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5086 Quarterly Medicaid CMI: 1.5881 Qtrly Mcaid CMI w RUG Wght Options: 1.6161			<u>Facility Specific</u> 1.5086 1.5881 1.6161	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,591,659	\$2,415,412	\$0	\$388,674	\$477,100	\$0	\$807,409		\$503,064	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$32,830)	(\$15,413)	\$0	\$0	\$0	\$0	\$9,969		(\$27,386)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$134,896)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$284,431		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$29,824
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,738,188	\$2,399,999	\$0	\$388,674	\$477,100	\$0	\$682,482	\$284,431	\$475,678	\$29,824
8	Total Nursing Facility Days As Filed Days = 23,766	FY19 Audited C/R Days	23,766									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,406		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.37	\$100.98	\$0.00	\$16.35	\$20.07	(with L&H)	\$28.72	\$12.69	\$21.23	\$1.33
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5086								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.94	\$0.00	\$16.35	\$20.07		\$28.72	\$12.69	\$21.23	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.38	\$66.94	\$0.00	\$16.35	\$20.07		\$27.76	\$12.69	11.24 (FRV)	\$1.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.56	\$3.35	\$0.00	\$0.82	\$1.00	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.94	\$70.29	\$0.00	\$17.17	\$21.07	\$0.00	\$29.15	\$12.69	\$11.24	\$1.33
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6161								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.60								
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	\$1.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	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	\$0.00
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	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.67									

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

FINAL

Provider: LaGrange Nurs, & Rehab. Ctr.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 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%	Qtrtly Mcaid CMI w RUG Wght 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,916,247	\$2,721,234	\$0	\$561,130	\$599,833	\$0	\$884,816		\$1,149,234	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$55,323)	(\$12,000)	\$0	\$0	\$0	\$0	\$0		(\$43,323)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$51,200)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,276
7	Cost Center Costs After Audit Adjustments	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.25	\$75.42	\$0.00	\$15.62	\$16.70	(with L&H)	\$23.21	\$0.00	\$41.60	\$1.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5944								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.30								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.30	\$0.00	\$15.62	\$16.70		\$23.21	\$0.00	\$41.60	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.13	\$47.30	\$0.00	\$15.62	\$16.70		\$23.21	\$0.00	10.60 (FRV)	\$1.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.15	\$2.37	\$0.00	\$0.78	\$0.84	\$0.00	\$1.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.28	\$49.67	\$0.00	\$16.40	\$17.54	\$0.00	\$24.37	\$0.00	\$10.60	\$1.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4980								
18	Qtrtly Routine Svcs 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 Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.86	\$1.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.23	\$2.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.72	\$4.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.74	\$79.03	\$0.00	\$16.62	\$17.95	\$0.00	\$41.84	\$0.00	\$10.60	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.98									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$168.02									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$113.19									

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

FINAL

Provider: Lumber City Nurs. & Rehab. Ctr.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00270256A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5629	1.4759
Case Mix Per Diem Rate Effective Date: 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%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6594	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,099,544	\$1,781,352	\$0	\$353,574	\$380,951	\$0	\$624,748		\$958,919	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$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	FY19 Audited C/R Days	25,449									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,134		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.88	\$70.00	\$0.00	\$13.89	\$14.97	(with L&H)	\$22.13	\$2.63	\$44.10	\$1.16
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5629								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.79	\$0.00	\$13.89	\$14.97		\$22.13	\$2.63	\$44.10	\$1.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.53	\$44.79	\$0.00	\$13.89	\$14.97		\$22.13	\$2.63	9.96 (FRV)	\$1.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$4.79	\$2.24	\$0.00	\$0.69	\$0.75	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.32	\$47.03	\$0.00	\$14.58	\$15.72	\$0.00	\$23.24	\$2.63	\$9.96	\$1.16
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6594								
18	Qtrtly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.95	\$1.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.56	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$169.51									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$114.31									

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

FINAL

Provider: Willowwood Nurs. Ctr. Prvdr ID: 00271829A				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 21.13% Nurse Hours per On-Site Day/Quality Incentive: 2.70		N/A 21.13% 2.70	5.00% 1.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.3275 1.7305 1.7638	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,192,804	\$2,169,798	\$0	\$399,991	\$426,947	\$0	\$754,796		\$441,272	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$64,765)	\$0	\$0	\$0	\$10,846	\$8,303	(\$50,929)		(\$32,985)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$210,772		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,861
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,374,672	\$2,169,798	\$0	\$399,991	\$437,793	\$8,303	\$703,867	\$210,772	\$408,287	\$35,861
8	Total Nursing Facility Days As Filed Days = 30,874	FY19 Audited C/R Days	30,874									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								28,538		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.45	\$70.28	\$0.00	\$12.96	\$14.45	(with L&H)	\$22.80	\$7.39	\$14.31	\$1.26
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3275								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.94	\$0.00	\$12.96	\$14.45		\$22.80	\$7.39	\$14.31	\$1.26
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.43	\$52.94	\$0.00	\$12.96	\$14.45		\$22.80	\$7.39	8.63 (FRV)	\$1.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.16	\$2.65	\$0.00	\$0.65	\$0.72	\$0.00	\$1.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.59	\$55.59	\$0.00	\$13.61	\$15.17	\$0.00	\$23.94	\$7.39	\$8.63	\$1.26
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7638								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.05	\$98.05	\$0.00	\$13.61	\$15.17	\$0.00	\$23.94	\$7.39	\$8.63	\$1.26
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$4.45	\$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	\$190.60	\$102.50	\$0.00	\$13.83	\$15.58	\$0.00	\$41.41	\$7.39	\$8.63	\$1.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.13									

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

FINAL

Provider: Crestview Nursing Facility				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00273567A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.1510	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		32.61%	2.5%	Quarterly Medicaid CMI:			1.2466	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.99	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2655	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$23,365,259	\$12,768,970	\$0	\$2,289,696	\$1,482,962	\$1,552,962	\$3,797,084		\$1,473,585	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$130,656)	\$0	\$0	\$0	\$9,486	\$9,934	(\$6,900)		(\$143,176)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$112,687)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$100,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$3,588
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$23,225,504	\$12,768,970	\$0	\$2,289,696	\$1,492,448	\$1,562,896	\$3,677,497	\$100,000	\$1,330,409	\$3,588
8	Total Nursing Facility Days As Filed Days = 103,094	FY19 Audited C/R Days	103,094									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								106,099		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$224.89	\$123.86	\$0.00	\$22.21	\$29.64	(with L&H)	\$35.67	\$0.94	\$12.54	\$0.03
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.1510								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$107.61	\$0.00	\$22.21	\$29.64		\$35.67	\$0.94	\$12.54	\$0.03
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.35	\$84.91	\$0.00	\$22.21	\$25.85		\$27.76	\$0.94	10.65 (FRV)	\$0.03
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.04	\$4.25	\$0.00	\$1.11	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.39	\$89.16	\$0.00	\$23.32	\$27.14	\$0.00	\$29.15	\$0.94	\$10.65	\$0.03
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2655								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.42	\$6.20	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.48	\$119.03	\$0.00	\$23.54	\$27.14	\$0.00	\$29.15	\$0.94	\$10.65	\$0.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.86									

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

FINAL

Provider: Crisp Regional Nursing and Rehab Ctr				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00274128A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4579	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		35.00%	2.5%	Quarterly Medicaid CMI:			1.7496	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.95	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7838	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,192,887	\$3,109,740	\$0	\$504,201	\$376,316	\$542,082	\$1,231,896		\$428,652	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$22,586)	(\$28,022)	\$0	\$0	\$0	\$0	\$16,451		(\$11,015)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$328,450)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$71,384		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$12,785
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,926,020	\$3,081,718	\$0	\$504,201	\$376,316	\$542,082	\$919,897	\$71,384	\$417,637	\$12,785
8	Total Nursing Facility Days As Filed Days = 23,882	FY19 Audited C/R Days	23,882									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,654		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$252.66	\$129.04	\$0.00	\$21.11	\$38.46	(with L&H)	\$38.52	\$3.63	\$21.25	\$0.65
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4579								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.51	\$0.00	\$21.11	\$38.46		\$38.52	\$3.63	\$21.25	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.72	\$84.91	\$0.00	\$21.11	\$25.85		\$27.76	\$3.63	10.81 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.99	\$4.25	\$0.00	\$1.06	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.71	\$89.16	\$0.00	\$22.17	\$27.14	\$0.00	\$29.15	\$3.63	\$10.81	\$0.65
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7838								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$159.04								
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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.98	\$3.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.77	\$4.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	(Ln 25 - Ln 23) * 0.75	\$196.17									

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

FINAL

Provider: Thomasville Nurs. & Rehab. Ctr.				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00277604A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5034	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		37.50%	2.5%	Quarterly Medicaid CMI:			1.8093	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8448	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,544,134	\$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 Svcs	Ln 7 / Ln 8 Col a	\$155.97	\$64.59	\$0.00	\$19.22	\$16.76	(with L&H)	\$27.18	\$0.00	\$26.93	\$1.29
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5034								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$42.96	\$0.00	\$19.22	\$16.76		\$27.18	\$0.00	\$26.93	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.96	\$42.96	\$0.00	\$19.22	\$16.76		\$27.18	\$0.00	10.55 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.31	\$2.15	\$0.00	\$0.96	\$0.84	\$0.00	\$1.36	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.27	\$45.11	\$0.00	\$20.18	\$17.60	\$0.00	\$28.54	\$0.00	\$10.55	\$1.29
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8448								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.22								
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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.50	\$2.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.21	\$5.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	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									

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

FINAL

Provider: Delmar Gardens of Smyrna				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00296271A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.2718	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		27.54%	1.0%	Quarterly Medicaid CMI:			1.2959	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.99	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3122	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,230,374	\$3,842,312	\$0	\$924,533	\$875,568	\$0	\$1,046,013		\$541,948	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$75,656)	(\$69,340)	\$0	\$0	\$0	\$1,736	\$69,340		(\$77,392)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$97,200)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$83,100		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$70,215
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,210,833	\$3,772,972	\$0	\$924,533	\$875,568	\$1,736	\$1,018,153	\$83,100	\$464,556	\$70,215
8	Total Nursing Facility Days As Filed Days = 38,493	FY19 Audited C/R Days	38,493									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,894		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.06	\$98.02	\$0.00	\$24.02	\$22.79	(with L&H)	\$26.45	\$2.53	\$14.12	\$2.13
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2718								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.07								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.07	\$0.00	\$24.02	\$22.79		\$26.45	\$2.53	\$14.12	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.01	\$77.07	\$0.00	\$22.66	\$22.79		\$26.45	\$2.53	12.38 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.44	\$3.85	\$0.00	\$1.13	\$1.14	\$0.00	\$1.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.45	\$80.92	\$0.00	\$23.79	\$23.93	\$0.00	\$27.77	\$2.53	\$12.38	\$2.13
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3122								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.18								
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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.59	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.40									

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

FINAL

Provider: NHC of Fort Oglethorpe Prvdr ID: 00344759A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 25.00% Nurse Hours per On-Site Day/Quality Incentive: 3.55		N/A 1.0% 4.0%	5.00% 1.0% 4.0%	Base Period Overall CMI: 1.3590 Quarterly Medicaid CMI: 1.0683 Qtrly Mcaid CMI w RUG Wght Options: 1.0822			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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,509,405	\$4,112,466	\$0	\$820,279	\$877,779	\$0	\$1,327,956		\$370,925	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$112,281)	(\$3,558)	\$0	\$0	(\$3,121)	(\$3,632)	(\$25,789)		(\$76,181)	
	As Adjusted Cost Center Costs (GL/PL)	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 Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	45,916							42,758		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.96	\$89.49	\$0.00	\$17.86	\$18.97	(with L&H)	\$28.36	\$4.90	\$6.89	\$1.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3590								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.85	\$0.00	\$17.86	\$18.97		\$28.36	\$4.90	\$6.89	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.34	\$65.85	\$0.00	\$17.86	\$18.97		\$27.76	\$4.90	12.51 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.52	\$3.29	\$0.00	\$0.89	\$0.95	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.86	\$69.14	\$0.00	\$18.75	\$19.92	\$0.00	\$29.15	\$4.90	\$12.51	\$1.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.0822								
18	Qtrly Routine Svcs 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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.75	\$0.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$183.97									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$125.15									

