	ovider: A.G. Rhodes Home - Cobb, Inc.  vdr ID: 00493292A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		owth Allowance: trly BIMS score		Add-on Percent 18.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4016 1.6413 1.6728	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	Ь	C	d ,	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS		!			1						:
1	Cost Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
		,,		:		!		!	t	:		
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$9,531,009.00	\$4,993,930	\$0	\$1,050,501	\$664,422	\$555.658	\$1.756.281	\$117.033	\$393,184	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$284,999)	(\$63,751)	1	(\$37,217)	\$9,739	\$2,194	(\$205,354)	\$117,000	(\$4,688)	\$14.078
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,246,010	\$4,930,179	\$0	\$1,013,284	\$674,161		\$1,550,927	\$117.033	\$388,496	\$14,078
8	Total Nursing Facility Days As Filed Days = 45,950	FY12 Audited C/R Days	45,950				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i		,,,,,	*****	, , ,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,825	FY 18 GL-PL Ins Rpt Days			į	:		!	1	24,825		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$203.37	\$107.29	\$0.00	\$22.05	\$26.81	(with L&H)	\$33.75	\$4.71	\$8.45	\$0.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4016	1	l į						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.55	İ			}	:	i		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.55	\$0.00	\$22.05	\$26.81	i	\$33.75	\$4.71	\$8.45	\$0.31
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	İ	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.10	\$71.51	\$0.00	\$18.41	\$23.09	į Į	\$20.56	\$4.71	15.51 (FRV)	\$0.31
1	Quarterly Per Diem Rate Prior to Add-ons	1 - 44 - C - 4 - 4 9/					***	40.00				
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.54	\$13.14	\$0.00		\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$178.64	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.71	\$15.51	\$0.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		1.6728 \$141.60				-	:	;		
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.59	\$141.60	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.71	\$15.51	\$0.31
	Quarterly Per Diem Add-on Amounts	1		!		;				!		
20	Efficiency Add-on Per Diem ((Sind - 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	ì	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$3.54	\$3.54		1	,,,,,,			{		:
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.25	\$4.25	1				:	1		Ì
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		!	\$17.10	i		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.89	\$7.79	\$0.00	\$0.00	\$0.00	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$260.48	\$149.39	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$4.71	\$15.51	\$0.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - £n 23) * 0.75	\$182.54	!								

1	ovider: A.G. Rhodes Home at Wesley Woods, Inc. vdr ID: 00040818A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 50.7% 3.72	Add-on Percent 18.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4319 1.7498 1.7849	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	e	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS			<u> </u>								
1	Cost Center Peer Groups Typo of Facility willhin Peer Group Bed Sizo Range wilhin Peer Group	(see Policy Manual)		1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts			· · · · · · · · · · · · · · · · · · ·		:		:		;		· }
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,715,572.00	\$5,648,350	\$0	\$886,922	\$693,869	\$711,087	\$2,309,540	\$0	\$465,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmls	(\$248,833)	(\$97,239)	\$0	(\$24,371)	\$4,671	\$2,981	(\$159,894)		\$11,350	\$13,669
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,466,739	\$5,551,111	\$0	\$862,551	\$698,540	\$714,068	\$2,149,646	\$0	\$477,154	\$13,669
8	Total Nursing Facility Days As Filed Days = 51,585	FY12 Audited C/R Days	51,611			1						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,690	FY 18 GL-PL Ins Rpt Days								48,690		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Lπ7/Lπ8 Cola	\$202.80	\$107.56	\$0.00	\$16.71	\$27.37	(with L&H)	\$41.65	\$0.00	\$9.25	\$0.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4319		1			i	1		1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12		1		ļ		1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.12	\$0.00	\$16.71	\$27.37		\$41.65	\$0.00	\$9.25	\$0.2
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.05	\$71.51	\$0.00	\$16.71	\$23.09		\$20.56	\$0.00	16.92	\$0.28
:	Quarterly Per Diem Rate Prior to Add-ons					1					(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.23	\$13.14	\$0.00	\$3.07	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowanco Add-on)	Ln 14 + Ln 15	\$173.28	\$84.65	\$0.00	\$19.78	\$27.33	\$0.00	\$24.34	\$0.00	\$16.92	\$0.2
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7849						i i		
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 16 x Ln 17		\$151.09		1				1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$239.72	\$151.09	\$0.00	\$19.78	\$27.33	\$0.00	\$24,34	\$0.00	\$16.92	\$0.26
i	Quarterly Per Diem Add-on Amounts					:		i C	:			
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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$8.31	\$8.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.53	\$4.53	: :	1		1				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					į	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.16	\$12.84	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Լո 19 + Լո 24	\$269.88	\$163.93	\$0.00	\$20.00	\$27.33	\$0.00	\$41.44	\$0.00	\$16.92	\$0.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.59	:	:			1				<u></u>

1	ovider: A.G. Rhodes Home, Inc.  vdr ID: 00140005A  Case Mix Per Diem Rate Effective Date:	4/1/2021		Percentages with Allowance: trly BIMS score	Facility Score N/A 44.4%	Add-on <u>Percent</u> 18.37% 2.5%	Cas		CMI) Data d Overail CMI Medicaid CMI	•	Facility Specific 1.3781 1.7427	State- <u>wide</u> 1.3617 1.5382
	MDS & Nurse Hrs Data per Quarter Ending:		ırs per On-Site Day/Qı		4.15	3.0%	Ortrly Moaid	CMI w RUG			1.7766	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
ļ			а	ь	G	d	е	f	9	g	h	i i
C.	ASE MIX BASED RATE CALCULATIONS	· ·				!						:
1	Cost Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facililies All Bod Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts				:				i			
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,365,897.00	\$5,035,907	\$0	\$990,199	\$597,278	\$675,204	\$1,741,911	\$0	\$325,398	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$319,525)	(\$199,152)	\$0	(\$2,647)	\$12,487	(\$3,293)	(\$125,005	)	(\$15,506)	\$13,591
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,046,372	\$4,836,755	\$0	\$987,552	\$609,765	\$671,911	\$1,616,906	\$0	\$309,892	\$13,591
8	Total Nursing Facility Days As Filed Days = 47,821	FY12 Audited C/R Days	47,833									!
-	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,335	FY 18 GL-PL ins Rpt Days			' !	}			<i>t</i>	47,335		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$189.12	\$101.12	\$0.00	\$20.65	\$26.79	(with L&H)	\$33.80	\$0.00	\$6.48	\$0.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	İ	<u>1.3781</u>		1		İ				.
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$73.38					:	1		,
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = Ln 9		\$73.38	\$0.00	\$20.65	\$26.79		\$33.80	1 1	\$6.48	\$0.28
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	1 1	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.68	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	16.83 (FRV)	\$0.28
	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %					****	40.00				
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwin Allwing % Ln 14 + Ln 15	\$24.54	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78		N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qir End	\$175.22	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$0.00	\$16.83	\$0.28
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents  Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	ł.	<u>1.7766</u> \$150.39					:	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.96	\$150.39	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$0.00	\$16.83	\$0.28
i	Quarterly Per Diem Add-on Amounts		; }						: ! V			
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.76	\$3.76	45.00	45.50	\$3,00	45.00	45.00		<b>43.00</b>	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$4.51	\$4.51	!							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thre 23	\$25.37	\$8.27	\$0.00	\$0.00	\$0.00	\$0.00	1	1	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$266.33	\$158.66	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$0.00	\$16.83	\$0.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.92		i	<u></u> L			·			
				;								

	vider: Abercorn Rehabilitation Center 00083025A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 41.7% 2.95	Add-on Percent 18.37% 2.5% 2.0%			d Overall CMI Medicaid CMI	;	Facility <u>Specific</u> 1.5995 1.5334 1.5621	State- wide 1.3617 1.5382 1,5656
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	c	d	е	f	g	9	h	i
	ASE MIX BASED RATE CALCULATIONS					:						
<u> </u>		;								1		
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Frae Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bod 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%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	<u> </u>	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i }	\$0.37	i		
	Base Period Per Diem Allowed Amounts							1				
5	As Filed Cost Center Costs (Rouline & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,595,788.00	\$2,904,219	\$0	\$532,761	\$179,542	\$310,536	\$1,410,205	\$101,378	\$157,147	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$396,995)	(\$13,441)	\$0	(\$592)	\$4,040	\$5,215	(\$395,753	)	(\$63,055)	\$66,59
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,198,793	\$2,890,778	\$0	\$532,169	\$183,582	\$315,751	\$1,014,452	\$101,378	\$94,092	\$66,59
8	Total Nursing Facility Days As Filed Days = 32,214	FY12 Audited C/R Days	32,214			:						·
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,185	FY 18 GL-PL Ins Rpt Days				1				30,185		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$161.60	\$89.74	\$0.00	\$16.52	\$15.50	(with L&H)	\$31.49	\$3.36	\$2.92	\$2.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5995</u>	!	1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$56.11		1			:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 9		\$56.11	\$0.00	\$16.52	\$15.50		\$31.49	\$3.36	\$2.92	\$2.07
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	İ	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.82	\$56.11	\$0.00	\$16.52	\$15.50		\$20.56	\$3.36	9.70 (FRV)	\$2.07
	Quarterly Per Diem Rate Prior to Add-ons		_	_		11						
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.97	\$10.31	\$0.00	\$3.03	\$2.85	\$0.00	\$3.78		N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.79	\$66.42	\$0.00	\$19.55	\$18.35	\$0.00	\$24.34	\$3.36	\$9.70	\$2.07
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		<u>1.5621</u>		<u> </u>				t t		
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.12	\$103.75 \$103.75	\$0.00	\$19.55	\$18.35	\$0.00	\$24.34	\$3.36	\$9.70	\$2.0
	Quarterly Per Diem Add-on Amounts		•			i i				:		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59		1 1						
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08		[			:			:
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.93	\$5.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Լո 19 + Լո 24	\$204.05	\$108.95	\$0.00	\$19.77	\$18.76	\$0.00	\$41.44	\$3.36	\$9.70	\$2.07
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.21									****

	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$178.17										
	Quarterly Case Mix Based Per Diem Rate		\$254.66	\$150.00		\$20.70	\$25.97		\$40.22	\$2.06	\$15.71	\$0.00
-	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$23.56						17.10			
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee		\$3.59 \$2.87	\$3.59 \$2.87					47.10			
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$231.10	\$143.54		\$20.70	\$25.97		\$23.12	\$2.06	\$15.71	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			1.7851 \$143.54					N 25 AVE 1 A S AVE		(FRV Rate)	
	CMA Allowed Per Diem (After Growth Alowance)		\$167.97	\$80.41		\$20.70	\$25.97		\$3.59	The same of the sa	\$15.71	\$0.00
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59		\$15.71	\$0.0
	Allowed @ 95% of Std	1 1 ZO1Z 1 CCI GIOUP CIIIII	\$142.60	\$67.93		\$18.41	\$23.09		\$20.56 \$19.53		\$15.71 \$15.71	
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18,41	\$23.09		\$20.56	26,482	\$15.71	\$0.0
	GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt								\$ 54,437		
	Per Diem Costs and Add-ons	Evente et Pi i Pi i										
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards & Efficiency Measure Limits			V15000 00-00		1000 10000						
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	SE MIX BASED RATE CALCULATIONS											
			a	b	С	d	е	f	g	Television to the	h	i
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	MDS & Nurse Hrs Data per Quarter Ending	: 12/31/20 Nurse	Hours per On-Site	Day/Quality Incentive:	4.04	2.0%	Qrtrly Mi	caid CMI w RUC	Wght Options:		1.7851	1.5713
,	H/B ?: No Case Mix Per Diem Rate Effective Date			BIMS:	38.4%	2.5%			Medicaid CMI:		1.7517	1.5438
	/dr ID: 003185378A			Growth Allowance:	N/A	18.37%			od Overall CMI:		Use Stwd	1.3617
	ovider: Advanced Health and Rehab of Twiggs County		Add-on Da	ta and Percentages	Score	Percent		Case Mix Index			Specific	wide
					Facility	Add-on					Facility	State-

Provider	- Altamaha Healthcare Ctr.		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide	1
Prvdr ID	: 00140027A		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:	1.4937	1.3617	
:	Case Mix Per Diem Rate Effective Date:	4/1/2021	Qtrly BIMS score	35.4%	2.5%	Quarterly Medicaid CMI:	1.5251	1.5382	- 1
:	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20	Nurse Hours per On-Site Day/Quality Incentive:	2.99	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.5506	1.5656	- !