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

FINAL

Provider: Presbyterian Village, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00362832A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4126	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		36.59%	2.5%	Quarterly Medicaid CMI:			1.6180	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.37	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6472	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,719,696	\$4,978,272	\$0	\$856,232	\$1,105,263	\$0	\$2,010,141		\$769,788	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$52,794)	\$0	\$0	\$0	\$0	\$0	\$0		(\$52,794)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$47,507)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$129,346		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,766
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,768,507	\$4,978,272	\$0	\$856,232	\$1,105,263	\$0	\$1,962,634	\$129,346	\$716,994	\$19,766
8	Total Nursing Facility Days As Filed Days = 37,253	FY19 Audited C/R Days	37,253									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,539		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$270.42	\$133.63	\$0.00	\$22.98	\$29.67	(with L&H)	\$52.68	\$4.70	\$26.04	\$0.72
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4126								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$94.60	\$0.00	\$22.98	\$29.67		\$52.68	\$4.70	\$26.04	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.02	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$4.70	22.42 (FRV)	\$0.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.08	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$4.70	\$22.42	\$0.72
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6472								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 Svcs)	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 Svcs)	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	(Ln 25 - Ln 23) * 0.75	\$197.15									

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

FINAL

Provider: Camellia Gardens of Life Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00366341A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3751	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		31.11%	2.5%	Quarterly Medicaid CMI:			1.0214	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.24	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0295	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,121,434	\$2,705,219	\$0	\$574,658	\$650,486	\$0	\$971,143		\$219,928	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$46,270)	(\$1,100)	\$0	(\$2,196)	(\$1,732)	\$426	\$0		(\$41,668)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$63,098)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$80,827		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$45,685
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,138,578	\$2,704,119	\$0	\$572,462	\$648,754	\$426	\$908,045	\$80,827	\$178,260	\$45,685
8	Total Nursing Facility Days As Filed Days = 27,611	FY19 Audited C/R Days	27,611									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,403		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.31	\$97.94	\$0.00	\$20.73	\$23.51	(with L&H)	\$32.89	\$3.78	\$8.33	\$2.13
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3751								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.23	\$0.00	\$20.73	\$23.51		\$32.89	\$3.78	\$8.33	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.88	\$71.23	\$0.00	\$20.73	\$23.51		\$27.76	\$3.78	9.74 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.17	\$3.56	\$0.00	\$1.04	\$1.18	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.05	\$74.79	\$0.00	\$21.77	\$24.69	\$0.00	\$29.15	\$3.78	\$9.74	\$2.13
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.0295								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.00								
19	Quarterly Medicaid CMA Allowed Per Diem	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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.93	\$1.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.25									

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

FINAL

Provider: Quiet Oaks Health Care Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00370851A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3788	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		65.38%	5.5%	Quarterly Medicaid CMI:			1.5241	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.50	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5545	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,837,698	\$1,324,943	\$0	\$376,255	\$487,767	\$0	\$536,887		\$111,846	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$86,874)	\$59	\$0	(\$1,607)	(\$3,404)	(\$2,534)	(\$20,018)		(\$59,370)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$95,303)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$110,444		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$41,995
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$2,807,960	\$1,325,002	\$0	\$374,648	\$484,363	(\$2,534)	\$421,566	\$110,444	\$52,476	\$41,995
8	Total Nursing Facility Days As Filed Days = 21,272	FY19 Audited C/R Days	21,272									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,344		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.96	\$62.29	\$0.00	\$17.61	\$22.65	(with L&H)	\$19.82	\$5.71	\$2.71	\$2.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3788								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.18	\$0.00	\$17.61	\$22.65		\$19.82	\$5.71	\$2.71	\$2.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.41	\$45.18	\$0.00	\$17.61	\$22.65		\$19.82	\$5.71	12.27 (FRV)	\$2.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.26	\$2.26	\$0.00	\$0.88	\$1.13	\$0.00	\$0.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.67	\$47.44	\$0.00	\$18.49	\$23.78	\$0.00	\$20.81	\$5.71	\$12.27	\$2.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5545								
18	Qtrtly Routine Svcs 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 = 5.5% (to Routine Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.59									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$192.69									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$131.69									

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

FINAL

Provider: Westwood Nursing Ctr Prvdr ID: 00370862A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 34.69% Nurse Hours per On-Site Day/Quality Incentive: 2.95		N/A 34.69% 2.95	5.00% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.4956 1.9210 1.9589	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,644,166	\$1,255,280	\$0	\$227,061	\$263,384	\$0	\$470,669		\$427,772	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$65,429)	(\$17,819)	\$0	\$0	(\$2,494)	(\$2,493)	(\$6,985)		(\$35,638)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$178,476)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$119,552		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$32,630
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,552,443	\$1,237,461	\$0	\$227,061	\$260,890	(\$2,493)	\$285,208	\$119,552	\$392,134	\$32,630
8	Total Nursing Facility Days As Filed Days = 12,579	FY19 Audited C/R Days	12,579									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								14,406		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.43	\$98.38	\$0.00	\$18.05	\$20.54	(with L&H)	\$22.67	\$8.30	\$27.22	\$2.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4956								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.78	\$0.00	\$18.05	\$20.54		\$22.67	\$8.30	\$27.22	\$2.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.06	\$65.78	\$0.00	\$18.05	\$20.54		\$22.67	\$8.30	10.45 (FRV)	\$2.27
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.35	\$3.29	\$0.00	\$0.90	\$1.03	\$0.00	\$1.13	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.41	\$69.07	\$0.00	\$18.95	\$21.57	\$0.00	\$23.80	\$8.30	\$10.45	\$2.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9589								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.30								
19	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	\$2.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.06	\$4.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.07	\$7.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.71	\$143.27	\$0.00	\$19.17	\$21.98	\$0.00	\$41.27	\$8.30	\$10.45	\$2.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.21									

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

FINAL

Provider: Life Care Center of Gwinnett				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00370873A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3728	1.4759
Case Mix Per Diem Rate Effective Date: 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:		3.27	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2733	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,969,434	\$5,007,890	\$0	\$963,088	\$1,027,491	\$0	\$1,579,109		\$391,856	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$89,080)	\$0	\$0	\$0	\$0	\$0	\$0		(\$89,080)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$118,278)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$161,998		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$100,959
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,025,033	\$5,007,890	\$0	\$963,088	\$1,027,491	\$0	\$1,460,831	\$161,998	\$302,776	\$100,959
8	Total Nursing Facility Days As Filed Days = 39,751	FY19 Audited C/R Days	39,751									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								22,099		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$238.41	\$125.98	\$0.00	\$24.23	\$25.85	(with L&H)	\$36.75	\$7.33	\$13.70	\$4.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3728								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.77	\$0.00	\$24.23	\$25.85		\$36.75	\$7.33	\$13.70	\$4.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.82	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$7.33	11.74 (FRV)	\$4.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.88	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$7.33	\$11.74	\$4.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2733								
18	Qtrtly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.27	\$2.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.77									

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

FINAL

Provider: Delmar Gardens of Gwinnett, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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		17.95%	0.0%	Quarterly Medicaid CMI:			1.2506	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.68	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.2641	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,600,318	\$2,539,807	\$0	\$654,060	\$821,244	\$0	\$876,600		\$708,607	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$168,305)	\$0	\$0	\$0	(\$14,238)	(\$12,913)	\$0		(\$141,154)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$77,100)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$63,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$129,613
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,547,526	\$2,539,807	\$0	\$654,060	\$807,006	(\$12,913)	\$799,500	\$63,000	\$567,453	\$129,613
8	Total Nursing Facility Days As Filed Days = 21,520	FY19 Audited C/R Days	21,520									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								19,298		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$261.84	\$118.02	\$0.00	\$30.39	\$36.90	(with L&H)	\$37.15	\$3.26	\$29.40	\$6.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.3646								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.49	\$0.00	\$30.39	\$36.90		\$37.15	\$3.26	\$29.40	\$6.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.51	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$3.26	10.35 (FRV)	\$6.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.57	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$3.26	\$10.35	\$6.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2641								
18	Qtrtry Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.38									

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

FINAL

Provider: Lafayette Nursing & Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00399737A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4214	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.7602	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.53	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7934	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,956,390	\$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 Adjstmtns	(\$224,188)	(\$133,558)	\$0	\$0	\$0	\$0	\$10,710		(\$101,340)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$49,397		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$22,488
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,804,087	\$5,852,518	\$0	\$946,310	\$915,325	\$0	\$1,751,399	\$49,397	\$1,266,650	\$22,488
8	Total Nursing Facility Days As Filed Days = 53,373	FY19 Audited C/R Days	53,373									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								7,521		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$355.32	\$109.65	\$0.00	\$17.73	\$17.15	(with L&H)	\$32.81	\$6.57	\$168.42	\$2.99
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4214								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.14								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.14	\$0.00	\$17.73	\$17.15		\$32.81	\$6.57	\$168.42	\$2.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.98	\$77.14	\$0.00	\$17.73	\$17.15		\$27.76	\$6.57	16.64 (FRV)	\$2.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.00	\$3.86	\$0.00	\$0.89	\$0.86	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.98	\$81.00	\$0.00	\$18.62	\$18.01	\$0.00	\$29.15	\$6.57	\$16.64	\$2.99
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7934								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.63	\$3.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$8.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$263.50	\$153.79	\$0.00	\$18.84	\$18.42	\$0.00	\$46.25	\$6.57	\$16.64	\$2.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.80									

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

FINAL

Provider: Lake Crossing Heath Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00403939A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4759	1.4759
Case Mix Per Diem Rate Effective Date: 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:		3.21	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5599	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,753,050	\$2,458,274	\$0	\$554,005	\$578,189	\$0	\$725,713		\$436,869	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$62,839)	(\$1,639)	\$0	\$0	(\$13)	(\$59)	(\$27,070)		(\$34,058)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$189,346)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$229,705		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$44,737
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,775,307	\$2,456,635	\$0	\$554,005	\$578,176	(\$59)	\$509,297	\$229,705	\$402,811	\$44,737
8	Total Nursing Facility Days As Filed Days = 34,648	FY19 Audited C/R Days	34,648									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,902		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.55	\$70.90	\$0.00	\$15.99	\$16.69	(with L&H)	\$14.70	\$8.23	\$14.44	\$1.60
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4759								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.04	\$0.00	\$15.99	\$16.69		\$14.70	\$8.23	\$14.44	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.73	\$48.04	\$0.00	\$15.99	\$16.69		\$14.70	\$8.23	11.48 (FRV)	\$1.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$4.77	\$2.40	\$0.00	\$0.80	\$0.83	\$0.00	\$0.74	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.50	\$50.44	\$0.00	\$16.79	\$17.52	\$0.00	\$15.44	\$8.23	\$11.48	\$1.60
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5599								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.74	\$78.68	\$0.00	\$16.79	\$17.52	\$0.00	\$15.44	\$8.23	\$11.48	\$1.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.33	\$4.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.32	\$7.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.06	\$85.90	\$0.00	\$17.01	\$17.93	\$0.00	\$32.91	\$8.23	\$11.48	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.47									

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

FINAL

Provider: Townsend Park H & R				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00404995A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4084	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		46.15%	5.5%	Quarterly Medicaid CMI:			1.2707	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.31	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2904	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,993,766	\$4,148,542	\$0	\$731,204	\$953,672	\$0	\$1,759,882		\$400,466	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$72,284)	\$0	\$0	\$0	(\$5,285)	(\$4,928)	(\$48,455)		(\$13,616)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$65,260)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$128,960		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$14,767
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,999,949	\$4,148,542	\$0	\$731,204	\$948,387	(\$4,928)	\$1,646,167	\$128,960	\$386,850	\$14,767
8	Total Nursing Facility Days As Filed Days = 41,065	FY19 Audited C/R Days	41,065									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,134		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$198.40	\$101.02	\$0.00	\$17.81	\$22.97	(with L&H)	\$40.09	\$4.01	\$12.04	\$0.46
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4084								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.73	\$0.00	\$17.81	\$22.97		\$40.09	\$4.01	\$12.04	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.03	\$71.73	\$0.00	\$17.81	\$22.97		\$27.76	\$4.01	14.29 (FRV)	\$0.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.02	\$3.59	\$0.00	\$0.89	\$1.15	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.05	\$75.32	\$0.00	\$18.70	\$24.12	\$0.00	\$29.15	\$4.01	\$14.29	\$0.46
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2904								
18	Qtrly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.35	\$5.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.74									

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

FINAL

Provider: Four County Health Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00405292A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5731	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		54.35%	5.5%	Quarterly Medicaid CMI:			1.4469	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.23	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4713	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,356,773	\$2,116,838	\$0	\$505,376	\$504,447	\$0	\$771,130		\$458,982	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$49,748)	\$0	\$0	\$0	\$0	(\$5,559)	(\$11,269)		(\$32,920)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$45,175)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$89,505		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$33,730
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,385,085	\$2,116,838	\$0	\$505,376	\$504,447	(\$5,559)	\$714,686	\$89,505	\$426,062	\$33,730
8	Total Nursing Facility Days As Filed Days = 28,672	FY19 Audited C/R Days	28,672									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,645		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.17	\$73.83	\$0.00	\$17.63	\$17.40	(with L&H)	\$24.93	\$4.14	\$19.68	\$1.56
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5731								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.93								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.93	\$0.00	\$17.63	\$17.40		\$24.93	\$4.14	\$19.68	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.06	\$46.93	\$0.00	\$17.63	\$17.40		\$24.93	\$4.14	10.47 (FRV)	\$1.56
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.35	\$2.35	\$0.00	\$0.88	\$0.87	\$0.00	\$1.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.41	\$49.28	\$0.00	\$18.51	\$18.27	\$0.00	\$26.18	\$4.14	\$10.47	\$1.56
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4713								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.51								
19	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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.99	\$3.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.52	\$7.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$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	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$177.19									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$120.07									

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

FINAL

Provider: Southland Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00409054A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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:		3.50	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6630	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,537,793	\$6,120,756	\$0	\$865,475	\$1,148,098	\$0	\$1,401,922		\$2,001,542	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$19,893)	\$0	\$0	\$0	(\$3,399)	(\$4,311)	\$62,908		(\$75,091)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$81,250)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$161,200		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$71,887
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$11,669,737	\$6,120,756	\$0	\$865,475	\$1,144,699	(\$4,311)	\$1,383,580	\$161,200	\$1,926,451	\$71,887
8	Total Nursing Facility Days As Filed Days = 48,816	FY19 Audited C/R Days	48,816									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								36,118		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$254.60	\$125.38	\$0.00	\$17.73	\$23.36	(with L&H)	\$28.34	\$4.46	\$53.34	\$1.99
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7292								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.51	\$0.00	\$17.73	\$23.36		\$28.34	\$4.46	\$53.34	\$1.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.25	\$72.51	\$0.00	\$17.73	\$23.36		\$27.76	\$4.46	14.44 (FRV)	\$1.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.08	\$3.63	\$0.00	\$0.89	\$1.17	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.33	\$76.14	\$0.00	\$18.62	\$24.53	\$0.00	\$29.15	\$4.46	\$14.44	\$1.99
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6630								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.62								
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 Svcs)	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 Svcs)	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	(Ln 25 - Ln 23) * 0.75	\$171.90									

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

FINAL

Provider: PruittHealth - Toomsboro, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.12	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5582	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,397,825	\$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 Adjstmtns	(\$40,154)	(\$40,289)	\$0	\$0	(\$3,089)	(\$4,326)	\$31,851		(\$24,301)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$117,611)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$268,711		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,053
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,533,824	\$1,670,227	\$0	\$313,302	\$457,633	(\$4,326)	\$546,922	\$268,711	\$256,302	\$25,053
8	Total Nursing Facility Days As Filed Days = 20,361	FY19 Audited C/R Days	20,361									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								18,484		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.31	\$82.03	\$0.00	\$15.39	\$22.26	(with L&H)	\$26.86	\$14.54	\$13.87	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.4734								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.67								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.67	\$0.00	\$15.39	\$22.26		\$26.86	\$14.54	\$13.87	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.26	\$55.67	\$0.00	\$15.39	\$22.26		\$26.86	\$14.54	14.18 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.00	\$2.78	\$0.00	\$0.77	\$1.11	\$0.00	\$1.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.26	\$58.45	\$0.00	\$16.16	\$23.37	\$0.00	\$28.20	\$14.54	\$14.18	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5582								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$5.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.98	\$97.07	\$0.00	\$16.38	\$23.78	\$0.00	\$45.67	\$14.54	\$14.18	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.91									

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

FINAL

Provider: Cherry Blossom Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00413509A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.8210	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		26.42%	1.0%	Quarterly Medicaid CMI:			1.4727	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.38	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5011	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,372,571	\$2,301,566	\$0	\$409,609	\$534,812	\$0	\$706,296		\$420,288	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$60,368)	(\$549)	\$0	\$0	(\$22,044)	(\$5,346)	\$4,864		(\$37,293)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$43,860)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$86,501		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,996
7	Cost Center Costs After Audit Adjustments	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 Svcs	Ln 7 / Ln 8 Col a	\$181.81	\$91.61	\$0.00	\$16.31	\$20.20	(with L&H)	\$26.57	\$4.64	\$20.55	\$1.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.8210								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.31	\$0.00	\$16.31	\$20.20		\$26.57	\$4.64	\$20.55	\$1.93
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.42	\$50.31	\$0.00	\$16.31	\$20.20		\$26.57	\$4.64	11.46 (FRV)	\$1.93
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.68	\$2.52	\$0.00	\$0.82	\$1.01	\$0.00	\$1.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.10	\$52.83	\$0.00	\$17.13	\$21.21	\$0.00	\$27.90	\$4.64	\$11.46	\$1.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5011								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.30								
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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$214.30									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$147.90									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Legacy Nursing Home Prvdr ID: 00415522A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 20.0% Nurse Hours per On-Site Day/Quality Incentive: 3.62		Facility Score: N/A Add-on Percent: 5.00% 1.0% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4442 Quarterly Medicaid CMI: 1.4439 Qtrly Mcaid CMI w RUG Wght Options: 1.4676				Facility Specific: 1.4442 1.4439 1.4676	State-wide: 1.4759 1.5462 1.5738
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$ 52,000		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2021 GL-PL Ins. Rpt								12,528		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2019 Peer Group Limit		\$84.91		\$22.66	\$25.85		\$27.76		\$38.39	\$0.68
<u>Allowed @ 95% of Std</u>			\$192.19	\$80.66		\$21.53	\$24.56		\$26.37		\$38.39	\$0.68
Growth Allowance 5.0%			\$7.66	\$4.03		\$1.08	\$1.23		\$1.32			
CMA Allowed Per Diem (After Growth Allowance)			\$204.00	\$84.69		\$22.61	\$25.79		\$27.69	\$ 4.15	\$38.39	\$0.68
Quarterly Facility Case Mix Index for Medicaid Residents				1.4676							(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 Srvcs)			\$1.24	\$1.24								
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%			\$4.97	\$4.97								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$23.31									
Quarterly Case Mix Based Per Diem Rate			\$266.91	\$130.51		\$22.61	\$25.79		\$44.79	\$4.15	\$38.39	\$0.68
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$187.36									

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

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

FINAL

Provider: The Fountainview Ctr for Alzheimer's Disease				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00421429A		Case Mix Per Diem Rate Effective Date: 1/1/2022		Growth Allowance:	N/A	5.00%	Base Period Overall CMI:			1.4231	1.4759	
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/21		Qtrly BIMS score	86.05%	5.5%	Quarterly Medicaid CMI:			1.4581	1.5485	
				Nurse Hours per On-Site Day/Quality Incentive:	2.27	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4790	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,689,278	\$4,675,394	\$0	\$1,072,103	\$1,005,825	\$0	\$1,296,071		\$639,885	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$178,592)	(\$170,053)	\$0	\$0	\$0	\$0	\$170,053		(\$178,592)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$148,309)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$197,109		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$301,825
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,861,311	\$4,505,341	\$0	\$1,072,103	\$1,005,825	\$0	\$1,317,815	\$197,109	\$461,293	\$301,825
8	Total Nursing Facility Days As Filed Days = 42,267	FY19 Audited C/R Days	42,267									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,221		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$215.00	\$106.59	\$0.00	\$25.37	\$23.80	(with L&H)	\$31.18	\$5.76	\$13.48	\$8.82
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4231								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.90								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.90	\$0.00	\$25.37	\$23.80		\$31.18	\$5.76	\$13.48	\$8.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.72	\$74.90	\$0.00	\$22.66	\$23.80		\$27.76	\$5.76	14.02 (FRV)	\$8.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.46	\$3.75	\$0.00	\$1.13	\$1.19	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.18	\$78.65	\$0.00	\$23.79	\$24.99	\$0.00	\$29.15	\$5.76	\$14.02	\$8.82
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4790								
18	Qtrtly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.40	\$6.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.33	\$2.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	(Ln 25 - Ln 23) * 0.75	\$174.39									

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

FINAL

Provider: Northeast Atlanta H & R Ctr.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00426214A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6007	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		41.86%	2.5%	Quarterly Medicaid CMI:			1.6941	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.53	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7257	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$11,444,411	\$4,621,709	\$0	\$775,112	\$912,212	\$0	\$3,025,062		\$2,110,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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										\$111,335
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,034,991	\$4,613,259	\$0	\$775,112	\$908,843	(\$3,696)	\$1,512,305	\$97,412	\$2,020,421	\$111,335
8	Total Nursing Facility Days As Filed Days = 44,835	FY19 Audited C/R Days	44,835									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								38,333		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$232.25	\$102.89	\$0.00	\$17.29	\$20.19	(with L&H)	\$33.73	\$2.54	\$52.71	\$2.90
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6007								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.28	\$0.00	\$17.29	\$20.19		\$33.73	\$2.54	\$52.71	\$2.90
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.47	\$64.28	\$0.00	\$17.29	\$20.19		\$27.76	\$2.54	12.51 (FRV)	\$2.90
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.47	\$3.21	\$0.00	\$0.86	\$1.01	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.94	\$67.49	\$0.00	\$18.15	\$21.20	\$0.00	\$29.15	\$2.54	\$12.51	\$2.90
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7257								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.92	\$116.47	\$0.00	\$18.15	\$21.20	\$0.00	\$29.15	\$2.54	\$12.51	\$2.90
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.91	\$2.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.49	\$3.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.66	\$6.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.58	\$123.40	\$0.00	\$18.37	\$21.61	\$0.00	\$46.25	\$2.54	\$12.51	\$2.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.86									

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

FINAL

Provider: Taylor County Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00432924A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5584	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		43.14%	2.5%	Quarterly Medicaid CMI:			1.4290	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.29	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4542	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,391,451	\$2,260,216	\$0	\$429,902	\$508,394	\$0	\$724,547		\$468,392	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$62,833)	\$0	\$0	\$0	(\$231)	(\$4,074)	(\$9,996)		(\$48,532)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$42,185)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$82,355		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$42,850
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,411,638	\$2,260,216	\$0	\$429,902	\$508,163	(\$4,074)	\$672,366	\$82,355	\$419,860	\$42,850
8	Total Nursing Facility Days As Filed Days = 25,033	FY19 Audited C/R Days	25,033									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,384		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.94	\$90.29	\$0.00	\$17.17	\$20.14	(with L&H)	\$26.86	\$3.85	\$19.63	\$2.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5584								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.94								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.94	\$0.00	\$17.17	\$20.14		\$26.86	\$3.85	\$19.63	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.89	\$57.94	\$0.00	\$17.17	\$20.14		\$26.86	\$3.85	10.93 (FRV)	\$2.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.11	\$2.90	\$0.00	\$0.86	\$1.01	\$0.00	\$1.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.00	\$60.84	\$0.00	\$18.03	\$21.15	\$0.00	\$28.20	\$3.85	\$10.93	\$2.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4542								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.47								
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, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.38	\$6.28	\$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	\$197.01	\$94.75	\$0.00	\$18.25	\$21.56	\$0.00	\$45.67	\$3.85	\$10.93	\$2.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.93									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$198.77									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$136.25									