	MIDS & Holse His Data per Quarter Enting.	12/3/1/20 140/36 (100/3	s per On-Oite Dayica	conty incentive.	2.55	3.078	Gilliy wicold	CIVIEW INUG	regist Options.		1.5500	1.5050
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		;	3	b	C	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS	:			1							
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits		ĺ	İ		;			:			Į.
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				1				:			:
5	As Filed Cost Center Costs (Routine & Special Strucs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,496,153.00	\$1,307,867	\$0	\$260,953	\$160,233	\$150,961	\$442,827	\$12,964	\$160,348	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$36,104	\$0	\$0	\$0	\$0	\$0	\$4,855		\$4,790	\$26,459
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,532,257	\$1,307,867	\$0	\$260,953	\$160,233	\$150,961	\$447,682	\$12,964	\$165,138	\$26,459
8	Total Nursing Facility Days As Filed Days = 22,023	FY12 Audited C/R Days	22,023		i				:			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,546	FY 18 GL-PL Ins Rpt Days				1				20,546		!
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$115.03	\$59.39	\$0.00	\$11.85	\$14.13	(with L&H)	\$20.33	\$0.63	\$7.50	\$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4937		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	i	\$39.76		1						:
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = Ln 9		\$39.76	\$0.00	\$11.85	\$14.13		\$20.33	\$0.63	\$7.50	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$95.24	\$39.76	\$0.00	\$11.85	\$14,13		\$20.33	\$0.63	7.34	\$1.20
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.81	\$7.30	\$0.00	\$2.18	\$2.60	\$0.00	\$3.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$111.05	\$47.06	\$0.00	\$14.03	\$16,73	\$0.00	\$24.06	\$0.63	\$7.34	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5506	:	: 1						
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.97		: ;				1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$136.96	\$72.97	\$0.00	\$14.03	\$16.73	\$0.00	\$24.06	\$0.63	\$7.34	\$1.20
	Quarterly Per Diem Add-on Amounts	r.	!						:			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.33	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.17	(	\$0.00	1
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,82	\$1.82	!	•			:	i		:
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.19	\$2.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1		1			\$17.10			1
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.44	\$4.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.27	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£π 19 + Ln 24	\$159,40	\$77.51	\$0.00	\$14.25	\$17.14	\$0.00	\$41.33	\$0.63	\$7.34	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$106.73						<del> </del>	···		
	· · · · · · · · · · · · · · · · · · ·	1										

Provider: Amara Healthcare & Rehab.  Prvdr ID: 00140049A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hot		wth Allowance: trly BIMS score	Score N/A 34.3% 4.76	Add-on Percent 18.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Mght Options:		Facility <u>Specific</u> 1.1730 1.5593 1.5857	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	ее	f	j g	g	h	i
CASE MIX BASED RATE CALCULATIONS								1			
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Stze Range within Peer Group	(see Policy Manual)	l s	1 All Facilities All Bed Sizes	!	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	i .	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for ectual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
		i r						1			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,847,054.00	\$2,145,096	\$0	\$445.961	\$203,920	<b>\$216.526</b>	\$1,068,285	\$111,711	\$556,555	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$62,046)	\$57,914	\$0 \$0	\$443,963	\$3.067	\$4,746		6 1 1	(\$6,933)	\$15.074
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,785,008	\$2,203,010	\$0	\$445,961	\$206,987	\$320,272		\$111,711	\$549,622	\$15,074
8 Total Nursing Facility Days As Filed Days = 37,101	FY12 Audited C/R Days	37,101	<b>4</b> 2,200,510	-		<b>4</b>	4022,212	400240		40.0,022	4.0,5.
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,067	FY 18 GL-PL Ins Rpt Days				:		1	 	35.067		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$129.15	\$59.38	\$0.00	\$12.02	\$14.21	(with L&H)	\$25,13	\$3,19	\$14.81	\$0.41
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1730				) · · · · · · · · · · · · · · · · · · ·				
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$50.62	i			 		1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.62	\$0.00	\$12.02	\$14.21		\$25.13	\$3.19	\$14.81	\$0.41
13 Per Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$111.67	\$50.62	\$0.00	\$12.02	\$14.21		\$20.56	\$3.19	10.66 (FRV)	\$0.41
Quarterly Per Diem Rate Prior to Add-ons  15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.90	50.20	£0.00		\$0.64	<b>60.00</b>		. NIA	h1/A	NICA
15 Growth Allowance Percentage = <u>18.37%</u> 16 CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$129.57	\$9.30 \$59.92	\$0.00	\$2.21 \$14.23	\$2.61 \$16.82	\$0.00 \$0.00	\$3.78 \$24.34	N/A \$3.19	N/A \$10.66	N/A \$0,41
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$129.57	1.5857	\$0.00	\$14,23	\$10.02	\$0.00	\$24,34	\$3.19	\$10.00	\$0.41
18 Ortriy Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$95.02		:			i	1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.67	\$95.02	\$0.00	\$14.23	\$16.82	\$0.00	\$24.34	\$3.19	\$10.66	\$0.41
Quarterly Per Diem Add-on Amounts								i		i	
20   Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38	(	: ' -!		(	!			
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85	( [				!		3	
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10		l	:		!	\$17.10	i i		
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	\$188.16	\$100.78	\$0.00	\$14.45	\$17.23	\$0.00	\$41.44	\$3.19	\$10.66	\$0.41
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.30									

Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: 12/31/20  Sources / Calculation  CASE MIX BASED RATE CALCULATIONS	Nurse Hours per On-Site Day/Q	tirfy BIMS score tuality Incentive: Routine Services	34.0% 3.34 Special	2.5% 2.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.6151	1.5382
# Calculation  CASE MIX BASED RATE CALCULATIONS	s		Special						1.6444	1.5656
	а	i	Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	i	ь	С	d	е	f	9	g	ħ	i
		; ;								
1 Cost Center Peer Groups (see Policy Mar Type of Facility within Peer Group Bod Size Range within Peer Group	oual)	1 All Facilities All Bed Sizes		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 Mar 3 Peer Group Standards: Multiplier (see Policy Mar 4 Efficiency Measure Maximums (see line 20 for actual) (see Policy Mar	nual)	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts	(		İ						!	
5 As Filed Cost Center Costs (Routine & Special Sixes Combined) As Filed FY12 C/R -FY 26	018 GL-PL Rpt \$8,774,776.96	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,742,505	\$411,887	\$1,246,383	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit A	djstmts (\$338,220)	\$0	\$0	\$0	\$0	\$0	(\$338,220)		(\$56,913)	\$56,913
7 Cost Center Costs After Audit Adjustments FY12 Audited	C/R \$8,436,557	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,404,285	\$411,887	\$1,189,470	\$56,913
8 Total Nursing Facility Days As Filed Days = 50,357 FY12 Audited C/F	R Days 50,357			· .					i	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,121 FY 18 GL-PL Ins R	pt Days						: !	44,121		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Co	s168.70	\$77.98	\$0.00	\$13.34	\$15.40	(with L&H)	\$27.89	\$9.34	\$23,62	\$1,13
10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of F	Y12	<u>1.4753</u>		İ						
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9 / Ln 18	•	\$52.86		:					;	
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = £n 11, AllOth	r = Ln 9	\$52.86	\$0.00	\$13.34	\$15,40		\$27.89	\$9.34	\$23.62	\$1.1
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group I	_imits	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 o	r Ln 13 \$121,49	\$52.86	\$0.00	\$13.34	\$15.40		\$20.56	\$9.34	8.86 (FRV)	\$1.1
Quarterly Per Diem Rate Prior to Add-ons  15 Growth Allowance Percentage = 18.37% Ln 14 x Grwth All	wnc % \$18,77	\$9,71	\$0.00	\$2.45	\$2.83	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 1		\$62.57	\$0.00		\$18.23	\$0.00	\$24.34	\$9.34	\$8.86	\$1.1
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr		1.6444	\$5.00	\$10.15	\$10.25	\$0.00	Ψ24.54	J9.34	\$0.00	
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 1		\$102.89						i	,	
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr		\$102.89	\$0.00	\$15.79	\$18.23	\$0.00	\$24.34	\$9.34	\$8.86	\$1.1
Quarterly Per Diem Add-on Amounts	i į	!	!	i						
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Mar	nual) \$1,16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS				, , ,	<del></del> ,,	\$2.00		į		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs) Ln 19 Col b x Sting	i i i i i i i i i i i i i i i i i i i	\$2.06								
23 Nursing Home Provider Fee (Fixed Amount	· · · · · · · · · · · · · · · · · · ·		: !				\$17.10	i	;	
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 th		\$5.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 2	4 \$203.47	\$108.05	\$0.00	\$16.01	\$18.64	\$0.00	\$41.44	\$9,34	\$8.86	\$1.13
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23)*	0.75 \$139.78			<u> </u>			i	1		

Prv	vider: Ansley Park Health & Rehab Center dr ID: 003136416A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>04/01/21</b> 12/31/20 Nurse F		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 18.8% 4.26	Add-on Percent 18.37% 0.0% 2.0%		Quarterly aid CMI w RUG	od Overall CMI: Medicaid CMI: Wght Options:		Facility Specific Use Stwd 1.3867 1.4127	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g		h	i
	E MIX BASED RATE CALCULATIONS	l ,										
	Cost Center Peer Groups per Selected Options			1	1	2	1	1 1	1 1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	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	FY2018 GL-PL Ins. Rpt								\$ 62,514		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								20,721		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$39.71	
	Allowed @ 95% of Std		\$172.42	\$67.93		\$17.49	\$21.94		\$19.53		\$39.71	\$5.82
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Alowance)		\$198.75	\$80.41		\$20.70	\$25.97		\$23.12	\$ 3.02	\$39.71	\$5.82
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.4127</u>							(FRV Rate)	
	Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$113.59								
	Quarterly Medicaid CMA Allowed Per Diem		\$231.93	\$113.59		\$20.70	\$25.97		\$23.12	\$3.02	\$39.71	\$5.82
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.27	\$2.27								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$19.37									
	Quarterly Case Mix Based Per Diem Rate		\$251.31	\$115.87		\$20.70	\$25.97		\$40.22	\$3.02	\$39.71	\$5.82
L	eave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$175.65										

1	rovider: Appling Nursing and Rehab Pavillion rvdr ID: 00140093A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 23.4% 2.73	Add-on <u>Percent</u> 18.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.0796 1.2689 1.2887	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	ď	е	f	g	9	h	i i
<u> </u>	ASE MIX BASED RATE CALCULATIONS							:	:			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	;	50.0% 105.0% \$0.37			
		(222 233)		:	j			}				
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Rouline & Special Stress Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,411,383,00	\$3,136,854	\$0	\$947,947	\$435,470	\$507.289	\$799,294	\$218.142	#200 207	
6	As Filed Cost Certier Costs (Routine & Special Sives Combined)  Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit AdisImts	(\$115,028)	\$3,130,634	\$0 \$0	\$947,947	\$435,470 (\$17,548)	(\$20,441)			\$366,387 (\$14,764)	\$0 \$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,296,355	\$3,136,854	; \$0 \$0	\$947.947	\$417,922	\$486,848		\$218,142	\$351,623	\$0 \$0
8	Total Nursing Facility Days As Filed Days = 36,305	FY12 Audited C/R Days	36,305	45, 100,05-		170,1700	ψ+11,32 <u>2</u>		, 6101,010	\$2.10,142	Ψ001,020	Ψ0
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,711	FY 18 GL-PL Ins Rpt Days	00,000	; i	; ;				:	36,711		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$173,36	\$86.40	\$0.00	\$26,11	\$24.92	(with L&H)	\$20.30	\$5.94	\$9.69	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0796	1			 !			*****	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$80.03	!	1						! !
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = Ln 9		\$80.03	\$0.00	\$26.11	\$24.92		\$20.30	\$5.94	\$9.69	\$0.00
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09	; ì	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.81	\$71.51	\$0.00	\$26.11	\$23.09		\$20.30	\$5.94	28.86 (FRV)	\$0.00
145	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	205.04	640.44	***		***		00.70			
15	. ——	Ln 14 x Giwin Aswind 76	\$25.91 \$201.72	\$13.14 \$84.65	\$0.00	\$4.80 \$30.91	\$4.24 \$27.33	\$0.00 \$0.00	\$3.73 \$24.03	N/A \$5.94	N/A \$28.86	N/A \$0.00
17	,	per Current Otr End	\$201.72	1.2887	, \$0.00 	\$30.91	\$27.33	\$0.00	\$24.03	\$5.84	\$20.00	\$0.00
18	,	Ln 16 x Ln 17		\$109.09	! !	1			:			\$
19	i i i i i i i i i i i i i i i i i i i	RS = Ln 18, AllOthr = Ln 16	\$226.16	\$109.09	\$0.00	\$30.91	\$27.33	\$0.00	\$24.03	\$5.94	\$28.86	\$0.00
	Quarterly Per Diem Add-on Amounts			 :	l							> :
20		(see Policy Manual)	\$0,41	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.19		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09				1			, ,,,,,	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.27	\$3.27	!			:				Ĺ
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		į				\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.87	\$4.36	\$0.00	\$0.22	\$0.00	\$0.00	\$17.29	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	in 19 + in 24	\$248.03	\$113.45	\$0.00	\$31.13	\$27.33	\$0.00	\$41.32	\$5.94	\$28.86	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.20									
			·									