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

FINAL

Provider: Hill Haven Nursing Home				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00448456A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3978	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		36.59%	2.5%	Quarterly Medicaid CMI:			1.3222	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.53	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3452	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,800,348	\$1,914,416	\$0	\$338,290	\$532,236	\$0	\$648,852		\$366,554	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$40,833)	\$0	\$0	\$0	\$0	\$0	(\$13,961)		(\$26,872)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$87,284)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$96,964		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,461
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,793,656	\$1,914,416	\$0	\$338,290	\$532,236	\$0	\$547,607	\$96,964	\$339,682	\$24,461
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	FY19 Audited C/R Days FY21 Audited C/R Days	23,850							20,236		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.52	\$80.27	\$0.00	\$14.18	\$22.32	(with L&H)	\$22.96	\$4.79	\$16.79	\$1.21
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3978								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.42								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.42	\$0.00	\$14.18	\$22.32		\$22.96	\$4.79	\$16.79	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.04	\$57.42	\$0.00	\$14.18	\$22.32		\$22.96	\$4.79	11.16 (FRV)	\$1.21
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.85	\$2.87	\$0.00	\$0.71	\$1.12	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.89	\$60.29	\$0.00	\$14.89	\$23.44	\$0.00	\$24.11	\$4.79	\$11.16	\$1.21
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3452								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.10								
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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.03	\$2.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.43	\$2.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$183.79	\$86.09	\$0.00	\$15.11	\$23.85	\$0.00	\$41.58	\$4.79	\$11.16	\$1.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.02									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$191.66									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$130.92									

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

FINAL

Provider: A.G. Rhodes Home - Cobb, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00493292A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6140	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		28.33%	1.0%	Quarterly Medicaid CMI:			1.5649	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.71	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5932	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,169,553	\$5,506,604	\$0	\$1,192,313	\$1,273,342	\$0	\$1,854,422		\$342,872	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$24,473)	\$0	\$0	\$0	\$0	\$0	\$0		(\$24,473)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$138,229)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$172,149		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$44,418
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,223,418	\$5,506,604	\$0	\$1,192,313	\$1,273,342	\$0	\$1,716,193	\$172,149	\$318,399	\$44,418
8	Total Nursing Facility Days As Filed Days = 42,478	FY19 Audited C/R Days	42,478									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,781		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$244.39	\$129.63	\$0.00	\$28.07	\$29.98	(with L&H)	\$40.40	\$5.25	\$9.71	\$1.35
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6140								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.32	\$0.00	\$28.07	\$29.98		\$40.40	\$5.25	\$9.71	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.00	\$80.32	\$0.00	\$22.66	\$25.85		\$27.76	\$5.25	15.81 (FRV)	\$1.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.83	\$4.02	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.83	\$84.34	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$5.25	\$15.81	\$1.35
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5932								
18	Qtrtly Routine Svcs 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
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 Svcs)	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 Svcs)	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	\$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	\$5.25	\$15.81	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.07									

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

FINAL

Provider: New London Health Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00494139A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5551	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		42.55%	2.5%	Quarterly Medicaid CMI:			1.6624	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.60	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6914	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$9,579,381	\$3,922,923	\$0	\$764,862	\$714,397	\$0	\$1,414,450		\$2,762,749	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$72,547)	\$0	\$0	\$0	\$4,522	\$5,292	(\$7,732)		(\$74,629)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$212,852)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$282,987		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$140,640
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$9,717,609	\$3,922,923	\$0	\$764,862	\$718,919	\$5,292	\$1,193,866	\$282,987	\$2,688,120	\$140,640
8	Total Nursing Facility Days As Filed Days = 47,641	FY19 Audited C/R Days	47,641									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								41,130		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$214.31	\$82.34	\$0.00	\$16.05	\$15.20	(with L&H)	\$25.06	\$6.88	\$65.36	\$3.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5551								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.95	\$0.00	\$16.05	\$15.20		\$25.06	\$6.88	\$65.36	\$3.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.89	\$52.95	\$0.00	\$16.05	\$15.20		\$25.06	\$6.88	12.33 (FRV)	\$3.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.46	\$2.65	\$0.00	\$0.80	\$0.76	\$0.00	\$1.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.35	\$55.60	\$0.00	\$16.85	\$15.96	\$0.00	\$26.31	\$6.88	\$12.33	\$3.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6914								
18	Qtrtly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.16									

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

FINAL

Provider: Powder Springs Nurs. & Rehab. Ctr. Prvdr ID: 00530824A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 29.37% Nurse Hours per On-Site Day/Quality Incentive: 3.52		<u>Facility Score</u> N/A 29.37% 3.52	<u>Add-on Percent</u> 5.00% 1.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4911 Quarterly Medicaid CMI: 1.5455 Qtrly Mcaid CMI w RUG Wght Options: 1.5720			<u>Facility Specific</u> 1.4911 1.5455 1.5720	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,673,371	\$5,947,837	\$0	\$1,176,666	\$1,383,527	\$0	\$1,864,480		\$2,300,861	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$203,368)	(\$25,230)	\$0	\$0	\$15,700	\$3,773	(\$74,096)		(\$123,515)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$307,453)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$356,864		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$50,532
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,569,946	\$5,922,607	\$0	\$1,176,666	\$1,399,227	\$3,773	\$1,482,931	\$356,864	\$2,177,346	\$50,532
8	Total Nursing Facility Days	FY19 Audited C/R Days	66,523									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								29,721		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$237.07	\$89.03	\$0.00	\$17.69	\$21.09	(with L&H)	\$22.29	\$12.01	\$73.26	\$1.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4911								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.71	\$0.00	\$17.69	\$21.09		\$22.29	\$12.01	\$73.26	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.71	\$59.71	\$0.00	\$17.69	\$21.09		\$22.29	\$12.01	13.22 (FRV)	\$1.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.03	\$2.99	\$0.00	\$0.88	\$1.05	\$0.00	\$1.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.74	\$62.70	\$0.00	\$18.57	\$22.14	\$0.00	\$23.40	\$12.01	\$13.22	\$1.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5720								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.60	\$98.56	\$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	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.97	\$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	\$3.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.19	\$102.05	\$0.00	\$18.79	\$22.55	\$0.00	\$40.87	\$12.01	\$13.22	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.57									

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

FINAL

Provider: Jonesboro Nurs. & Rehab Ctr. Prvdr ID: 00531033A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 26.04% Nurse Hours per On-Site Day/Quality Incentive: 2.71		<u>Facility Score</u> N/A 26.04% 2.71	<u>Add-on Percent</u> 5.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5750 Quarterly Medicaid CMI: 1.5118 Qtrly Mcaid CMI w RUG Wght Options: 1.5388			<u>Facility Specific</u> 1.5750 1.5118 1.5388	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,111,786	\$4,316,360	\$0	\$716,091	\$730,086	\$0	\$1,584,988		\$764,261	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$91,717)	(\$23,369)	\$0	(\$3,200)	(\$3,347)	(\$7,355)	\$18,861		(\$73,307)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$310,975)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$0		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$85,959
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,795,053	\$4,292,991	\$0	\$712,891	\$726,739	(\$7,355)	\$1,292,874	\$0	\$690,954	\$85,959
8	Total Nursing Facility Days	FY19 Audited C/R Days	43,565									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								40,676		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.19	\$98.54	\$0.00	\$16.36	\$16.51	(with L&H)	\$29.68	\$0.00	\$16.99	\$2.11
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5750								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.57	\$0.00	\$16.36	\$16.51		\$29.68	\$0.00	\$16.99	\$2.11
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.68	\$62.57	\$0.00	\$16.36	\$16.51		\$27.76	\$0.00	13.37 (FRV)	\$2.11
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.17	\$3.13	\$0.00	\$0.82	\$0.83	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.85	\$65.70	\$0.00	\$17.18	\$17.34	\$0.00	\$29.15	\$0.00	\$13.37	\$2.11
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5388								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.25	\$101.10	\$0.00	\$17.18	\$17.34	\$0.00	\$29.15	\$0.00	\$13.37	\$2.11
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.30	\$4.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.55	\$105.67	\$0.00	\$17.40	\$17.75	\$0.00	\$46.25	\$0.00	\$13.37	\$2.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.09									

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

FINAL

Provider: Maple Ridge Health Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00534619A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4592	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		60.47%	5.5%	Quarterly Medicaid CMI:			1.7599	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.31	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7939	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,045,863	\$1,060,159	\$0	\$255,001	\$196,087	\$0	\$385,283		\$149,333	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$38,104)	(\$15,744)	\$0	(\$1,058)	\$747	(\$193)	(\$3,218)		(\$18,637)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$60,080)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$153,798		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,429
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$2,158,906	\$1,044,415	\$0	\$253,943	\$196,834	(\$193)	\$321,985	\$153,798	\$130,696	\$57,429
8	Total Nursing Facility Days As Filed Days = 12,987	FY19 Audited C/R Days	12,987									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,750		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$154.30	\$80.42	\$0.00	\$19.55	\$15.14	(with L&H)	\$24.79	\$6.48	\$5.50	\$2.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4592								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.11	\$0.00	\$19.55	\$15.14		\$24.79	\$6.48	\$5.50	\$2.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.68	\$55.11	\$0.00	\$19.55	\$15.14		\$24.79	\$6.48	14.19 (FRV)	\$2.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.74	\$2.76	\$0.00	\$0.98	\$0.76	\$0.00	\$1.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.42	\$57.87	\$0.00	\$20.53	\$15.90	\$0.00	\$26.03	\$6.48	\$14.19	\$2.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7939								
18	Qtrtly Routine Svcs 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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.71	\$5.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.45	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$227.27									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$157.63									

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

FINAL

Provider: Rosemont at Stone Mountain				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00587331A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4573	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		47.25%	5.5%	Quarterly Medicaid CMI:			1.7946	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.76	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8288	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,678,842	\$2,145,247	\$0	\$416,663	\$338,186	\$0	\$562,667		\$216,079	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$4,157,375	\$2,076,893	\$0	\$416,663	\$345,099	\$2,708	\$434,683	\$303,595	\$169,623	\$408,111
8	Total Nursing Facility Days As Filed Days = 25,813	FY19 Audited C/R Days	25,813									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								47,216		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.57	\$80.46	\$0.00	\$16.14	\$13.47	(with L&H)	\$16.84	\$6.43	\$3.59	\$8.64
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4573								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.21	\$0.00	\$16.14	\$13.47		\$16.84	\$6.43	\$3.59	\$8.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.82	\$55.21	\$0.00	\$16.14	\$13.47		\$16.84	\$6.43	12.09 (FRV)	\$8.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$5.08	\$2.76	\$0.00	\$0.81	\$0.67	\$0.00	\$0.84	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.90	\$57.97	\$0.00	\$16.95	\$14.14	\$0.00	\$17.68	\$6.43	\$12.09	\$8.64
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8288								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.83	\$5.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.64	\$9.54	\$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	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$216.51									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$149.56									

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

FINAL

Provider: Bayview Nursing Home Prvdr ID: 00624951A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 41.46% Nurse Hours per On-Site Day/Quality Incentive: 4.13		N/A 41.46% 4.13	5.00% 2.5% 3.0%	Base Period Overall CMI: 1.4427 Quarterly Medicaid CMI: 1.3845 Qtrtrly Mcaid CMI w RUG Wght Options: 1.4107			1.4427 1.3845 1.4107	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,632,979	\$1,884,865	\$0	\$454,950	\$442,380	\$0	\$483,793		\$366,991	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$73,623)	(\$6,096)	\$0	\$0	\$0	(\$5,150)	(\$2,640)		(\$59,737)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$50,807)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$59,930		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$57,569
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,626,048	\$1,878,769	\$0	\$454,950	\$442,380	(\$5,150)	\$430,346	\$59,930	\$307,254	\$57,569
8	Total Nursing Facility Days As Filed Days = 21,890	FY19 Audited C/R Days	21,890									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,327		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.75	\$85.83	\$0.00	\$20.78	\$19.97	(with L&H)	\$19.66	\$3.46	\$17.73	\$3.32
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4427								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.49	\$0.00	\$20.78	\$19.97		\$19.66	\$3.46	\$17.73	\$3.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.70	\$59.49	\$0.00	\$20.78	\$19.97		\$19.66	\$3.46	37.02 (FRV)	\$3.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.99	\$2.97	\$0.00	\$1.04	\$1.00	\$0.00	\$0.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.69	\$62.46	\$0.00	\$21.82	\$20.97	\$0.00	\$20.64	\$3.46	\$37.02	\$3.32
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4107								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.34	\$88.11	\$0.00	\$21.82	\$20.97	\$0.00	\$20.64	\$3.46	\$37.02	\$3.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.81	\$93.48	\$0.00	\$22.04	\$21.38	\$0.00	\$38.11	\$3.46	\$37.02	\$3.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.28									

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

FINAL

Provider: Briarwood Health & Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00706813A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6214	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		33.96%	2.5%	Quarterly Medicaid CMI:			1.7030	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.49	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7336	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$7,498,992	\$3,780,859	\$0	\$560,932	\$553,996	\$0	\$1,099,234		\$1,503,971	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$121,626)	(\$4,087)	\$0	\$0	\$0	\$0	\$0		(\$117,539)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$4,504)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$6,547		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$120,605
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$7,500,014	\$3,776,772	\$0	\$560,932	\$553,996	\$0	\$1,094,730	\$6,547	\$1,386,432	\$120,605
8	Total Nursing Facility Days As Filed Days = 34,124	FY19 Audited C/R Days	34,124									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,161		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.62	\$110.68	\$0.00	\$16.44	\$16.23	(with L&H)	\$32.08	\$0.22	\$45.97	\$4.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6214								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.26	\$0.00	\$16.44	\$16.23		\$32.08	\$0.22	\$45.97	\$4.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.32	\$68.26	\$0.00	\$16.44	\$16.23		\$27.76	\$0.22	11.41 (FRV)	\$4.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.43	\$3.41	\$0.00	\$0.82	\$0.81	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.75	\$71.67	\$0.00	\$17.26	\$17.04	\$0.00	\$29.15	\$0.22	\$11.41	\$4.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7336								
18	Qtrly Routine Svcs 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												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.11	\$3.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.73	\$3.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.10	\$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	(Ln 25 - Ln 23) * 0.75	\$158.50									

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

FINAL

Provider: Lee County Health Care				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00712665A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6313	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		18.60%	0.0%	Quarterly Medicaid CMI:			1.6910	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.54	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7229	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,946,845	\$1,999,552	\$0	\$407,967	\$444,386	\$0	\$643,866		\$451,074	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$51,379)	\$4,308	\$0	\$0	\$0	(\$4,308)	(\$8,540)		(\$42,839)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$31,915)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$62,985		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$41,239
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$3,967,775	\$2,003,860	\$0	\$407,967	\$444,386	(\$4,308)	\$603,411	\$62,985	\$408,235	\$41,239
8	Total Nursing Facility Days As Filed Days = 20,995	FY19 Audited C/R Days	20,995									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,605		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.68	\$95.44	\$0.00	\$19.43	\$20.96	(with L&H)	\$28.74	\$3.58	\$23.19	\$2.34
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6313								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.51	\$0.00	\$19.43	\$20.96		\$28.74	\$3.58	\$23.19	\$2.34
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.30	\$58.51	\$0.00	\$19.43	\$20.96		\$27.76	\$3.58	15.72 (FRV)	\$2.34
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.34	\$2.93	\$0.00	\$0.97	\$1.05	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.64	\$61.44	\$0.00	\$20.40	\$22.01	\$0.00	\$29.15	\$3.58	\$15.72	\$2.34
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7229								
18	Qtrly Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.54									

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

FINAL

Provider: Bryan County Health & Rehab Ctr				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.82	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7184	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,373,891	\$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 Adjstmtns	(\$99,878)	(\$3,203)	\$0	\$0	(\$2,232)	(\$2,001)	(\$11,044)		(\$81,398)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$162,139)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$171,709		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$118,171
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,401,754	\$2,733,388	\$0	\$612,959	\$721,752	(\$2,001)	\$672,984	\$171,709	\$372,792	\$118,171
8	Total Nursing Facility Days As Filed Days = 32,554	FY19 Audited C/R Days	32,554									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,744		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$171.31	\$83.96	\$0.00	\$18.83	\$22.11	(with L&H)	\$20.67	\$6.67	\$14.48	\$4.59
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5889								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.84								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.84	\$0.00	\$18.83	\$22.11		\$20.67	\$6.67	\$14.48	\$4.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.63	\$52.84	\$0.00	\$18.83	\$22.11		\$20.67	\$6.67	13.92 (FRV)	\$4.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.72	\$2.64	\$0.00	\$0.94	\$1.11	\$0.00	\$1.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.35	\$55.48	\$0.00	\$19.77	\$23.22	\$0.00	\$21.70	\$6.67	\$13.92	\$4.59
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7184								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.24	\$5.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.73	\$8.63	\$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	\$211.94	\$103.97	\$0.00	\$19.99	\$23.63	\$0.00	\$39.17	\$6.67	\$13.92	\$4.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.13									

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

FINAL

Provider: Tara at Thunderbolt Nursing & Rehab Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00727801A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5514	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		29.11%	1.0%	Quarterly Medicaid CMI:			1.3860	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.99	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4078	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$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	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$268.46	\$95.60	\$0.00	\$14.36	\$18.45	(with L&H)	\$26.32	\$12.09	\$94.87	\$6.77
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5514								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.62	\$0.00	\$14.36	\$18.45		\$26.32	\$12.09	\$94.87	\$6.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.83	\$61.62	\$0.00	\$14.36	\$18.45		\$26.32	\$12.09	18.22 (FRV)	\$6.77
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.04	\$3.08	\$0.00	\$0.72	\$0.92	\$0.00	\$1.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.87	\$64.70	\$0.00	\$15.08	\$19.37	\$0.00	\$27.64	\$12.09	\$18.22	\$6.77
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4078								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	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	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.91	\$0.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.45	\$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	(Ln 25 - Ln 23) * 0.75	\$145.20									

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

FINAL

Provider: Gwinnett Extended Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00781382A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.5910	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		39.13%	2.5%	Quarterly Medicaid CMI:			1.3737	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		5.22	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4003	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$12,054,038	\$6,271,543	\$0	\$1,198,625	\$572,970	\$965,334	\$1,950,526		\$1,095,040	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$21,768		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$12,075,806	\$6,271,543	\$0	\$1,198,625	\$572,970	\$965,334	\$1,950,526	\$21,768	\$1,095,040	\$0
8	Total Nursing Facility Days As Filed Days = 30,289	FY19 Audited C/R Days	30,289									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								30,289		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$398.92	\$207.06	\$0.00	\$39.57	\$50.79	(with L&H)	\$64.40	\$0.95	\$36.15	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5910								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$130.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$130.15	\$0.00	\$39.57	\$50.79		\$64.40	\$0.95	\$36.15	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.97	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.95	14.07 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.52	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$0.95	\$14.07	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4003								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.12	\$3.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$9.36	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.67	\$134.21	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$0.95	\$14.07	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.68									

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

FINAL

Provider: Dunwoody Health and Rehab Ctr				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00815295A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7799	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		31.18%	2.5%	Quarterly Medicaid CMI:			1.8279	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.26	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8613	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$18,173,212	\$8,484,178	\$0	\$1,070,051	\$1,558,344	\$0	\$2,628,414		\$4,432,225	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$262,294)	(\$21,000)	\$0	\$0	\$0	\$0	\$0		(\$241,294)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$16,663)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$56,086		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$139,866
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$18,090,207	\$8,463,178	\$0	\$1,070,051	\$1,558,344	\$0	\$2,611,751	\$56,086	\$4,190,931	\$139,866
8	Total Nursing Facility Days As Filed Days = 72,214	FY19 Audited C/R Days	72,214									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								46,851		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$283.41	\$117.20	\$0.00	\$14.82	\$21.58	(with L&H)	\$36.17	\$1.20	\$89.45	\$2.99
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7799								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.85								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.85	\$0.00	\$14.82	\$21.58		\$36.17	\$1.20	\$89.45	\$2.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.38	\$65.85	\$0.00	\$14.82	\$21.58		\$27.76	\$1.20	16.18 (FRV)	\$2.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.50	\$3.29	\$0.00	\$0.74	\$1.08	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.88	\$69.14	\$0.00	\$15.56	\$22.66	\$0.00	\$29.15	\$1.20	\$16.18	\$2.99
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8613								
18	Qtrtly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.22	\$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.48	\$135.01	\$0.00	\$15.78	\$23.07	\$0.00	\$46.25	\$1.20	\$16.18	\$2.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.54									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$256.20									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$179.33									

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

FINAL

Provider: D. Scott Hudgens Center for Skilled Nursing				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 000815493B				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.3957	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		40.74%	2.5%	Quarterly Medicaid CMI:			1.2045	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.65	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2190	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,905,580	\$1,288,520	\$0	\$346,721	\$391,282	\$0	\$697,575		\$181,482	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$19,097)	\$75,619	\$0	\$0	\$0	\$380	(\$75,619)		(\$19,477)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$4,767)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$8,924		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$18,850
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,909,490	\$1,364,139	\$0	\$346,721	\$391,282	\$380	\$617,189	\$8,924	\$162,005	\$18,850
8	Total Nursing Facility Days As Filed Days = 11,431	FY19 Audited C/R Days	11,431									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								11,163		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$254.92	\$119.34	\$0.00	\$30.33	\$34.26	(with L&H)	\$53.99	\$0.80	\$14.51	\$1.69
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3957								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.51	\$0.00	\$30.33	\$34.26		\$53.99	\$0.80	\$14.51	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.20	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.80	23.53 (FRV)	\$1.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.26	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$0.80	\$23.53	\$1.69
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2190								
18	Qtrly Routine Svcs 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 Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	(Ln 25 - Ln 23) * 0.75	\$165.58									

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

FINAL

Provider: Life Care Center of Lawrenceville				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		5.37	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3496	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,133,160	\$4,345,921	\$0	\$846,027	\$852,185	\$0	\$1,504,420		\$584,607	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$166,779)	\$0	\$0	(\$2,655)	\$0	\$4,572	(\$44,531)		(\$124,165)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$98,730)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$128,113		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$175,493
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,171,257	\$4,345,921	\$0	\$843,372	\$852,185	\$4,572	\$1,361,159	\$128,113	\$460,442	\$175,493
8	Total Nursing Facility Days As Filed Days = 33,958	FY19 Audited C/R Days	33,958									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,222		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$249.68	\$127.98	\$0.00	\$24.84	\$25.23	(with L&H)	\$40.08	\$5.29	\$19.01	\$7.25
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5844								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.78	\$0.00	\$24.84	\$25.23		\$40.08	\$5.29	\$19.01	\$7.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.54	\$80.78	\$0.00	\$22.66	\$25.23		\$27.76	\$5.29	17.57 (FRV)	\$7.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.82	\$4.04	\$0.00	\$1.13	\$1.26	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.36	\$84.82	\$0.00	\$23.79	\$26.49	\$0.00	\$29.15	\$5.29	\$17.57	\$7.25
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3496								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.61	\$5.10	\$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	\$246.62	\$119.57	\$0.00	\$23.79	\$26.90	\$0.00	\$46.25	\$5.29	\$17.57	\$7.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.14									

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

FINAL

Provider: Senior Care Ctr.-Brunswick				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 000830827B				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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:		3.95	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3019	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$16,154,976	\$10,886,636	\$0	\$1,505,151	\$781,808	\$500,814	\$1,818,932		\$661,635	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$8,222)	(\$33,906)	\$0	\$0	(\$19,724)	\$0	(\$182,200)		\$227,608	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$339,582		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$33,546
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$16,519,882	\$10,852,730	\$0	\$1,505,151	\$762,084	\$500,814	\$1,636,732	\$339,582	\$889,243	\$33,546
8	Total Nursing Facility Days As Filed Days = 68,679	FY19 Audited C/R Days	68,679									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								56,845		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$244.36	\$158.02	\$0.00	\$21.92	\$18.39	(with L&H)	\$23.83	\$5.97	\$15.64	\$0.59
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.2880								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$122.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$122.68	\$0.00	\$21.92	\$18.39		\$23.83	\$5.97	\$15.64	\$0.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.36	\$84.91	\$0.00	\$21.92	\$18.39		\$23.83	\$5.97	15.75 (FRV)	\$0.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.46	\$4.25	\$0.00	\$1.10	\$0.92	\$0.00	\$1.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.82	\$89.16	\$0.00	\$23.02	\$19.31	\$0.00	\$25.02	\$5.97	\$15.75	\$0.59
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3019								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.48	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.54									