Provider: Archway Transitional Care Center Prvdr ID: 003185502A H/B ?: No Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 52.7% 3.10	Add-on Percent 18.37% 5.5% 2.0%		Quarterly aid CMI w RUG	od Overall CMI: y Medicaid CMI: à Wght Options:		Facility Specific Use Stwd 1.3582 1.3810	State- wide 1.3617 1.5438 1.5713
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS	1 .										
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									1.		
GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 95,619		
Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								19,779		
Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit	0.150.05	\$71.51		\$18.41	\$23.09		\$20.56		\$24.20	
Allowed @ 95% of Std Growth Allowance 18.4%		\$156.95	\$67.93		\$17.49	\$21.94		\$19.53		\$24.20	\$5.86
Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance)		\$23.31 \$185.09	\$12.48 \$80.41		\$3.21 \$20.70	\$4.03 \$25.97		\$3.59 \$23.12		\$24.20	\$5.86
Quarterly Facility Case Mix Index for Medicaid Residents		\$185.09	1.3810		\$20.70	\$25.97		\$23.12	φ 4.63	\$24.20 (FRV Rate)	\$5.86
Qrtly Routine Srvcs Case Mix Adistd (CMA) Net Per Diem			\$111.04							(FHV Hate)	
			* -								
Quarterly Medicaid CMA Allowed Per Diem		\$215.73	\$111.04		\$20.70	\$25.97		\$23.12	\$4.83	\$24.20	\$5.86
Quarterly Per Diem Add-On Amounts			<b>A-</b> · ·								
BIMS Add-on Per Diem = 5.5% (to Routine Srvs	1	\$6.11	\$6.11								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.09	•	\$2.22	\$2.22					17.10			
Nursing Home Provider Fee		\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts		\$25.43	\$119.37		600.70	\$25.97		\$40.22	\$4.83	\$24.20	\$5.86
Quarterly Case Mix Based Per Diem Rate  Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$168.04	\$241.15	\$119.37		\$20.70	\$25.97		\$40.22	\$4.83	\$24.20	\$5.86

	rovider: Arrowhead Healthcare rvdr ID: 00143162A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: trly BIMS score	Facility Score N/A 68.0% 2.39	Add-on <u>Percent</u> 18.37% 5.5% 3.0%		Quarterly N	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4860 1.9768 2.0155	State- wide 1.3617 1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,472,469.09	\$2,829,977	\$0	\$518,714	\$365,429	\$307,891	\$772,323	\$34,098	\$644,037	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$420,703)	(\$321,340)	\$0	(\$9,170)	(\$1,236)	\$20,697	(\$68,358)		(\$106,114)	\$64,818
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,051,766	\$2,508,637	\$0	\$509,544	\$364,193	\$328,588	\$703,965	\$34,098	\$537,923	\$64,818
8	Total Nursing Facility Days As Filed Days = 37,615	FY12 Audited C/R Days	37,615									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,491	FY 18 GL-PL Ins Rpt Days								38,491		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.29	\$66.69	\$0.00	\$13.55	\$18.42	(with L&H)	\$18.72	\$0.89	\$14.30	\$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4860								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = Ln 11. AllOthr = Ln 9		\$44.88	#0.00	040.55	040.40		040.70	***	<b>#44.00</b>	04.70
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	per Peer Group Limits		\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	\$14.30	\$1.72
13 14	Per Diem Standards (After Statewide CMA for Routine Srvcs)  Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.53	\$71.51 \$44.88	\$0.00 \$0.00	\$18.41 \$13.55	\$23.09 \$18.42		\$20.56 \$18.72	\$0.00 \$0.89	N/A 9.35	\$1.72
14	base Fellou Case Mix Aujusteu Alloweu Fel Dielli	Eddadi of Eli 12 of Eli 10	\$107.55	φ44.00	φυ.υυ	φ13.33	φ10.4Z		\$10.72	φ0.09	(FRV)	φ1.72
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.55	\$8.24	\$0.00	\$2.49	\$3.38	\$0.00	\$3.44	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$125.08	\$53.12	\$0.00	\$16.04	\$21.80	\$0.00	\$22.16	\$0.89	\$9.35	\$1.72
17 18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents  Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End  Ln 16 x Ln 17		2.0155 \$107.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.02	\$107.06	\$0.00	\$16.04	\$21.80	\$0.00	\$22.16	\$0.89	\$9.35	\$1.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.89	\$5.89	• • • •						,.,,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.73	\$9.63	\$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	\$206.75	\$116.69	\$0.00	\$16.26	\$22.21	\$0.00	\$39.63	\$0.89	\$9.35	\$1.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.24			,				"		

:	rdr ID: 00140159A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou	Gro	Percentages with Allowance: trly BIMS score uality Incentive:	N/A 21.1% 2.78	Percent 18.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		<u>Specific</u> 1.2569 1.5979 1.6291	wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ъ	С	d	е	f	9	g	h	i
C/	ASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	{see Policy Manual}		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		ì	
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,659,915.00	\$2.871.125	\$0	\$550,377	\$247,966	\$257,292	\$1,055,300	\$61,986	\$615,869	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$588,903)	(\$272,137)	\$0	(\$26,640)	\$609	\$4,521	(\$277,714)		(\$53,097)	\$35,555
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,071,012	\$2,598,988	\$0	\$523,737	\$248,575	\$261,813	\$777,586	,	\$562,772	\$35,555
8	Total Nursing Facility Days As Filed Days = 35,506	FY12 Audited C/R Days	35,532					:	1			
.	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,023	FY 18 GL-PL Ins Rpt Days	+					i	1	33,023		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.84	\$73.14	\$0.00	\$14.74	\$14.36	(with L&H)	\$21.88	\$1.88	\$15.84	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2569</u>		1 1				1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.19		)		:		1	•	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.19	\$0.00	\$14.74	\$14.36		\$21.88	\$1.88	\$15.84	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.57	\$58.19	\$0.00	\$14.74	\$14.36		\$20.56	\$1.88	8.84 (FRV)	\$1.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$19.82	\$10.69	\$0.00		\$2.64	\$0.00	\$3.78	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$139.39	\$68.88	\$0.00	\$17.45	\$17.00	\$0.00	\$24.34	\$1.88	\$8.84	\$1.00
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents  Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 16 x La 17		<u>1.6291</u> \$112.21		1						
19	Quarterly Medicaid CMA Allowed Per Diem	R\$ = Ln 18, AliOthr = Ln 16	\$182.72	\$112.21	\$0.00	\$17.45	\$17.00	\$0.00	\$24.34	\$1.88	\$8.84	\$1.00
	Quarterly Per Diem Add-on Amounts							:	<u> </u>			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	! 
21	BIMS Add-on Per Diem = 1,0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12			43.11	1	)		45,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.37	\$3.37				i i	-			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		:	:			\$17.10	:	İ	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.75	\$5.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.47	\$117.23	\$0.00	\$17.67	\$17.41	\$0.00	\$41.44	\$1.88	\$8.84	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.28		<del></del>	<u>'</u>		<u></u>		<u> </u>		

Provider: Autumn Lane Prvdr ID: 00082992A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>04/01/21</b> 12/31/20 Nurs	Add-on Dat	a and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 29.5% 3.41	Add-on Percent 18.37% 1.0% 3.0%	to-com	Quarterl	(CMI) Data od Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific 1.2897 1.2726 1.2956	State- wide 1.3617 1.5438 1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	i e	9		h	1
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowance CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$160,91 \$23,31 \$186,99	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.2956 \$104.18	All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$33.41 \$33.41 \$33.41 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$210.76 \$1.04 \$3.13 \$17.10 \$21.27	\$104.18 \$1.04 \$3.13		\$20.70	\$25.97		\$23.12 17.10	\$2.77	\$33.41	\$0.61
Quarterly Case Mix Based Per Diem Rate		\$232.03	\$108.34		\$20.70	\$25.97		\$40.22	\$2.77	\$33.41	\$0.61
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$161.19	1	*,,,,,,		V201110	720101		V.0.22	12	<b>V</b> 00.111	<b>V</b> 0.01

		er Diem Rate Effective Date: Irs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 52.4% 3.64	Add-on <u>Percent</u> 18.37% 5.5% 2.0%		Quarterly N	MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.1537 1.4738 1.4974	State- wide 1.3617 1.5382 1.5656
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS			a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	s	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs C	Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,383,725.99	\$2,309,445	\$0	\$410,092	\$270,472	\$285,406	\$586,102	\$86,352	\$435,857	\$0
6	Audit Adjustments and Reallocations to Cost Center (	Costs	FY12 C/R Audit Adjstmts	(\$22,927)	(\$3,894)	\$0	\$0	\$301	\$317	(\$20,109)		(\$24,576)	\$25,034
7	Cost Center Costs After Audit Adjustments		FY12 Audited C/R	\$4,360,799	\$2,305,551	\$0	\$410,092	\$270,773	\$285,723	\$565,993	\$86,352	\$411,281	\$25,034
8	3 , .,	s Filed Days = 28,784	FY12 Audited C/R Days	28,784									
	, , ,	s Filed Days = 28,835	FY 18 GL-PL Ins Rpt Days							4	28,835		
9	Net Per Diems prior to Case Mix Adjstmt to Routine S		Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$151.49	\$80.10	\$0.00	\$14.25	\$19.33	(with L&H)	\$19.66	\$2.99	\$14.29	\$0.87
10	,		Ln 9 / Ln 10		1.1537 \$69.43								
12	, , , , , , , , , , , , , , , , , , ,		RS = Ln 11, AllOthr = Ln 9		\$69.43 \$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	\$14.29	\$0.87
13	· ·		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	φυ.σ7
14	,	1403)	Lesser of Ln 12 or Ln 13	\$136.52	\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	9.99	\$0.87
	,			¥100102	******	*****	<b>*</b> * * * * * * * * * * * * * * * * * *	*******		7.0.00	<b>V</b> =	(FRV)	7000
15	Quarterly Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 18.37%		Ln 14 x Grwth Allwnc %	\$22.53	\$12.75	\$0.00	\$2.62	\$3.55	\$0.00	\$3.61	N/A	N/A	N/A
16			Ln 14 + Ln 15	\$159.05	\$82.18	\$0.00	\$16.87	\$22.88	\$0.00	\$23.27	\$2.99	\$9.99	\$0.87
17	,	·	per Current Qtr End	ψ100.00	1.4974	ψ0.00	ψ10.07	ΨΕΕ.00	ψ0.00	Ψ20.27	Ψ2.00	ψο.σσ	φο.σ7
18			Ln 16 x Ln 17		\$123.06								
19			RS = Ln 18, AllOthr = Ln 16	\$199.93	\$123.06	\$0.00	\$16.87	\$22.88	\$0.00	\$23.27	\$2.99	\$9.99	\$0.87
	Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to n	max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.77	\$6.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%	(to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts		Sum of Lns 20 thru 23	\$27.86	\$9.76	\$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	\$227.79	\$132.82	\$0.00	\$17.09	\$23.29	\$0.00	\$40.74	\$2.99	\$9.99	\$0.87
26	Quarterly Per Diem Rate for Bed Hold and Leave D	Pays	(Ln 25 - Ln 23) * 0.75	\$158.02									

	ovider: Azalea Health & Rehabilitation vdr ID: 00141963A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 44.4% 2.82	Add-on <u>Percent</u> 18.37% 2.5% 2.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3435 1.5119 1.5387	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,162,616.72	\$1,603,561	\$0	\$369,394	\$169,767	\$239,686	\$480,884	\$105,708	\$193,617	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$37,086)	\$0	\$0	\$0	\$0	(\$203)	(\$36,883)	, ,	(\$24,478)	\$24,478
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,125,531	\$1,603,561	\$0	\$369,394	\$169,767	\$239,483	\$444,001	\$105,708	\$169,139	\$24,478
8	Total Nursing Facility Days As Filed Days = 23,469	FY12 Audited C/R Days	23,469									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,793	FY 18 GL-PL Ins Rpt Days								27,793		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.48	\$68.33	\$0.00	\$15.74	\$17.44	(with L&H)	\$18.92	\$3.80	\$7.21	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3435								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.86	\$0.00	\$15.74	\$17.44		\$18.92	\$3.80	\$7.21	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.46	\$50.86	\$0.00	\$15.74	\$17.44		\$18.92	\$3.80	9.66 (FRV)	\$1.04
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.91	\$9.34	\$0.00	\$2.89	\$3.20	\$0.00	\$3.48	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.37	\$60.20	\$0.00	\$18.63	\$20.64	\$0.00	\$22.40	\$3.80	\$9.66	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5387</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.80	\$92.63	\$0.00	\$18.63	\$20.64	\$0.00	\$22.40	\$3.80	\$9.66	\$1.04
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.85	\$1.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.80	\$4.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.60	\$97.33	\$0.00	\$18.85	\$21.05	\$0.00	\$39.87	\$3.80	\$9.66	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.88									_

Provider: Prvdr ID:		ehab		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.5985	State- wide 1,3617
		Case Mix Per Diem Rate Effective Date: MDS & Norse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou	Q urs per On-Sile Day/Q	trly BIMS score uality Incentive:	32.1% 3.87	2.5% 3.0%	Ortrly Mcaid	Quarterly I CMI w RUG \	Medicaid CMI: Wght Options:		1.7932 1.8280	1.5382 1.5656
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:				а	b	С	d	e	f	9	9	h	i
CASE	MIX BASED RATE CAL	<u>CULATIONS</u>								:			:
1 Cost	Center Peer Groups Type of Facility within Peer Grou Bed Size Range within Peer Gro		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 & Efficient	cy Measure Limits											:
	er Group Standards: Percentile		(see Policy Manual)	1	90.0%	90.0%	90.0%	85.0%		50.0%			:
	er Group Standards: Multiplier iciency Measure Maximums (s		(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0%		105.0%			
4 ======	ciency measure maximums (s	see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	}	\$0.37			:
1 11111	Period Per Diem Allowed A												
	Filed Cast Center Casts (Rou	· ·	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,490,686.07	\$2,425,377	\$0		\$176,843	\$251,995	\$873,694	\$2,876	\$303,165	\$0
	dit Adjustments and Reallocation		FY12 C/R Audit Adjustmts	(\$39,474)	\$0	\$0		(\$1,511)				(\$41,835)	
	st Center Costs After Audit Adj		FY12 Audited C/R FY12 Audited C/R Days	\$4,451,212	\$2,425,377	\$0	\$456,736	\$175,332	\$249,842	\$840,113	\$2,876	\$261,330	\$39,606
1 1	Fotal Nursing Facility Days Fotal Nursing Facility Days GL-	As Filed Days = 31,831 PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days	31,831							20,000		1
1 !	Per Diems prior to Case Mix A	•	Ln 7/Ln 8 Col a	\$139.85	\$76.20	\$0.00	\$14.35	\$13.36	(with L&H)	\$26.39	29,099 \$0.10	\$8.21	\$1.24
1 1	Base Period Facility Case Mix	-	from 4 qtrs of FY12	Ψ133.03	1.5985	: \$0.00 :	: #14.55	Ψ13.30	(Ma) 2011)	\$20.55	\$0.10	30.21	\$1.24
1 :	Routine Srvcs Case Mix Adjstd		Ln 9 / Ln 10		\$47.67	3							
1 :	Per Diems after Case Mix Ad	, ,	RS = Ln 11, AllOthr = Ln 9		\$47.67	\$0.00	\$14,35	\$13,36	1	\$26,39	\$0.10	\$8.21	\$1,24
	Diem Standards (After Statewic	'	per Peer Group Limits		\$71.51	\$0.00	. 1	\$23,09		\$20.56	\$0.00	N/A	
14 Bas	se Period Case Mix Adjusted A	llowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.24	\$47.67	\$0.00	\$14.35	\$13.36		\$20.56	\$0,10	11.96	\$1.24
Ouad	terly Per Diem Rate Prior to	Add-one									1	(FRV)	]
	wth Allowance Percentage =	18.37%	Ln 14 x Grwth Allwnc %	\$17.63	\$8.76	\$0.00	\$2.64	\$2.45	\$0.00	\$3,78	N/A	N/A	N/A
	A Allowed Per Diem (After Grov		Ln 14 + Ln 15	\$126.87	\$56.43	\$0.00		\$15.81	\$0.00	\$24.34	\$0.10	\$11.96	\$1,24
17 0	Quarterly Facility Case Mix Inde	ex for Medicaid Residents	per Current Qlr End		1.8280								
18 C	Ortriy Routine Srvcs Case Mix.	Adjstd (CMA) Net Per Diem	Ln 16 x Łո 17		\$103.15								
19 Qua	arterly Medicaid CMA Allowed	Per Diem	RS = Ln 18, AilOthr = Ln 16	\$173.59	\$103.15	\$0.00	\$16.99	\$15.81	\$0.00	\$24.34	\$0.10	\$11.96	\$1.24
Quart	terly Per Diem Add-on Amou	ints											!
20 Effic	ciency Add-on Per Diem ([Stn	d - Ahvd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	}
21 : BIM	AS Add-on Per Diem =	2.5% (to Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58				1				
1 - 1	rse Staff Hrs / Quality Add-on F	Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09	1 /	:		, }	1			}
	sing Home Provider Fee		(Fixed Amount)	\$17.10		į	!		ļ	\$17.10			:
24 Tota	al Quarterly Per Diem Add-on	Amounts	Sum of Lns 20 thru 23	\$23.93	\$6.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Di	em Rate	Ln 19 + Ln 24	\$197.52	\$109.35	\$0.00	\$17.21	\$16.22	\$0.00	\$41.44	\$0.10	\$11.96	\$1.24
26 Quart	terly Per Diem Rate for Bed I	Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.32						1			
			·····	***************************************	4								

Provider: Azalealand Nursing Home Prvdr ID: 00141237A H/B ?: No Case Mix Per Diem Rate Effective Da MDS & Nurse Hrs Data per Quarter Endir			ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:		Add-on Percent 18.37% 5.5% 4.0%	Qrtrly Mo	Quarterly	(CMI) Data od Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific 1.4999 1.7243 1.7569	State- wide 1.3617 1.5438 1.5713
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	A&G- GL-PL Insurance	and Related	and Insurance
		а	b	С	d	е	f	g		h	i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 5.5% (to Routine Sr Nurse Staff Hrs / Quality Add-on Per Diem = 4.0 Nursing Home Provider Fee	41	\$145.42 \$23.31 \$170.50 \$231.36 \$7.77 \$5.65 \$17.10	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.7569 \$141.27 \$141.27 \$5.65	All Facilities All Bed Sizes  90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22  \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12 \$23.12		\$17.05 \$17.05 \$17.05 (FRV Rate) \$17.05	
Total Quarterly Per Diem Add-On Amounts  Quarterly Case Mix Based Per Diem Rate		\$30.52 <b>\$261.88</b>	\$154.69		\$20.70	\$25.97		\$40.22	\$1.77	\$17.05	\$1.48
Quarterly Case MIX Based   Per Diem Hate     Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$183.59	\$261.88	\$154.69		\$20.70	\$25.97		\$40.22	\$1.77	\$17.05	\$1.48

	ovider: Bainbridge Health Care ydr ID: 00258915A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance:	Facility Score N/A 37.7% 2.51	Add-on <u>Percent</u> 18.37% 2.5% 4.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2138 1.8830 1.9202	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,632,143.46	\$1,795,891	\$0	\$371,884	\$254,122	\$217,451	\$524,151	\$26,806	\$441,838	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$173,176)	(\$123,931)	\$0	\$791	\$1,934	\$7,219	(\$48,025)		(\$30,544)	\$19,380
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,458,967	\$1,671,960	\$0	\$372,675	\$256,056	\$224,670	\$476,126	\$26,806	\$411,294	\$19,380
8	Total Nursing Facility Days As Filed Days = 32,126	FY12 Audited C/R Days	32,126									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,797	FY 18 GL-PL Ins Rpt Days								24,797		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$107.90	\$52.04	\$0.00	\$11.60	\$14.96	(with L&H)	\$14.82	\$1.08	\$12.80	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2138</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$42.87	\$0.00	\$11.60	\$14.96		\$14.82	\$1.08	\$12.80	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$93.60	\$42.87	\$0.00	\$11.60	\$14.96		\$14.82	\$1.08	7.67 (FRV)	\$0.60
	Quarterly Per Diem Rate Prior to Add-ons										(/ ////	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$15.48	\$7.88	\$0.00	\$2.13	\$2.75	\$0.00	\$2.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.08	\$50.75	\$0.00	\$13.73	\$17.71	\$0.00	\$17.54	\$1.08	\$7.67	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9202								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.78	\$97.45	\$0.00	\$13.73	\$17.71	\$0.00	\$17.54	\$1.08	\$7.67	\$0.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$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	\$180.75	\$104.32	\$0.00	\$13.95	\$18.12	\$0.00	\$35.01	\$1.08	\$7.67	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.74			"				'	<u> </u>	

Provider: Baptist Village, Inc. Prvdr ID: 00140203A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: trly BIMS score	Facility Score N/A 34.1% 4.65	Add-on Percent 18.37% 2.5% 3.0%			d Overall CMI: Medicald CMI:		Facility <u>Specific</u> 1.1403 1.4529 1.4802	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	<u>.</u>	а	b	С	d	е	f	g	g	<u>h</u>	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		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	- Section - Sect		
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts					Į.				t į		
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$13.946.033.00	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,847,072	\$104,476	\$880,876	: \$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$143,433)	\$0	\$0	\$0	\$0	\$0	(\$145,334)	4,0,1,10	(\$33,528)	1
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,802,600	\$7,360,257		\$1,782,786		\$1,382,872		\$104,476	\$847,348	\$35,429
8 Total Nursing Facility Days As Filed Days = 85,093	FY12 Audited C/R Days	85,093			j i					** ***	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,407	FY 18 GL-Pt. Ins Rpt Days		:						78,407		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$162.32	\$86.50	\$0.00	\$20.95	\$23.16	(with L&H)	\$20.00	\$1,33	\$9.96	\$0.42
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1403								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$75.86		1				1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.86	\$0.00	\$20.95	\$23.16		\$20.00	\$1.33	\$9.96	\$0.42
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.01	\$71.51	\$0.00	\$18.41	\$23.09		\$20.00	\$1.33	19.25 (FRV)	\$0.42
Quarterly Per Diem Rate Prior to Add-ons	Lond And County Affirms Mr	<b>704 40</b>									
15 Growth Allowance Percentage = 18.37%  16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwnc %	\$24.43	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.67	N/A	N/A	N/A
CMA Allowed Per Diem (After Growth Allowance Add-on)     Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$178.44	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$23.67	\$1.33	\$19.25	\$0.42
18 Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.4802</u> \$125.30				)				}
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.09	\$125.30	\$0.00	\$21.79	\$27.33	\$0.00	\$23.67	\$1.33	\$19.25	\$0.42
Quarterly Per Diem Add-on Amounts								i :			:
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 Srvs)	Ln 19 Col b x CPS Add-on	\$3.13	\$3.13							72100	ļ
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.76	\$3.76				į	:	į i		
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	\$7.26	\$6.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + ln 24	\$226.35	\$132.19	\$0.00	\$21.79	\$27.33	\$0.00	\$24.04	\$1.33	\$19.25	\$0.42
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.76			·			·			i