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

FINAL

Provider: Roselane Health and Rehab Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.50	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7301	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$10,445,698	\$5,100,863	\$0	\$720,934	\$817,363	\$0	\$1,794,155		\$2,012,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$141,649)	(\$51,340)	\$0	\$0	\$0	\$0	(\$12,816)		(\$77,493)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$10,005)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$64,495		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$99,310
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$10,457,849	\$5,049,523	\$0	\$720,934	\$817,363	\$0	\$1,771,334	\$64,495	\$1,934,890	\$99,310
8	Total Nursing Facility Days As Filed Days = 45,747	FY19 Audited C/R Days	45,747									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								42,284		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$232.37	\$110.38	\$0.00	\$15.76	\$17.87	(with L&H)	\$38.72	\$1.53	\$45.76	\$2.35
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6728								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.98	\$0.00	\$15.76	\$17.87		\$38.72	\$1.53	\$45.76	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.63	\$65.98	\$0.00	\$15.76	\$17.87		\$27.76	\$1.53	14.38 (FRV)	\$2.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.37	\$3.30	\$0.00	\$0.79	\$0.89	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.00	\$69.28	\$0.00	\$16.55	\$18.76	\$0.00	\$29.15	\$1.53	\$14.38	\$2.35
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7301								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	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 Svcs)	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	\$24.86	\$7.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.44	\$126.99	\$0.00	\$16.77	\$19.17	\$0.00	\$46.25	\$1.53	\$14.38	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.76									

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

FINAL

Provider: Regency Park Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00837207A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4391	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		16.33%	0.0%	Quarterly Medicaid CMI:			1.3155	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.53	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.3364	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,302,270	\$4,763,250	\$0	\$926,141	\$710,837	\$0	\$1,557,198		\$344,844	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$52,751)	(\$154,818)	\$0	\$0	\$0	\$0	\$102,067		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$128,450)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$50,977		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$10,282
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,182,328	\$4,608,432	\$0	\$926,141	\$710,837	\$0	\$1,530,815	\$50,977	\$344,844	\$10,282
8	Total Nursing Facility Days As Filed Days = 33,152	FY19 Audited C/R Days	33,254									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								24,681		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$250.30	\$138.58	\$0.00	\$27.85	\$21.38	(with L&H)	\$46.03	\$2.07	\$13.97	\$0.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4391								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.29	\$0.00	\$27.85	\$21.38		\$46.03	\$2.07	\$13.97	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.86	\$84.91	\$0.00	\$22.66	\$21.38		\$27.76	\$2.07	21.66 (FRV)	\$0.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.84	\$4.25	\$0.00	\$1.13	\$1.07	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.70	\$89.16	\$0.00	\$23.79	\$22.45	\$0.00	\$29.15	\$2.07	\$21.66	\$0.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3364								
18	Qtrtry Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.08	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.00									

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

FINAL

Provider: Rockdale Healthcare				<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00838252A				Growth Allowance:			N/A	5.00%	Base Period Overall CMI:			1.6004	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score			27.42%	1.0%	Quarterly Medicaid CMI:			1.5823	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:			3.89	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6115	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	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$8,550,065	\$3,558,298	\$0	\$567,605	\$654,973	\$0	\$1,145,696		\$2,623,493	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$45,007)	(\$66,095)	\$0	\$0	\$0	\$0	\$141,959		(\$120,871)		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$148,292)				
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$196,225			
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$123,790	
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$8,676,781	\$3,492,203	\$0	\$567,605	\$654,973	\$0	\$1,139,363	\$196,225	\$2,502,622	\$123,790	
8	Total Nursing Facility Days As Filed Days = 33,959	FY19 Audited C/R Days	33,959										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								32,552			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$259.10	\$102.84	\$0.00	\$16.71	\$19.29	(with L&H)	\$33.55	\$6.03	\$76.88	\$3.80	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6004									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.26									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.26	\$0.00	\$16.71	\$19.29		\$33.55	\$6.03	\$76.88	\$3.80	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.31	\$64.26	\$0.00	\$16.71	\$19.29		\$27.76	\$6.03	13.46 (FRV)	\$3.80	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.40	\$3.21	\$0.00	\$0.84	\$0.96	\$0.00	\$1.39	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.71	\$67.47	\$0.00	\$17.55	\$20.25	\$0.00	\$29.15	\$6.03	\$13.46	\$3.80	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6115									
18	Qtrly Routine Svcs 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	\$198.97	\$108.73	\$0.00	\$17.55	\$20.25	\$0.00	\$29.15	\$6.03	\$13.46	\$3.80	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.26	\$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	\$22.61	\$4.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.58	\$113.61	\$0.00	\$17.77	\$20.66	\$0.00	\$46.25	\$6.03	\$13.46	\$3.80	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.36										

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

FINAL

Provider: Coastal Manor				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00856028A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4097	1.4759
Case Mix Per Diem Rate Effective Date: 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%	Qtrtly Mcaid CMI w RUG Wght 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,547,385	\$3,420,736	\$0	\$902,222	\$375,944	\$611,470	\$689,267		\$547,746	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$53,874)	(\$175,856)	\$0	\$59,176	\$0	(\$20,720)	\$114,193		(\$30,667)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$106,719)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$136,765		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$26,960
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$6,550,517	\$3,244,880	\$0	\$961,398	\$375,944	\$590,750	\$696,741	\$136,765	\$517,079	\$26,960
8	Total Nursing Facility Days As Filed Days = 37,667	FY19 Audited C/R Days	37,667									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								35,920		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.79	\$86.15	\$0.00	\$25.52	\$25.66	(with L&H)	\$18.50	\$3.81	\$14.40	\$0.75
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4097								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.11	\$0.00	\$25.52	\$25.66		\$18.50	\$3.81	\$14.40	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.53	\$61.11	\$0.00	\$25.52	\$25.66		\$18.50	\$3.81	16.18 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.55	\$3.06	\$0.00	\$1.28	\$1.28	\$0.00	\$0.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.08	\$64.17	\$0.00	\$26.80	\$26.94	\$0.00	\$19.43	\$3.81	\$16.18	\$0.75
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6181								
18	Qtrtly Routine Svcs 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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.26	\$0.53	\$0.00	\$0.22	\$0.14	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.58									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$246.10									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$171.75									

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

FINAL

Provider: Candler Hospital Sub-Acute Unit				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00870911A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			2.2646	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		#N/A	#N/A	Quarterly 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%	Qtrtly Mcaid CMI w RUG Wght 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
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$1,882,028	\$996,996	\$0	\$69,846	\$95,518	\$109,522	\$376,793		\$233,353	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit 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	FY19 Audited C/R Days	3,165									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								3,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$598.53	\$314.77	\$0.00	\$18.62	\$61.45	(with L&H)	\$117.82	\$0.51	\$79.86	\$5.50
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		2.2646								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$138.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$138.99	\$0.00	\$18.62	\$61.45		\$117.82	\$0.51	\$79.86	\$5.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.58	\$84.91	\$0.00	\$18.62	\$25.85		\$27.76	\$0.51	11.43 (FRV)	\$5.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.86	\$4.25	\$0.00	\$0.93	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.44	\$89.16	\$0.00	\$19.55	\$27.14	\$0.00	\$29.15	\$0.51	\$11.43	\$5.50
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5216								
18	Qtrtly Routine Svcs 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
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 = #N/A (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.27	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$309.10									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$219.00									

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

FINAL

Provider: PruittHealth - Laurel Park				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00908553A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6065	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		20.45%	1.0%	Quarterly Medicaid CMI:			1.6360	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.57	5.0%	Qtrtry Mcaid CMI w RUG Wght Options:			1.6666	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,703,371	\$4,016,912	\$0	\$497,744	\$746,599	\$0	\$1,255,413		\$186,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$40,008)	(\$97,139)	\$0	\$0	(\$4,623)	(\$6,146)	\$85,023		(\$17,123)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$177,138)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$383,193		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$15,537
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$6,884,955	\$3,919,773	\$0	\$497,744	\$741,976	(\$6,146)	\$1,163,298	\$383,193	\$169,580	\$15,537
8	Total Nursing Facility Days As Filed Days = 31,012	FY19 Audited C/R Days	31,012									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								25,472		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$226.00	\$126.40	\$0.00	\$16.05	\$23.73	(with L&H)	\$37.51	\$15.04	\$6.66	\$0.61
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6065								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.68	\$0.00	\$16.05	\$23.73		\$37.51	\$15.04	\$6.66	\$0.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.05	\$78.68	\$0.00	\$16.05	\$23.73		\$27.76	\$15.04	21.18 (FRV)	\$0.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.31	\$3.93	\$0.00	\$0.80	\$1.19	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.36	\$82.61	\$0.00	\$16.85	\$24.92	\$0.00	\$29.15	\$15.04	\$21.18	\$0.61
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6666								
18	Qtrtry Routine Svcs 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.10									

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

FINAL

Provider: Oconee Regional SNF Prvdr ID: 00947658A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2022 MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Growth Allowance: N/A Qtrly BIMS score 0.00% Nurse Hours per On-Site Day/Quality Incentive: 7.15		N/A	5.00% 0.0% 0.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.8401 1.5485 1.5216	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,037,510	\$1,030,218	\$0	\$137,572	\$72,806	\$126,565	\$536,279		\$134,070	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$16,063)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$71,985		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,093,432	\$1,030,218	\$0	\$137,572	\$72,806	\$126,565	\$520,216	\$71,985	\$134,070	\$0
8	Total Nursing Facility Days As Filed Days = 3,108	FY19 Audited C/R Days	3,108									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								3,108		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$674.14	\$331.47	\$0.00	\$44.26	\$64.15	(with L&H)	\$167.38	\$23.74	\$43.14	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.8401								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$180.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$180.14	\$0.00	\$44.26	\$64.15		\$167.38	\$23.74	\$43.14	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.35	\$84.91	\$0.00	\$32.43	\$25.85		\$27.76	\$23.74	20.66 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.55	\$4.25	\$0.00	\$1.62	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.90	\$89.16	\$0.00	\$34.05	\$27.14	\$0.00	\$29.15	\$23.74	\$20.66	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5216								
18	Qtrly Routine Svcs 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	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$287.51	\$135.67	\$0.00	\$34.05	\$27.14	\$0.00	\$46.25	\$23.74	\$20.66	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.81									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Southern Pines Nursing Home Prvdr ID: 00140918A H/B ?: No				Add-on Data and Percentages Growth Allowance: N/A BIMS: 33.3% Nurse Hours per On-Site Day/Quality Incentive: 4.02		Facility Score: N/A Add-on Percent: 5.00% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.7362 Quarterly Medicaid CMI: 1.6916 Qtrly Mcaid CMI w RUG Wght Options: 1.7241				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	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$ 92,553		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2021 GL-PL Ins. Rpt								16,384		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2019 Peer Group Limit		\$84.91		\$22.66	\$25.85		\$27.76		\$36.42	\$5.70
<u>Allowed @ 95% of Std</u>			\$195.24	\$80.66		\$21.53	\$24.56		\$26.37		\$36.42	\$5.70
Growth Allowance 5.0%			\$7.66	\$4.03		\$1.08	\$1.23		\$1.32			
CMA Allowed Per Diem (After Growth Allowance)			\$208.54	\$84.69		\$22.61	\$25.79		\$27.69	\$ 5.65	\$36.42	\$5.70
Quarterly Facility Case Mix Index for Medicaid Residents				1.7241							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$146.02								
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												
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						17.10			
Total Quarterly Per Diem Add-On Amounts			\$25.13									
Quarterly Case Mix Based Per Diem Rate			\$293.54	\$154.05		\$22.61	\$25.79		\$44.79	\$4.19	\$36.42	\$5.70
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$207.33									