	rovider: Bayview Nursing Home		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	MI) Data		Facility Specific 1,3673	State- <u>wide</u> 1,3617
; -	Case Mix Per Diem Rate Effective Date:		Q	trly BIMS score	50.0%	5.5%	0.1.17	Quarterly i	vedicaid CMI:		1.4026	1.5382
ţ	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Ho	urs per On-Site Day/Q	uality Incentive:	4.55	3.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.4289	1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	9 ;	h	i
	ASE MIX BASED RATE CALCULATIONS	1		: }		i						!
. ≃	;			1	1	2	1	1				
, 1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		: 1 ' All Facilities	•	Free Standing	1 All Facilities	All Facilities	All Facilities			:
ì	Bed Size Range within Peer Group		•	All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			:
	Peer Group Standards & Efficiency Measure Limits		}	!		i						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		1
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	1	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts								Ì	1		İ .
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,141,476.00	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$378,968	\$50,140	\$336,428	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$32,227)	\$0	\$0	\$0	\$0	\$0	(\$33,648)		(\$43,412)	\$44,833
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,109,249	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$345,320	\$50,140	\$293,016	\$44,833
8	Total Nursing Facility Days As Filed Days = 20,789	FY12 Audited C/R Days	20,789	! !		:			Ì	İ		į .
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,900	FY 18 GL-PL Ins Rpt Days	•		•	: 1				21,900		i i
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149,44	\$76.90	\$0.00	\$17.27	\$20.12	(with L&H)	\$16.61	\$2.29	\$14.09	\$2.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	*	<u>1.3673</u>				1				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.24								1 1
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	•	\$56.24	\$0.00	\$17.27	\$20.12	í Ł	\$16.61	\$2.29	\$14.09	\$2.16
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	1	\$71.51	\$0.00	\$18.41	\$23.09	ì	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.81	\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	35.12	\$2.16
1	Quarterly Per Diem Rate Prior to Add-ons	ş. 	*	1		1		:			(FRV)	
15		Ln 14 x Grwth Allwnc %	\$20.25	\$10.33	\$0.00	\$3.17	\$3.70	\$0.00	\$3.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.06	\$66.57	\$0.00	\$20,44	\$23.82	\$0.00	\$19.66	\$2.29	\$35.12	\$2.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.4289		1						
18		Ln 16 x Ln 17	4	\$95.12	•					1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = £n 16	\$198.61	\$95.12	\$0.00	\$20.44	\$23.82	\$0.00	\$19.66	\$2.29	\$35.12	\$2.16
	Quarterly Per Diem Add-on Amounts	£	1			1		:	İ	1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		, , , , , , , , , , , , , , , , , , , ,	\$5.23	\$5.23						1		:

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

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

\$2.85

\$17.10

\$26.71

\$225.32

\$156.17

\$2.85

\$8.61

\$103.73

\$0.00

\$0.00

\$0.22

\$20.66

\$0.41

\$24.23

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

\$0.00

\$35.12

\$0.00

\$2.16

\$17.10

\$17.47

\$37.13

\$0.00

\$2.29

\$0.00

\$0.00

Cost Center Pear Groups	Provider:	Berrien Nursing Center		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Line   Description   Sources   Totals   Totals	Prvár ID:	00143382A		Gro	owth Allowance:	N/A	18.37%		Base Period	d Overail CMI:		1.3657	1.3617
Description   Calculations   Totals   Reservices   Services   Distary   Household (Personal Andrea)   Adentification   Aden													
Description   Sources   Totals   Services		MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Ho	urs per On-Site Day/Q	uality Incentive:	3.89	3.0%	Qrtrly Mcaid	CMI w RUG \	Wght Options:		1.6306	1.5656
CASE MIX BASED RATE CALCULATIONS   1   Cost Center Pear Groups   (see Poley Manual)   1   All Pearlines   Al		Description		Totals			Dietary		Operators	and		and	
Cost Center Pare Circuits   Face Policy Manual)   A Facilities   AF Faciliti	i 1			а	ь	С	đ	е	, f	9	g	h	i
Cost Center Pace Group:   Total Pace Control Bard Store   All Positions   Al	CASE N	IIX BASED RATE CALCULATIONS											
Type of Facility willish Proc Group   All Facilities   50.0%   All Facilities   All Facilities   50.0%	1 Cost (	Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1	1			
Pere Group Standards & Efficiency Measure Limits   1600 Perility Manual)   190.0%			(coor end) marially			All Facilities		All Facilities	All Facilities	All Facilities	i į		
Peer Group Standards: Processile   Gene Picity Mannamy   100.0%   50.0%   50.0%   50.0%   50.0%   105.0%   10						2				1	1		
See   Petro   Petro   Standards: Multiplier   See	Peer (	Group Standards & Efficiency Measure Limits				:							
Base Period Per Diem Allowed Amounts   As Filed PY12 CR. PY 2018 GL-PL Rat   \$5,378,143,00   \$2,639,676   \$0   \$564,635   \$340,368   \$284,150   \$812,717   \$164,198   \$487,399   \$5,700   \$1,0	2 Peer	r Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	1		
Base Period Per Diem Allowed Amounts			(see Policy Manual)						:		1 :		
5         As Field Cost Genter Costs (Routine & Special Seves Combined)         As Field PT/2 CR. Pr/2018 GI-PL Rpt.         \$5,376,143.00         \$2,636,635         \$340,368         \$384,150         \$817,717         \$154,198         \$437,299         \$1,717           6         Audit Adjustments and Reallocations to Cost Genter Costs         PT/2 CR Audit Adjustments         (\$76,688)         \$3,354         \$343,309         \$154,198         \$437,299         \$35,77           7         Cost Center Costs Alter Audit Adjustments         As Field Days = 37,384         PT/2 Audited CIR Days         \$37,394         \$35,714,187         \$2,887,715         \$0         \$554,035         \$340,368         \$287,698         \$154,198         \$431,672         \$355,71         \$356,635         \$340,368         \$287,698         \$154,198         \$431,676         \$355,71         \$356,635         \$340,368         \$287,698         \$154,198         \$431,676         \$355,71         \$356,635         \$340,368         \$287,698         \$154,108         \$357,614         \$357,614         \$357,717         \$166,600         \$16,600         \$166,600         \$166,600         \$166,600         \$166,600         \$166,600         \$166,600         \$166,600         \$166,600         \$166,600         \$166,600         \$166,600         \$166,600         \$166,600         \$166,600         \$166,600 </td <td>4 ! Effic</td> <td>iency Measure Maximums (see line 20 for actual)</td> <td>(see Policy Manual)</td> <td><i>I</i></td> <td>\$0.53</td> <td>\$0.00</td> <td>\$0.22</td> <td>\$0.41</td> <td>:</td> <td>\$0.37</td> <td></td> <td></td> <td></td>	4 ! Effic	iency Measure Maximums (see line 20 for actual)	(see Policy Manual)	<i>I</i>	\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
Audit Adjustments and Reallocations to Cost Center Costs	Base	Period Per Diem Allowed Amounts			1	:	1						
FY12 Audited CR   S5.301.457   S2.632.751   S0   S654.635   S340.368   S287.698   S744.408   S154.198   S451.676   S36.77	5 As F	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,378,143.00	\$2,639,676	\$0	\$654,635	\$340,368	\$284,150	\$817,717	\$154,198	\$487,399	\$0
Total Nursing Facility Days   As Filed Days = 37,384   FY12 Audited CR Days   37,384   Total Nursing Facility Days GL-PL Ins. Rpt   As Filed Days = 35,514   FY18 GL-PL Ins Rpt Days   35,514   S10,000   S17,51   S10,000   S17,51   S10,000   S17,51   S10,000   S17,51   S10,000   S17,51   S10,000   S17,51   S10,000   S17,51   S10,000   S17,51   S10,000   S17,51   S10,000   S17,51   S10,000   S17,51   S10,000   S10,001   S10	6 Audi	it Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmls	(\$76,686)	(\$6,925)	\$0	\$0	\$0	\$3,548	(\$73,309)	ıl i	(\$35,723)	\$35,723
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,514 FY 18 GL-PL Ins Rpt Days	7 Cost	t Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,301,457	\$2,632,751	\$0	\$654,635	\$340,368	\$287,698	\$744,408	\$154,198	\$451,676	\$35,723
9   Net Per Diems prior to Case Mix Adjistmit to Routine Strocs   Ln 7 / Ln 8 Col a   \$142.01   \$70.41   \$0.00   \$17.51   \$16.80   (with L&P)   \$19.91   \$4.34   \$12.08   \$0.00   \$10	8 Te	otal Nursing Facility Days As Filed Days = 37,394	FY12 Audited C/R Days	37,394		:							
Base Period Facility Case Mix Index for All Residents	Te	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,514	FY 18 GL-PL Ins Rpt Days		1					1	35,514		
11   Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.01	\$70.41	\$0.00	\$17.51	\$16.80	(with L&H)	\$19.91	\$4.34	\$12.08	\$0.96
12   Net Per Diems after Case Mix Adjistmt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   \$51.56   \$0.00   \$17.51   \$16.80   \$19.91   \$4.34   \$12.08   \$0.05   \$19.91   \$4.34   \$12.08   \$10.00   \$14.00   \$14.00   \$10.00   \$18.41   \$23.09   \$20.55   \$0.00   \$18.41   \$23.09   \$20.55   \$0.00   \$18.41   \$23.09   \$20.55   \$0.00   \$18.41   \$23.09   \$20.55   \$0.00   \$18.41   \$23.09   \$20.55   \$0.00   \$18.41   \$23.09   \$20.55   \$0.00   \$18.41   \$23.09   \$20.55   \$0.00   \$18.41   \$23.09   \$20.55   \$0.00   \$18.41   \$23.09   \$20.55   \$0.00   \$18.41   \$23.09   \$20.55   \$0.00   \$18.41   \$23.09   \$20.55   \$0.00   \$18.41   \$23.09   \$20.55   \$0.00   \$18.41   \$23.09   \$20.55   \$20.00   \$18.41   \$23.09   \$20.55   \$20.00   \$18.41   \$23.09   \$20.55   \$20.00   \$18.41   \$23.09   \$20.55   \$20.00   \$20.75   \$20.00	10 B	ase Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12	1	1.3657		1		1		i i		
13   Per Diem Standards (After Statewide CMA for Routine Srvcs)   Per Peer Group Limits   S71,51   \$0.00   \$18,41   \$23.09   \$20.56   \$0.00   N/A     14   Base Period Case Mix Adjusted Allowed Per Diem   Leaser of Ln 12 or Ln 13   \$124.41   \$51.56   \$0.00   \$17.51   \$16.80   \$19.91   \$4.34   \$13.33   \$0.50     15   Growth Allowance Percentage = 18.37%   Ln 14 x Gridth Allowance Mix Adjusted Pollem (After Growth Allowance Add-on)   Ln 14 + Ln 15   \$143.85   \$51.03   \$50.00   \$32.22   \$3.09   \$50.00   \$3.66   N/A   N/A   N/A     16   CMA Allowed Per Diem (After Growth Allowance Add-on)   Ln 14 + Ln 15   \$143.85   \$51.03   \$50.00   \$20.73   \$19.89   \$50.00   \$23.57   \$4.34   \$13.33   \$0.50     17   Quarterly Facility Case Mix Adjust (CMA) Net Per Diem   Ln 16 x Ln 17   \$99.52     18   Quarterly Medicaid CMA Allowed Per Diem   RS = Ln 18, AllOthr = Ln 16   \$182.34   \$99.52   \$50.00   \$20.73   \$19.89   \$50.00   \$23.57   \$4.34   \$13.33   \$0.50     Quarterly Per Diem Add-on Amounts   Call Carl Carl Carl Carl Carl Carl Carl	11 R	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.56								
Base Period Case Mix Adjusted Allowed Per Diem	12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = £n 9		\$51.56	\$0.00	\$17.51	\$16.80	:	\$19.91	\$4.34	\$12.08	\$0.96
Caparterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allwnc %   \$19.44   \$9.47   \$0.00   \$3.22   \$3.09   \$0.00   \$3.66   N/A	13 Per	Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Quarterty Per Diem Rate Prior to Add-ons   Crowth Allowance Percentage = 18.37%   Ln 14 x Gridth Allowine % \$19.44   \$9.47   \$0.00   \$3.22   \$3.09   \$0.00   \$3.66   N/A   N	14 Base	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$124.41	<b>\$</b> 51.56	\$0.00	\$17,51	\$16.80		\$19.91	\$4.34		\$0.96
16 CMA Allowed Per Diem (Alter Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Qrtrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 10 Quarterly Medicaid CMA Allowed Per Diem 11 Residual CMA Allowed Per Diem 12 Quarterly Medicaid CMA Allowed Per Diem 13 September 14 September 15 September 16 September 16 September 16 September 17 September 17 September 17 September 17 September 18 Se		•		1	1							` '	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 10 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem = 1.0% (to Routine Srvcs) Ln 19 Col b x CPS Add-on \$1.00	· [	· ·									1		N/A
18		,		\$143.85	:	\$0.00	\$20.73	\$19.89	\$0.00	\$23.57	\$4.34	\$13.33	\$0.96
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOlhr = Ln 16 \$182.34 \$99.52 \$0.00 \$20.73 \$19.89 \$0.00 \$23.57 \$4.34 \$13.33 \$0.95		•	*						1		1		
Quarterly Per Diem Add-on Amounts   See Policy Manual   See Poli	0 1			1						1	1 :		
Efficiency Add-on Per Diem ([Stnd - Ahvd] x .75, up to max, or 0)   (see Policy Manual)   \$1,53   \$0,53   \$0,00   \$0,22   \$0,41   \$0,00   \$0,37   \$0,00   \$0,22   \$1,00   \$1	19 Qua	rterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.34	\$99.52	\$0.00	\$20.73	\$19.89	\$0.00	\$23.57	\$4.34	\$13.33	\$0.96
BIMS Add-on Per Diem =   1.0% (to Routine Sirvs)   Ln 19 Col b x CPS Add-on   \$1.00	Quarte	erly Per Diem Add-on Amounts							:	1			
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)  Ln 19 Col b x Stifng Add-on  \$2.99 \$2.99  23 Nursing Home Provider Fee (Fixed Amount) \$17.10  24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.62 \$4.52 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 \$0.00  25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$204.96 \$104.04 \$0.00 \$20.95 \$20.30 \$0.00 \$41.04 \$4.34 \$13.33 \$0.00	20 Effic	iency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	21 BIM	S Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CP\$ Add-on	\$1.00	\$1.00		1				1		
24         Total Quarterly Per Diem Add-on Amounts         Sum of Lns 20 thru 23         \$22.62         \$4.52         \$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         \$204.96         \$104.04         \$0.00         \$20.95         \$20.30         \$0.00         \$41.04         \$4.34         \$13.33         \$0.00	22 Nurs	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99						:		
25 Quarterly Case Mix Based Per Dlem Rate Ln 19 + Ln 24 \$204.96 \$104.04 \$0.00 \$20.95 \$20.30 \$0.00 \$41.04 \$4.34 \$13.33 \$0.50	23 Nurs	sing Home Provider Fee	(Fixed Amount)	\$17.10			1 :		:	\$17.10			
	24 Tota	l Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$4.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26 Outstarty Per Diem Pate for Red Hold and Levie Dave (1925-1923) 175	25 Quart	erly Case Mix Based Per Diem Rate	Ln 19 + Lπ 24	\$204.96	\$104.04	\$0.00	\$20.95	\$20.30	\$0.00	\$41.04	\$4.34	\$13.33	\$0.96
	26 Quarte	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.90		:			<del>'</del>	4			

1	vider: Blue Ridge Healthcare of Buchanan dr ID: 00142722A		Add-on Data and	Percentages with Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C Base Period	CMI) Data d Overall CMI:		Facility Specific 1.2328	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hot	Q ors per On-Site Day/Q	trly BIMS score uality Incentive:	30.8% 2.77	2.5% 2.0%	Qrtrly Mcaid	Quarterly I CMI w RUG \	Medicaid CMI: Wght Options:		1.6575 1.6873	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			2	ь	С	ď	e	f	9	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS								!			
: =	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(see Folicy Manual)	!	All Facilities	: All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	i		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits					:			}	1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	i I	\$0.53	\$0.00	\$0.22	\$0.41	·	\$0.37	!		
	Base Period Per Diem Allowed Amounts			į				i	{ ·			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,714,012.00	\$1,403,168	\$0	\$280,639	\$144,834	\$154,879	\$529,393	\$75,853	\$125,246	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$111,122)	(\$47,291)	\$0	(\$3,711)	\$1,786	\$5,958	(\$68,967)		(\$16,494)	\$17,597
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,602,890	\$1,355,877	\$0	\$276,928	\$146,620	\$160,837	\$460,426	1 '	\$108,752	\$17,597
8	Total Nursing Facility Days As Filed Days = 19,686	FY12 Audited C/R Days	19,686			1			1			
: 1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,724	FY 18 GL-PL ins Rpt Days				1			1	18,724		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.42	\$68.88	\$0.00	\$14.07	\$15.62	(with L&H)	\$23.39	\$4.05	\$5.52	\$0.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2328					:			1
11 :	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$55.87								i
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.87	\$0.00	\$14.07	\$15,62		\$23,39	\$4.05	\$5.52	\$0.89
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	1
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.32	\$55.87	\$0.00	\$14.07	\$15.62		\$20.56	\$4.05	10.26	\$0.89
1 :	Oursetelle Ban Diese Bate Britanta Add ann					1			:		(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.49	\$10.26	\$0.00	\$2.58	\$2.87	\$0.00	\$3.78	N/A	N/A	. N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$140.81	\$66.13	\$0.00	\$16.65	\$18.49	\$0.00	\$24.34	\$4.05	\$10.26	\$0.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$140.61	1.6873	φ0.00	, 410.05	\$10.45	\$0.00	\$24.54	\$4.05	\$10.20	. 50.05
18	Ortrly Routine Srvcs Case Mix Adjatd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.58		: :			:			:
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186,26	\$111.58	\$0.00	\$16.65	\$18.49	\$0.00	\$24.34	\$4.05	\$10.26	\$0.89
	•		!	<b>4</b>	*****	į	4.5				*******	
1	Quarterly Per Diem Add-on Amounts									*		:
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$8.00	\$0.00	İ	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79						f		:
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$2.23	\$2.23		;						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			, , ,	An	40	\$17.10		<b>*</b> **	:
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.28	\$5.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	<del> </del>	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.54	\$117.13	\$0.00	\$16.87	\$18.90	\$0.00	\$41.44	\$4.05	\$10.26	\$0.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.33									

	rovider: Bolingreen Health & Rehab rvdr ID: 00059485A		Add-on Data and	Percentages bwth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0	CMI) Data d Overall CMI:		Facility Specific 1.3111	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q ours per On-Site Day/Q	trly BIMS score uality Incentive:		2.5% 2.0%	Qrtrly Mcaid	,	Medicaid CMI: Wght Options:		1.7329 1.7655	1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5.764.001.82	\$3,270,937	\$0	\$608.675	\$376.536	\$392.715	\$788.608	\$115.650	\$210,881	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$30,764)	(\$496)	\$0	\$0	\$0	\$0	(\$30,268)	*******	(\$25,461)	\$25,461
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,733,238	\$3,270,441	\$0	\$608,675	\$376,536	\$392,715	\$758,340	\$115,650	\$185,420	\$25,461
8	Total Nursing Facility Days As Filed Days = 42,350	FY12 Audited C/R Days	42,350									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,048	FY 18 GL-PL Ins Rpt Days								40,048		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$135.53	\$77.22	\$0.00	\$14.37	\$18.16	(with L&H)	\$17.91	\$2.89	\$4.38	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3111</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	\$4.38	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.11	\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	8.28 (FRV)	\$0.60
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.09	\$10.82	\$0.00	\$2.64	\$3.34	\$0.00	\$3.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$20.09 \$141.20	\$69.72	\$0.00	\$17.01	\$21.50	\$0.00	\$21.20	\$2.89	\$8.28	\$0.60
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	φ141.20	1.7655	φυ.υυ	φ17.01	φ21.30	φυ.υυ	φε1.20	φ2.09	φυ.20	φυ.υυ
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.57	\$123.09	\$0.00	\$17.01	\$21.50	\$0.00	\$21.20	\$2.89	\$8.28	\$0.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.17	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.74	\$129.16	\$0.00	\$17.23	\$21.91	\$0.00	\$38.67	\$2.89	\$8.28	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.23									

Provide Prvdr II	•	4/1/2021 12/31/20 Nurse Hou		owth Allowance: trly BIMS score	Facility Score N/A 30,2% 2.53	Add-on Percent 18.37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3678 1.4887 1.5146	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· · · · · · · · · · · · · · · · · · ·			а	b	С	d	е	f	g	9	h	ì
CASE	MIX BASED RATE CALCULATIONS					1			:		I	
1 Cos	st Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 P 3 P	er Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (soo lino 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Ras	se Period Per Diem Allowed Amounts					i i			1			:
1 : 11	is Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,749,520.67	\$2,873,258	\$0	\$549,737	\$297,922	\$383 371	\$1,324,526	\$151,678	\$1,169,029	\$0
1	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistmts	(\$837,714)	(\$315,499)		(\$19,592)	(\$5,660)	(\$54,619)			(\$51,492)	\$84,488
1 1	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,911,807	\$2,557,759	\$0	\$530,145	\$292,262	\$328,752			\$1,117,537	\$84,488
8	Total Nursing Facility Days As Filed Days = 38,644	FY12 Audited C/R Days	38,644	!	· ·				!			
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 38,641	FY 18 GL-Pt. Ins Rpt Days			!					38,641		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$152.99	\$66.19	\$0.00	\$13.72	\$16.07	(with L&H)	\$21.97	\$3.93	\$28.92	\$2.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3678</u>	İ	1			4			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.39	ļ	1			•			
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.39	\$0.00	\$13.72	\$16.07		\$21.97	\$3.93	\$28.92	\$2.19
13 P	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
	lase Period Case Mix Adjusted Allowed Per Diern	Lesser of Ln 12 or Ln 13	\$114.12	\$48.39	\$0.00	\$13.72	\$16.07		\$20.56	\$3.93	9.26 (FRV)	\$2.19
	arterly Per Diem Rate Prior to Add-ons  Srowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.14	\$8.89	\$0.00	\$2.52	\$2.95	\$0.00	\$3,78	N/A	N/A	N/A
1 .	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.26	\$57.28	\$0.00	\$16.24	\$19.02	\$0.00	\$24,34	\$3.93	\$9.26	\$2.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End	\$152.20	1.5146	\$0.00	\$10.24	\$15.02	\$0.00	. \$24.54	45.55	\$5.20	Φ2.19
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.76		1			1			
1 :	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.74	\$86.76	\$0.00	\$16.24	\$19.02	\$0.00	\$24.34	\$3.93	\$9.26	\$2.19
Qua	arterly Per Diem Add-on Amounts											
1 .	fficiency Add-on Per Diem ({Stnd - Alwel] x ,75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
1 1	IIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.17	\$2.17		1				;		
22 N	furse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	\$2.60	\$2.60		1			1			
23 N	lursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.03	\$5.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qu	arterly Case Mix Based Per Diem Rate	Lπ 19 + Ln 24	\$184.77	\$92.06	\$0.00	\$16.46	\$19.43	\$0.00	\$41.44	\$3.93	\$9.26	\$2.19
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.75					·				