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

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

FINAL

Provider: Zebulon Park Health And Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.62	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5274	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,672,494	\$2,926,461	\$0	\$443,375	\$579,441	\$0	\$939,702		\$783,515	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$103,066	\$0	\$0	\$0	\$0	\$11,177	\$116,629		(\$24,740)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$35,612)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$69,498		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,755
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,829,201	\$2,926,461	\$0	\$443,375	\$579,441	\$11,177	\$1,020,719	\$69,498	\$758,775	\$19,755
8	Total Nursing Facility Days As Filed Days = 21,398	FY19 Audited C/R Days	21,398									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								20,022		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$275.14	\$136.76	\$0.00	\$20.72	\$27.60	(with L&H)	\$47.70	\$3.47	\$37.90	\$0.99
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6504								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.86	\$0.00	\$20.72	\$27.60		\$47.70	\$3.47	\$37.90	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.50	\$82.86	\$0.00	\$20.72	\$25.85		\$27.76	\$3.47	35.85 (FRV)	\$0.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.86	\$4.14	\$0.00	\$1.04	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.36	\$87.00	\$0.00	\$21.76	\$27.14	\$0.00	\$29.15	\$3.47	\$35.85	\$0.99
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5274								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.32	\$3.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.17	\$3.85	\$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	\$272.41	\$136.73	\$0.00	\$21.98	\$27.14	\$0.00	\$46.25	\$3.47	\$35.85	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.48									

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

FINAL

Provider: Ansley Park Health And Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 003136416A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6732	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		12.50%	0.0%	Quarterly Medicaid CMI:			1.3664	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.19	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3925	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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,435,062	\$3,170,278	\$0	\$478,775	\$513,905	\$0	\$890,376		\$381,728	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$118,603	\$0	\$0	\$0	\$1,442	\$12,920	\$129,376		(\$25,135)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$35,580)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$68,640		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$19,946
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,606,671	\$3,170,278	\$0	\$478,775	\$515,347	\$12,920	\$984,172	\$68,640	\$356,593	\$19,946
8	Total Nursing Facility Days As Filed Days = 21,566	FY19 Audited C/R Days	21,566									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								16,432		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$266.43	\$147.00	\$0.00	\$22.20	\$24.50	(with L&H)	\$45.64	\$4.18	\$21.70	\$1.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.6732								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.86	\$0.00	\$22.20	\$24.50		\$45.64	\$4.18	\$21.70	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.53	\$84.91	\$0.00	\$22.20	\$24.50		\$27.76	\$4.18	37.77 (FRV)	\$1.21
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.98	\$4.25	\$0.00	\$1.11	\$1.23	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.51	\$89.16	\$0.00	\$23.31	\$25.73	\$0.00	\$29.15	\$4.18	\$37.77	\$1.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3925								
18	Qtrtly Routine Svcs 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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.47									

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

FINAL

Provider: Stevens Park Prvdr ID: 003143404A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 13.33% Nurse Hours per On-Site Day/Quality Incentive: 3.68		<u>Facility Score</u> N/A 13.33% 3.68	<u>Add-on Percent</u> 5.00% 0.0% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5018 Quarterly Medicaid CMI: 1.5657 Qtrly Mcaid CMI w RUG Wght Options: 1.5949			<u>Facility Specific</u> 1.5018 1.5657 1.5949	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,736,576	\$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 Svcs	Ln 7 / Ln 8 Col a	\$270.96	\$111.36	\$0.00	\$26.04	\$24.28	(with L&H)	\$41.01	\$3.76	\$63.67	\$0.84
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5018								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.15	\$0.00	\$26.04	\$24.28		\$41.01	\$3.76	\$63.67	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.08	\$74.15	\$0.00	\$22.66	\$24.28		\$27.76	\$3.76	33.63 (FRV)	\$0.84
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.44	\$3.71	\$0.00	\$1.13	\$1.21	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.52	\$77.86	\$0.00	\$23.79	\$25.49	\$0.00	\$29.15	\$3.76	\$33.63	\$0.84
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5949								
18	Qtrly Routine Svcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.97	\$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	(Ln 25 - Ln 23) * 0.75	\$185.06									

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

FINAL

Provider: Chelsey Park Health And Rehabilitation				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 003165720A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7649	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		32.43%	2.5%	Quarterly Medicaid CMI:			1.3851	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.15	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4083	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,295,010	\$3,030,378	\$0	\$458,144	\$501,472	\$0	\$775,819		\$529,197	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	\$80,390	\$0	\$0	\$0	\$0	\$10,940	\$100,292		(\$30,842)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$31,525)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$62,400		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,836
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,432,111	\$3,030,378	\$0	\$458,144	\$501,472	\$10,940	\$844,586	\$62,400	\$498,355	\$25,836
8	Total Nursing Facility Days As Filed Days = 20,044	FY19 Audited C/R Days	20,044									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								17,426		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$275.41	\$151.19	\$0.00	\$22.86	\$25.56	(with L&H)	\$42.14	\$3.58	\$28.60	\$1.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7649								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.67								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.67	\$0.00	\$22.86	\$25.56		\$42.14	\$3.58	\$28.60	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.46	\$84.91	\$0.00	\$22.66	\$25.56		\$27.76	\$3.58	36.51 (FRV)	\$1.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.05	\$4.25	\$0.00	\$1.13	\$1.28	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.51	\$89.16	\$0.00	\$23.79	\$26.84	\$0.00	\$29.15	\$3.58	\$36.51	\$1.48
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4083								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.14	\$3.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.46	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.70									

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

FINAL

Provider: Harrington Park Health And Rehabilitation				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 003165726A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.6438	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		19.23%	0.0%	Quarterly Medicaid CMI:			1.2662	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.58	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2841	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,441,668	\$2,821,644	\$0	\$475,643	\$434,358	\$0	\$878,920		\$831,103	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$119,322	\$0	\$0	\$0	\$0	\$8,589	\$137,652		(\$26,919)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$30,355)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$60,320		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,517
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$5,616,472	\$2,821,644	\$0	\$475,643	\$434,358	\$8,589	\$986,217	\$60,320	\$804,184	\$25,517
8	Total Nursing Facility Days As Filed Days = 19,681	FY19 Audited C/R Days	19,681									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,611		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$297.16	\$143.37	\$0.00	\$24.17	\$22.51	(with L&H)	\$50.11	\$3.86	\$51.51	\$1.63
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.6438								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.22	\$0.00	\$24.17	\$22.51		\$50.11	\$3.86	\$51.51	\$1.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.50	\$84.91	\$0.00	\$22.66	\$22.51		\$27.76	\$3.86	38.17 (FRV)	\$1.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.90	\$4.25	\$0.00	\$1.13	\$1.13	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.40	\$89.16	\$0.00	\$23.79	\$23.64	\$0.00	\$29.15	\$3.86	\$38.17	\$1.63
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2841								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.49								
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
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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.51	\$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	(Ln 25 - Ln 23) * 0.75	\$176.36									

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

FINAL

Provider: Budd Terrace At Wesley Woods Prvdr ID: 003167547A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 26.51% Nurse Hours per On-Site Day/Quality Incentive: 8.51		<u>Facility Score</u> 8.51	<u>Add-on Percent</u> 5.00% 1.0% 0.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3897 Quarterly Medicaid CMI: 1.2830 Qtrly Mcaid CMI w RUG Wght Options: 1.3020			<u>Facility Specific</u> 1.3897 1.2830 1.3020	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$23,107,950	\$13,374,113	\$0	\$2,189,640	\$2,877,323	\$0	\$3,942,048		\$724,826	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$1,127,684)	\$0	\$0	\$0	\$0	\$0	(\$1,127,684)		\$0	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$197,640)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$17,853		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$21,800,479	\$13,374,113	\$0	\$2,189,640	\$2,877,323	\$0	\$2,616,724	\$17,853	\$724,826	\$0
8	Total Nursing Facility Days As Filed Days = 70,754	FY19 Audited C/R Days	70,754									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								52,947		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$311.65	\$189.02	\$0.00	\$30.95	\$40.67	(with L&H)	\$36.98	\$0.34	\$13.69	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3897								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$136.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$136.02	\$0.00	\$30.95	\$40.67		\$36.98	\$0.34	\$13.69	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.64	\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.34	15.12 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$8.06	\$4.25	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.70	\$89.16	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$0.34	\$15.12	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3020								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.59									

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

FINAL

Provider: Meadows Park Health And Rehabilitation				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 003167911A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.7006	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		30.91%	2.5%	Quarterly Medicaid CMI:			1.7020	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.62	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7359	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,485,545	\$2,938,177	\$0	\$447,276	\$488,296	\$0	\$993,000		\$618,796	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	\$32,185	\$2,268	\$0	\$0	\$0	\$3,923	\$52,416		(\$26,422)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$39,520)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$78,000		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$24,318
7	Cost Center Costs After Audit Adjustments	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 Svcs	Ln 7 / Ln 8 Col a	\$224.52	\$114.89	\$0.00	\$17.48	\$19.23	(with L&H)	\$39.30	\$3.77	\$28.67	\$1.18
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.7006								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.56	\$0.00	\$17.48	\$19.23		\$39.30	\$3.77	\$28.67	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.70	\$67.56	\$0.00	\$17.48	\$19.23		\$27.76	\$3.77	31.72 (FRV)	\$1.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.60	\$3.38	\$0.00	\$0.87	\$0.96	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.30	\$70.94	\$0.00	\$18.35	\$20.19	\$0.00	\$29.15	\$3.77	\$31.72	\$1.18
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7359								
18	Qtrtly Routine Svcs 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.34	\$3.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.84	\$126.75	\$0.00	\$18.57	\$20.60	\$0.00	\$46.25	\$3.77	\$31.72	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.81									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$271.20									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$190.57									

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

FINAL

Provider: Rockmart Health				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
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%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5363	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$3,004,059	\$1,509,748	\$0	\$328,330	\$382,139	\$0	\$495,920		\$287,922	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmts	(\$24,124)	(\$4,167)	\$0	\$0	\$0	\$834	(\$2,273)		(\$18,518)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$54,947)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$61,517		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$21,815
7	Cost Center Costs After Audit Adjustments	19 Audited C/R (As Adj. FY21 GLPL/T	\$3,008,320	\$1,505,581	\$0	\$328,330	\$382,139	\$834	\$438,700	\$61,517	\$269,404	\$21,815
8	Total Nursing Facility Days As Filed Days = 17,319	FY19 Audited C/R Days	17,319									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								13,852		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$178.79	\$86.93	\$0.00	\$18.96	\$22.11	(with L&H)	\$25.33	\$4.44	\$19.45	\$1.57
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5528								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.98	\$0.00	\$18.96	\$22.11		\$25.33	\$4.44	\$19.45	\$1.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.64	\$55.98	\$0.00	\$18.96	\$22.11		\$25.33	\$4.44	9.25 (FRV)	\$1.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.13	\$2.80	\$0.00	\$0.95	\$1.11	\$0.00	\$1.27	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.77	\$58.78	\$0.00	\$19.91	\$23.22	\$0.00	\$26.60	\$4.44	\$9.25	\$1.57
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5363								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.29	\$90.30	\$0.00	\$19.91	\$23.22	\$0.00	\$26.60	\$4.44	\$9.25	\$1.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.53	\$1.43	\$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	\$194.82	\$91.73	\$0.00	\$20.13	\$23.63	\$0.00	\$44.07	\$4.44	\$9.25	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.29									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$213.60									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$147.37									

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

FINAL

Provider: Advanced Health And Rehab Of Twiggs County				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 003185378A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4720	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		34.09%	2.5%	Quarterly Medicaid CMI:			1.5536	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		3.95	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5836	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,972,785	\$3,583,313	\$0	\$538,812	\$628,583	\$0	\$1,411,048		\$811,029	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$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	FY19 Audited C/R Days	36,097									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								34,987		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$195.63	\$99.27	\$0.00	\$14.93	\$17.41	(with L&H)	\$37.11	\$3.39	\$22.21	\$1.31
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4720								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.44	\$0.00	\$14.93	\$17.41		\$37.11	\$3.39	\$22.21	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.29	\$67.44	\$0.00	\$14.93	\$17.41		\$27.76	\$3.39	16.05 (FRV)	\$1.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.38	\$3.37	\$0.00	\$0.75	\$0.87	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.67	\$70.81	\$0.00	\$15.68	\$18.28	\$0.00	\$29.15	\$3.39	\$16.05	\$1.31
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5836								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$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												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.06	\$3.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.05	\$115.46	\$0.00	\$15.90	\$18.69	\$0.00	\$46.25	\$3.39	\$16.05	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.96									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$245.37									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$171.21									