		Case Mix Per Diem Rate Effective Date;	04/01/21		ata and Percentages Growth Allowance: BIMS:	Facility Score N/A 17.7%	Add-on Percent 18.37% 0.0%	_		(CMI) Data od Overall CMI; y Medicaid CMI:		Facility Specific Use Stwd 1.2593	State- wide 1.3617 1.5438
	MD:	S & Nurse Hrs Data per Quarter Ending:	12/31/20 N	urse Hours per On-Site	Day/Quality Incentive:	3.58	2.0%	Qrtrly M	caid CMI w RUG	Wght Options:		1.2808	1.5713
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	MATANA			a	b	С	đ	е	Į į	9		h	<u>i</u>
CA	SE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selecte					1 4	1 2	1	1 4	1 4			1 1
	Type of Facility within Peer Grou				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			]
	Bed Size Range within Peer Gro				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency &				7 III DOG GILCO	7111 2000 00200	7 III DCG CI2CG	711 200 GIZCS	All Ded Gizes	All Dea Oreca			
	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%			1 1
	Efficiency Measures (Maximums)			į	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
}	Per Diem Costs and Add-ons												
	GL-PL- Insurance Costs		FY2018 GL-PL ins. R	pt							\$ 42,226		1
	Total Nursing Facility Days GL-PL Ins	s. Rpt	FY2018 GL-PL ins, R	pt							11,249		
	Standard Per Diem (After CMA for Ro	outine Srvcs)	FY 2012 Peer Group Lis	1 1	\$71.51		\$18,41	\$23.09		\$20.56		\$20.20	
	Allowed @ 95% of Std			\$150,04	\$67.93		\$17.49	\$21.94		\$19.53		\$20.20	\$2.95
	Growth Allowance 18.4%			\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			[
	CMA Allowed Per Diem (After Growth			\$177.10	\$80.41		\$20,70	\$25,97		\$23.12	\$ 3.75	\$20.20	\$2.95
	Quarterly Facility Case Mix Index for I				<u>1.2808</u> \$102.99							(FRV Rate)	l l
	Qrtly Routine Srvcs Case Mix Adjstd (												1 1
	Quarterly Medicaid CMA Allowed Per			\$199.68	\$102.99		\$20.70	\$25,97		\$23.12	\$3.75	\$20.20	\$2.95
-	Quarterly Per Diem Add-On Amoun	1											1
	BIMS Add-on Per Diem = Nurse Staff Hrs / Quality Add-on Per I	-1-7- (10 110 11110 11 12)		\$0.00 \$2.06	\$0.00 \$2.06		L.						
	Nursing Home Provider Fee	Dieiii — 2.0%		\$2.06	\$2,00					17.10			
	Total Quarterly Per Diem Add-On Amo	ounts		\$17.10				-		17.10			
	Quarterly Case Mix Based Per Diem F			\$218.84	\$105.05		\$20.70	\$25,97	-	\$40.22	\$3.75	\$20.20	\$2.95
	Leave/Bed Hold Per Diem Rate (Per Diem R		\$151.30	V2.12.07	V,104,00		724.10	720.01	l	7.7.22	90.10	450.50	45.55

Provide Prvdr I			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.3764	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021		trly BIMS score		2.5%			Medicaid CMI:		1.2962	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	s per On-Site Day/Q	uality Incentive:	3.31	3.0%	Ortrly Moaid	CMI w RUG	Wght Options:		1.3172	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>		<u> </u>	а	b	С	d	е	f	g	g	h	j
CASE	MIX BASED RATE CALCULATIONS											
1 Co	st Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		:	
2 F	er Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	The state of the s	: ;	
Ba	se Period Per Diem Allowed Amounts											
5 : A	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,599,980.42	\$2,498,293	\$0	\$463,280	\$217,890	\$306,183	\$580,119	\$98,535	\$435,680	\$0
6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$20,888)	\$0	\$0	(\$1,811)	\$0	\$0	(\$20,888)		(\$24,531)	\$26,342
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,579,092	\$2,498,293	\$0	\$461,469	\$217,890	\$306,183	\$559,231	\$98,535	\$411,149	\$26,342
8	Total Nursing Facility Days As Filed Days = 35,080	FY12 Audited C/R Days	35,080						;			
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,533	FY 18 GL-PŁ Ins Rpt Days							i	33,533		
9 ¦ N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.66	\$71.22	\$0.00	\$13.15	\$14,94	(with L&H)	\$15.94	\$2.94	\$11.72	\$0.75
10 j	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3764</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51,75					1			
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	\$11.72	\$0.75
13 F	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14   B	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$109.03	\$51.75	\$0.00	\$13,15	\$14.94		\$15.94	\$2.94	9.56 (FRV)	\$0.75
,	arterly Per Diem Rate Prior to Add-ons				İ				-		(PRV)	
	Growth Allowance Percentage = 18.37%	En 14 x Grwth Allwnc %	\$17.60	\$9.51	\$0.00	\$2.42	\$2.74	\$0.00	\$2.93	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.63	\$61.26	\$0.00	\$15.57	\$17.68	\$0.00	\$18.87	\$2.94	\$9.56	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3172					i			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.69		1			1			
19 C	Quarterly Medicaid CMA Allowed Per Díem	RS = Ln 18, AllOthr = Ln 16	\$146.06	\$80.69	\$0.00	\$15.57	\$17.68	\$0.00	\$18.87	\$2.94	\$9.56	\$0.75
	arterly Per Diem Add-on Amounts											
20 E	fficiency Add-on Per Diem ({Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	SIMS Add-on Per Diem = 2.5% (to Routine Szvs)	Ln 19 Col b x CPS Add-on	\$2.02	\$2.02	1	. !						
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$2.42	\$2.42		!			:			
	lursing Home Provider Fee	(Fixed Amount)	\$17.10		:	£			\$17.10	1		
24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.07	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 <b>Q</b> u	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.13	\$85.66	\$0.00	\$15.79	\$18.09	\$0.00	\$36.34	\$2.94	\$9.56	\$0.75
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$114.02									

Provid-			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0	CMI) Data		Facility Specific 1.3878	State- wide
Fivui	Case Mix Per Diem Rate Effective Date:	4/1/2021		trly BIMS score	27.5%	1,0%			d Overall CMI: Medicaid CMI:		1,6104	1.3617 1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.69	3.0%	Qrtrly Mcaid	CMI w RUG	Wght Options:	:	1.6393	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		•	а	b	C	đ	e	f	9	9	h	i
CASI	MIX BASED RATE CALCULATIONS					!						
1 Co	st Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
1	Type of Facility within Peer Group	, , , , , , , , , , , , , , , , , , ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group	·		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Pe	er Group Standards & Efficiency Measure Limits								-			
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Ва	se Period Per Diem Allowed Amounts	· ·						į				ĺ
5 A	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,470,097.73	\$2,676,697	\$0	\$484,818	\$231,953	\$298,054	\$1,064,058	\$8,255	\$706,263	\$0
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$58,995)		\$0	1	\$0	\$0	(\$56,373)	i i	(\$45,153)	\$42,980
: 1	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,103	\$2,676,248	\$0	\$484,818	\$231,953	\$298,054	\$1,007,685	\$8,255	\$661,110	\$42,980
8	Total Nursing Facility Days As Filed Days = 34,595	FY12 Audited C/R Days	34,595									
1 ;	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,839	FY 18 GL-PL Ins Rpt Days						}	1	32,839		
1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.42	\$77.36	\$0.00	\$14.01	\$15.32	(with L&H)	\$29.13	\$0.25	\$19.11	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3878</u>				:				1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.74					:			
: }	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.74	\$0.00		\$15.32		\$29.13	\$0.25	\$19.11	\$1.24
. ,	Per Diem Standards (After Stalewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	1	\$23.09	1	\$20.56	\$0.00	N/A	İ
14 E	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.51	\$55.74	\$0.00	\$14.01	\$15.32		\$20.56	\$0.25	12.39 (FRV)	\$1.24
Qu	arterly Per Diem Rate Prior to Add-ons										(LVA)	
15 C	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwns %	\$19.40	\$10.24	\$0.00	\$2.57	\$2.81	\$0.00	\$3.78	N/A	N/A	N/A
- 1	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.91	\$65.98	\$0.00	\$16.58	\$18.13	\$0.00	\$24.34	\$0.25	\$12.39	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6393</u>					<u>}</u>			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.16		:						
19 0	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$181.09	\$108.16	\$0.00	\$16.58	\$18.13	\$0.00	\$24.34	\$0.25	\$12.39	\$1.24
Qu	arterly Per Diem Add-on Amounts							:	}		•	
20 E	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 E	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08				1	i	1		
22 1	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.24	\$3.24		1		:				
. :	lursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 T	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.58	\$4.85	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25 <b>Q</b> u	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.67	\$113.01	\$0.00	\$16.80	\$18,54	\$0.00	\$41.44	\$0.25	\$12.39	\$1.24
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.93	<u> </u>						· · · · · · · · · · · · · · · · · · ·		

Provider: Briarwood Health & Rehab Center  Prvdr ID: 00706813A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		owth Allowance: trly BIMS score	Facility Score N/A 51.8% 3.78	Add-on Percent 18.37% 5.5% 2.0%			d Overall CMI: Medicald CMI:		Facility <u>Specific</u> 1.6087 1.6590 1.6903	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	9	h	i
CASE MIX BASED RATE CALCULATIONS			) 		i						
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	<i>t</i>	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	A ANDREAS TO COMMANDA V. Sales		
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,597,355.36		\$0	1 1	\$186,630	\$261,950	\$904,829	/	\$320,344	\$0
Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$34,340)		50		(\$226)				(\$88,674)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,563,015	\$3,365,708	\$0	\$533,518	\$186,404	\$261,632	\$891,301	\$4,493	\$231,670	\$88,289
8 Total Nursing Facility Days As Filed Days = 34,672	FY12 Audited C/R Days	34,672									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,336	FY 18 GL-PL Ins Rpt Days								34,336		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.45	\$97.07	\$0.00	\$15.39	\$12.92	(with L&H)	\$25.71	\$0,13	\$6.68	\$2.55
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6087		1						:
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.34	***		***					
Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.34	\$0.00	\$15,39	\$12.92		\$25,71	\$0.13	\$6.68	\$2.55
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$122.80	\$60.34	\$0.00	\$15.39	\$12.92		\$20.56	\$0.13	10.91 (FRV)	\$2.55
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.06	\$11.08	\$0.00	\$2.83	\$2,37	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.86	\$71.42	\$0.00	\$18.22	\$15.29	\$0.00	\$24,34	\$0.13	\$10.91	\$2.55
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6903	· 				İ			
18 Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.72								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.16	\$120.72	\$0.00	\$18,22	\$15.29	\$0.00	\$24.34	\$0.13	\$10.91	\$2.55
Quarterly Per Diem Add-on Amounts			:								: 1
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1 (	\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.64	\$6.64					!	1		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.41	\$2.41						1		; }
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.31	\$9.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Լռ 19 + Լո 24	\$219.47	\$130.30	\$0.00	\$18.44	\$15.70	\$0.00	\$41.44	\$0.13	\$10.91	\$2.55
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.78			-« <del>.</del>		***************************************				