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

FINAL

Provider: Archway Transitional Care Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 003185502A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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:		3.60	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3357	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,908,980	\$3,935,265	\$0	\$488,775	\$676,397	\$0	\$973,709		\$834,834	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmtns	(\$145,021)	(\$52,434)	\$0	\$0	(\$670)	(\$3,901)	(\$13,464)		(\$74,552)	
	As Adjusted Cost Center Costs (GL/PL)	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$229.31	\$128.52	\$0.00	\$16.18	\$22.24	(with L&H)	\$30.03	\$3.65	\$26.32	\$2.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3912								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.38								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.38	\$0.00	\$16.18	\$22.24		\$30.03	\$3.65	\$26.32	\$2.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.45	\$84.91	\$0.00	\$16.18	\$22.24		\$27.76	\$3.65	25.34 (FRV)	\$2.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.56	\$4.25	\$0.00	\$0.81	\$1.11	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.01	\$89.16	\$0.00	\$16.99	\$23.35	\$0.00	\$29.15	\$3.65	\$25.34	\$2.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3357								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.94	\$119.09	\$0.00	\$16.99	\$23.35	\$0.00	\$29.15	\$3.65	\$25.34	\$2.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.55	\$6.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	(Ln 25 - Ln 23) * 0.75	\$170.34									

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

FINAL

Provider: Oceanside Health And Rehab Prvdr ID: 003188970A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 35.19% Nurse Hours per On-Site Day/Quality Incentive: 3.49		<u>Facility Score</u> N/A 3.49	<u>Add-on Percent</u> 5.00% 2.5% 0.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3145 Quarterly Medicaid CMI: 1.7544 Qtrly Mcaid CMI w RUG Wght Options: 1.7881			<u>Facility Specific</u> 1.3145 1.7544 1.7881	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$4,585,044	\$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		(\$139,939)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$89,356		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$106,676
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$4,641,137	\$2,367,150	\$0	\$316,400	\$548,093	\$0	\$711,124	\$89,356	\$502,338	\$106,676
8	Total Nursing Facility Days As Filed Days = 26,301	FY19 Audited C/R Days	26,301									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								23,106		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.14	\$90.00	\$0.00	\$12.03	\$20.84	(with L&H)	\$27.04	\$3.87	\$21.74	\$4.62
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.3145								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.47	\$0.00	\$12.03	\$20.84		\$27.04	\$3.87	\$21.74	\$4.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.24	\$68.47	\$0.00	\$12.03	\$20.84		\$27.04	\$3.87	17.37 (FRV)	\$4.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$6.41	\$3.42	\$0.00	\$0.60	\$1.04	\$0.00	\$1.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.65	\$71.89	\$0.00	\$12.63	\$21.88	\$0.00	\$28.39	\$3.87	\$17.37	\$4.62
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7881								
18	Qtrly Routine Svcs 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 Svcs)	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 Svcs)	Ln 19 Col b x Sfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.54									

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

FINAL

Provider: Bostick Nursing Center Prvdr ID: 003192286A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 18.00% Nurse Hours per On-Site Day/Quality Incentive: 2.55			<u>Facility Score</u> Add-on Percent: 5.00% 0.0% 0.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.0948 Quarterly Medicaid CMI: 1.3018 Qtrly Mcaid CMI w RUG Wght Options: 1.3260			<u>Facility Specific</u> 1.0948 1.3018 1.3260	<u>State-wide</u> 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$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 Adjstmnts	(\$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	FY19 Audited C/R Days	43,774									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								77,249		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.68	\$83.75	\$0.00	\$19.79	\$21.26	(with L&H)	\$26.21	\$1.06	\$19.88	\$3.73
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.0948								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.50	\$0.00	\$19.79	\$21.26		\$26.21	\$1.06	\$19.88	\$3.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.26	\$76.50	\$0.00	\$19.79	\$21.26		\$26.21	\$1.06	20.71 (FRV)	\$3.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$7.19	\$3.83	\$0.00	\$0.99	\$1.06	\$0.00	\$1.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.45	\$80.33	\$0.00	\$20.78	\$22.32	\$0.00	\$27.52	\$1.06	\$20.71	\$3.73
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3260								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.64	\$106.52	\$0.00	\$20.78	\$22.32	\$0.00	\$27.52	\$1.06	\$20.71	\$3.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.13									

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

FINAL

<div> <div> Provider: GLEN EAGLE HEALTHCARE & REHAB (eff. 10/12/2018) Prvdr ID: 003214231A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score 36.07% Nurse Hours per On-Site Day/Quality Incentive: 3.11 </div> <div> Facility Score Add-on Percent 5.00% 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.7625 Quarterly Medicaid CMI: 1.5643 Qtrly Mcaid CMI w RUG Wght Options: 1.5919 </div> <div> Facility Specific 1.7625 1.5643 1.5919 </div> <div> State-wide 1.4759 1.5485 1.5216 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$1,251,562	\$642,763	\$0	\$125,936	\$177,522	\$0	\$270,606		\$34,735	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$24,499)	\$0	\$0	\$0	\$0	\$0	\$0		(\$24,499)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt								(\$18,799)		
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$140,604		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$35,343
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$1,384,211	\$642,763	\$0	\$125,936	\$177,522	\$0	\$251,807	\$140,604	\$10,236	\$35,343
8	Total Nursing Facility Days As Filed Days = 5,134	FY19 Audited C/R Days	5,134									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								21,855		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$241.88	\$125.20	\$0.00	\$24.53	\$34.58	(with L&H)	\$49.05	\$6.43	\$0.47	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY19		1.7625								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.03	\$0.00	\$24.53	\$34.58		\$49.05	\$6.43	\$0.47	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.91	\$71.03	\$0.00	\$22.66	\$25.85		\$27.76	\$6.43	14.56 (FRV)	\$1.62
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$7.36	\$3.55	\$0.00	\$1.13	\$1.29	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.27	\$74.58	\$0.00	\$23.79	\$27.14	\$0.00	\$29.15	\$6.43	\$14.56	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5919								
18	Qtrly Routine Svcs 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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.37	\$2.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									

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

FINAL

Provider: Reliable Health and Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 321026473A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			1.4034	1.4759
Case Mix Per Diem Rate Effective Date: 1/1/2022				Qtrly BIMS score		44.12%	2.5%	Quarterly Medicaid CMI:			1.6510	1.5485
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		2.53	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6823	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$6,250,801	\$3,008,327	\$0	\$538,140	\$819,764	\$0	\$1,122,187		\$762,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$167,289)	\$0	\$0	\$0	\$1,545	\$0	(\$52,380)		(\$116,454)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							\$0			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$155,807		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$93,775
7	Cost Center Costs After Audit Adjustments	19 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	FY19 Audited C/R Days	34,451									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								27,111		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.87	\$87.32	\$0.00	\$15.62	\$23.84	(with L&H)	\$31.05	\$5.75	\$23.83	\$3.46
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4034								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.22								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.22	\$0.00	\$15.62	\$23.84		\$31.05	\$5.75	\$23.83	\$3.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.53	\$62.22	\$0.00	\$15.62	\$23.84		\$27.76	\$5.75	11.88 (FRV)	\$3.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>5.00%</u>	Ln 14 x Grwth Allwnc %	\$6.47	\$3.11	\$0.00	\$0.78	\$1.19	\$0.00	\$1.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.00	\$65.33	\$0.00	\$16.40	\$25.03	\$0.00	\$29.15	\$5.75	\$11.88	\$3.46
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6823								
18	Qtrtly Routine Svcs 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.30	\$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									
27	Hold Harmless Minimum Quarterly Case Mix Based Per Diem Rate		\$226.17									
28	Hold Harmless Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$156.80									

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

FINAL

Provider: Glenwood Healthcare Prvdr ID: 701562744A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 26.83% Nurse Hours per On-Site Day/Quality Incentive: 2.74			Facility Score Add-on Percent	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4809 Quarterly Medicaid CMI: 1.5927 Qtrly Mcaid CMI w RUG Wght Options: 1.6238			Facility Specific 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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$2,537,839	\$1,236,341	\$0	\$246,610	\$262,455	\$0	\$437,553		\$354,880	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY19 C/R Audit Adjstmnts	(\$31,468)	\$0	\$0	\$0	\$0	\$0	(\$8,053)		(\$23,415)	
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY19 GL/PL Rpt							(\$15,324)			
	As Adjusted Cost Center Costs (GL/PL)	As Adjusted FY21 GL/PL Rpt								\$36,081		
	As Adjusted Cost Center Costs (Taxes and Insurance)	As Adjusted FY21 C/R										\$25,036
7	Cost Center Costs After Audit Adjustments	FY19 Audited C/R (As Adj. FY21 GLPL/T&I)	\$2,552,164	\$1,236,341	\$0	\$246,610	\$262,455	\$0	\$414,176	\$36,081	\$331,465	\$25,036
8	Total Nursing Facility Days As Filed Days = 16,964	FY19 Audited C/R Days	16,964									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 Audited C/R Days								15,681		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.34	\$72.88	\$0.00	\$14.54	\$15.47	(with L&H)	\$24.41	\$2.30	\$21.14	\$1.60
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.4809								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.21	\$0.00	\$14.54	\$15.47		\$24.41	\$2.30	\$21.14	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.91	\$49.21	\$0.00	\$14.54	\$15.47		\$24.41	\$2.30	13.38 (FRV)	\$1.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.18	\$2.46	\$0.00	\$0.73	\$0.77	\$0.00	\$1.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.09	\$51.67	\$0.00	\$15.27	\$16.24	\$0.00	\$25.63	\$2.30	\$13.38	\$1.60
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6238								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.90								
19	Quarterly Medicaid CMA Allowed Per Diem	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
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.68	\$1.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									

[illegible]

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: MeSun Health and Rehabilitation Center			<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide	
Prvdr ID: 003245344A			Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			Use Stwd	1.4759	
H/B ?: No			Case Mix Per Diem Rate Effective Date: 01/01/22		BIMS:	55.6%	5.5%	Quarterly Medicaid CMI:			1.5956	1.5462
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21			Nurse Hours per On-Site Day/Quality Incentive:		5.37	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6229	1.5738	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group					1	1	2	1	1			
Bed Size Range within Peer Group					All Facilities	All Facilities	Freestanding	All Facilities	All Facilities			
					All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile					90.0%	90.0%	90.0%	85.0%	50.0%			
Peer Group Standards: Multiplier					100.0%	100.0%	100.0%	100.0%	105.0%			
Efficiency Measures (Maximums)					\$0.53	\$0.00	\$0.22	\$0.41	\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs										\$0.00		
Total Nursing Facility Days GL-PL Ins. Rpt										0		
Standard Per Diem (After CMA for Routine Srvcs)												
<u>Allowed @ 90% of Std</u>												
Growth Allowance 5.00%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 5.5%to Routine Srvs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 0.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												
		\$183.79										

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

FINAL

Provider: Pruitthealth - Rome				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 299031876A				Growth Allowance:		N/A	5.00%	Base Period Overall CMI:			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
MDS & Nurse Hrs Data per Quarter Ending: 09/30/21				Nurse Hours per On-Site Day/Quality Incentive:		4.23	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6517	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	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY19 C/R - FY19 GL/PL Rpt	\$5,951,410	\$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 Svcs	Ln 7 / Ln 8 Col a	\$183.85	\$90.02	\$0.00	\$14.36	\$20.78	(with L&H)	\$23.05	\$13.05	\$21.28	\$1.31
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY19		1.5421								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.38	\$0.00	\$14.36	\$20.78		\$23.05	\$13.05	\$21.28	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$84.91	\$0.00	\$22.66	\$25.85		\$27.76	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.33	\$58.38	\$0.00	\$14.36	\$20.78		\$23.05	\$13.05	23.40 (FRV)	\$1.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 5.00%	Ln 14 x Grwth Allwnc %	\$5.83	\$2.92	\$0.00	\$0.72	\$1.04	\$0.00	\$1.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.16	\$61.30	\$0.00	\$15.08	\$21.82	\$0.00	\$24.20	\$13.05	\$23.40	\$1.31
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6517								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.25								
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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	(Ln 25 - Ln 23) * 0.75	\$155.03									