1	rovider: Brightmoor Health Care, Inc.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
	rvdr ID: 00140412A Case Mix Per Diem Rate Effective Date:	4/1/2021		wth Allowance: trty BIMS score		18.37% 2.5%			d Overall CMI: Medicaid CMI:		1.2636 1.5783	1.3617 1.5382
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q			3.0%	Ortrly Moaid		Wght Options:		1.6082	1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-		1	а	b	С	d	е	f	g	g	h	i
<u> c</u>	ASE MIX BASED RATE CALCULATIONS			İ	i I	<i>i</i> ,						
1 1	Cost Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	1			
	Type of Facility within Peer Group	(sast and manal)		All Facilities		Free Standing	All Facilities	All Facilities	All Facilities			1
:	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			· }
;	Peer Group Standards & Efficiency Measure Limits					1						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			:
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
: 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts								:			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,813,583.00	\$4,506,439	\$0	\$1,057,822	\$586,219	\$718,825	\$885,109	\$94,658	\$964,511	\$0
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$123,908)	(\$85,852)	\$0	\$53,721	(\$24,441)	(\$13,619)	\$19,202		(\$160,912)	\$87,993
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,689,675	\$4,420,587	\$0	\$1,111,543	\$561,778	\$705,206	\$904,311	\$94,658	\$803,599	\$87,993
8	Total Nursing Facility Days As Filed Days = 47,752	FY12 Audited C/R Days	47,752			j						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,147	FY 18 GL-PL Ins Rpt Days								46,147		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.04	\$92.57	\$0.00	\$23.28	\$26.53	(with L&H)	\$18.94	\$2.05	\$16.83	\$1.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2636</u>		: !				ĺ		•
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$73.26		į						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.26	\$0.00	\$23.28	\$26.53		\$18.94	\$2.05	\$16.83	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
: 14 :	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.84	\$71.51	\$0.00	\$18.41	\$23.09		\$18.94	\$2.05	19.00 <i>(FRV)</i>	\$1.84
4-	Quarterly Per Diem Rate Prior to Add-ons		****									
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.24	\$13.14	\$0.00	1	\$4.24	\$0.00	\$3.48	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.08	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$22.42	\$2.05	\$19.00	\$1.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.6082	]				1			
18	Outrly Routine Stross Case Mix Adjated (CMA) Net Per Diem	Լո 16 x Լո 17 RS = Ln 18, AllOlbr = Ln 16	#000 CC	\$136.13		¢04.70	¢07.00	50.00		***	210.00	
. 19	Quarterly Medicaid CMA Allowed Per Diem	No - Lit to, Allouii - Lit to	\$230.56	\$136.13	\$0.00	\$21.79	\$27.33	\$0.00	\$22.42	\$2.05	\$19.00	\$1.84
	Quarterly Per Diem Add-on Amounts				i ì							
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	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.40	\$3.40	I			j				
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Lп 19 Col b x Sifng Add-on	\$4.08	\$4.08	:			i				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	:		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.95	\$7.48	\$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	\$255.51	\$143.61	\$0.00	\$21.79	\$27.33	\$0.00	\$39.89	\$2.05	\$19.00	\$1.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.81					***************************************				
				:								

Provider: Brown Hea	alth and Rehab  Case Mix Per Diem Rate Effective Date:	4/1/2021	Q	owth Allowance: Itrly BIMS score	38.9%	Add-on Percent 18,37% 2,5%		Quarteri	od Overall CMI y Medicaid CMI		Facility Specific 1,3805 1,6803	State- wide 1.4014 1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hours pe	er On-Site Day/Q	uasty tricentive:	3,18	3,0%	Ortrly Moa	IIG CMI W HUC	3 Wght Options:		1,7122	1.5656
Line Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	g		h	ı
CASE MIX BASED RA	ATE CALCULATIONS				İ							
Cost Center Peer Grou     Type of Facility within     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	† All Facilities All Bed Sizes			
2 Peer Group Standards 3 Peer Group Standards		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem	Allowed Amounts	1										
5 As Filed Cost Center C	Costs (Routine & Special Srvcs Combined)	: As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$6,386,941	\$3,084,712	so so	\$620,357	\$404,220	\$304,919	\$1,390,301	\$137,630	\$444,802	\$0
6 Audit Adjustments and	Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$615,487)	so	\$0	\$0	\$0	\$0	(\$615,487)		(\$14,918)	\$14,918
7 Cost Center Costs Afte	er Audit Adjustments	12/31/14 Audited C/R	\$5,771,454	\$3,084,712	\$0	\$620,357	\$404,220	\$304,919	\$774,814	\$137,630	\$429,884	\$14,918
8 Total Nursing Facility	y Days As Filed Days = 37,086	12/31/14 Audited C/R Days	37,086									
Total Nursing Facility	Days GL-PL Ins. Rpt As Filed Days = 38,079	FY 18 GL-Pt. Ins Rpt Days			}					38,079		
9 Net Per Diems prior to	Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155,52	\$83.18	\$0.00	\$16.73	\$19.12	(with L&H)	\$20.89	\$3.61	\$11.59	\$0.40
10 Base Period Facility	Case Mix Index for All Residents	from 4 qtrs of FY10		1,3805								
11 Routine Srvcs Case	Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60,25								
12 Net Per Diems after Ca	ase Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60,25	\$0.00	\$16.73	\$19,12		\$20.89	\$3.61	\$11.59	\$0,40
13 Per Diem Standards (A	Iller Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0,00	\$30,41	\$23.55		\$24.02		N/A	
14 Base Period Case Mix	Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138,59	\$60,25	\$0.00	\$16.73	\$19.12		\$20,89	\$3,61	17.59	\$0.40
Quarterly Per Diem Ra	te Prior to Add-ons										(FRV)	
15 Growth Allowance Per		Ln 14 x Grwth Allwnc %	\$21.49	\$11.07	\$0,00	\$3,07	\$3,51	\$0.00	\$3.84	N/A	N/A	N/A
16 CMA Allowed Per Dien	n (After Growth Allowance Add-on)	Ln 14 + £n 15	\$160.08	\$71.32	\$0.00	\$19.80	\$22.63	\$0,00	\$24,73	\$3,61	\$17.59	\$0.40
17 Quarterly Facility Ca	se Mix Index for Medicaid Residents	per Current Otr End		1,7122							:	
18 Ortrly Routine Srvcs	Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.11								
19 Quarterly Medicaid CM	IA Allowed Per Dîem	RS = Ln 18, AllOthr = Ln 16	\$210,87	\$122,11	\$0.00	\$19.80	\$22.63	\$0.00	\$24.73	\$3,61	\$17.59	\$0.40
Quarterly Per Diem Ad	d-on Amounts	-										
	Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0,22	\$0,41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Dien		Ln 19 Cal b x CPS Add-on	\$3.05	\$3.05		1						
22 Nurse Staff Hrs / Quali	ty Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.66	\$3.66								
23 Nursing Home Provide	r Fee	(Fixed Amount)	\$17.10						\$17,10			
24 Total Quarterly Per Die	em Add-on Amounts	Sum of Lns 20 thru 23	\$25,34	\$7.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Ba	sed Per Diem Rate	Ln 19 + Ln 24	\$236,21	\$129,35	\$0.00	\$20,02	\$23,04	\$0.00	\$42.20	\$3.61	\$17,59	\$0,40
26 Quarterly Per Diem Ra	te for Bed Hold and Leave Days	(Ln 25 • Ln 23) * 0.75	\$164,33		<u> </u>	1	1		1	1		I

Provi			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Prvd		4/1/2021		owth Allowance:		18.37%			d Overall CMI		1.4535	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q	trly BIMS score uality Incentive:	34,1% 3.02	2.5% 2.0%	Ortrly Moaid		Medicaid CMI Wght Options:		1.5031 1.5286	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	, ь	, с	d	е	f	g	9	h	i
CAS	SE MIX BASED RATE CALCULATIONS			:		1		s .		:		
$\neg$	ost Center Peer Groups	(see Policy Manual)			1	2	1	1	1			
	Type of Facility within Peer Group	, (SSST SNS) INBINESIA		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	!		
	Bed Size Range within Peer Group			. All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
P	eer Group Standards & Efficiency Measure Limits				:	1		:		1		
	Peer Group Standards: Percentile	(see Policy Manual)	,	90.0%	90.0%	90.0%	85.0%		50.0%	] :		1
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	i i		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
8	ase Period Per Diem Allowed Amounts	b		\$		i				1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Fited FY12 C/R -FY 2018 GL-PL Rpt	\$2,690,414.00	\$1,268,340	\$0	\$270,446	\$161,206	\$168,523	\$504,491	\$13,173	\$304,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$63,322	\$0	\$0	\$0	\$0	\$0	\$29,434	:	\$13,475	\$20,413
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,753,736	\$1,268,340	\$0	\$270,446	\$161,206	\$168,523	\$533,925	\$13,173	\$317,710	\$20,413
8	Total Nursing Facility Days As Filed Days = 22,287	FY12 Audited C/R Days	22,287		:	1 1		:		. :		i i
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,285	FY 18 GL-PL Ins Rpt Days		:						21,285		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.59	\$56.91	\$0.00	\$12.13	\$14.79	(with L&H)	\$23.96	\$0.62	\$14.26	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	'	1.4535								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	l	\$39.15					***			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$39.15	\$0.00	\$12.13	\$14.79		\$23.96	\$0.62	\$14.26	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.16	\$39.15	\$0.00	\$12.13	\$14.79		\$20.56	\$0.62	10.99 (FRV)	\$0.92
	tuarterly Per Diem Rate Prior to Add-ons			1	:							
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.92	\$7.19	\$0.00	1 1	\$2.72	\$0.00		N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Lπ 15	\$115.08	\$46.34	\$0.00	\$14.36	\$17.51	\$0.00	\$24.34	\$0.62	\$10.99	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5286	!				ļ			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$70.84		1			1	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$139.58	\$70.84	\$0.00	\$14.36	\$17.51	\$0.00	\$24.34	\$0.62	\$10.99	\$0.92
c	luarterly Per Diem Add-on Amounts	· ·		į						:		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,77	\$1.77		1				1		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.42	\$1.42		1						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	4		i į		:	\$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 C	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$161.03	\$74.56	\$0.00	\$14.58	\$17.92	\$0.00	\$41.44	\$0.62	\$10.99	\$0.92
26 C	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.95	;		•	***************************************			-i		<del></del>

	rovider: Bryan County Health & Rehab Ctr rodr ID: 00715569A			wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas		Overali CMI:		Facility <u>Specific</u> 1.3338	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	47.6% 3.67	5.5% 3.0%	Ortrly Moaid		Medicaid CMI; Wght Options:		1.7235 1.7565	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	C	ď	е	f	g	9 .	h	i
C	ASE MIX BASED RATE CALCULATIONS	· :										
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group	,		All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	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%	i E		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts					]						1
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,768,621.00	\$2,536,618	\$0	\$662,379	\$367,456	\$294,923	\$587,904	\$126,970	\$192,371	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$117,398)	\$7,257	\$0	\$0	\$0	\$0	(\$114,275)	1	(\$63,432)	\$53,05
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,651,223	\$2,543,875	\$0	\$662,379	\$367,456	\$294,923	\$473,629	\$126,970	\$128,939	\$53,05
8	Total Nursing Facility Days As Filed Days = 35,129	FY12 Audited C/R Days	35,129			:						1
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,801	FY 18 GL-PL Ins Rpt Days								33,801		;
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.56	\$72.42	\$0.00	\$18.86	\$18.86	(with L&H)	\$13.48	\$3.76	\$3,67	\$1.5
10	, , , , , , , , , , , , , , , , , , , ,	from 4 qtrs of FY12		<u>1.3338</u>								
11		Ln 9 / Ln 10		\$54.30				Ì				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.30	\$0.00	\$18.86	\$18.86		\$13.48	\$3.76	\$3.67	\$1.5
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.35	\$54.30	\$0.00	\$18.41	\$18.86		\$13.48	\$3,76	13.03	\$1.51
	Quarterly Per Diem Rate Prior to Add-ons									1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.29	\$9.97	\$0.00	\$3.38	\$3.46	\$0.00	\$2.48	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.64	\$64.27	\$0.00	\$21.79	\$22,32	\$0.00	\$15.96	\$3.76	\$13.03	\$1.5
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		<u>1.7565</u>					:			
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.89		!						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.26	\$112.89	\$0.00	\$21.79	\$22.32	\$0.00	\$15.96	\$3.76	\$13.03	\$1.5
	Quarterly Per Diem Add-on Amounts					[			į			
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 = 5.5% (to Routine Srvs)	Ln 19 Cal b x CPS Add-on	\$6.21	\$6.21		1			1		23100	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 Las 20 thru 23	\$28.01	\$10.13	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	โл 19 + Ln 24	\$219.27	\$123.02	\$0.00	\$21.79	\$22.73	\$0.00	\$33.43	\$3.76	\$13.03	\$1.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	{Ln 25 - Ln 23} * 0.75	\$151,63			1				<u></u>		1

Provi Prvd	•		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	(MI) Data		Facility Specific 1.1714	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		Irly BIMS score	26.0% 2.67	1.0% 3.0%	Ortrly Meaid		vledicaid CMI:		1.5384 1.5673	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	d	e	f	9	9	h	i
CAS	SE MIX BASED RATE CALCULATIONS											:
1 0	Cost Center Peer Groups	{see Policy Manual}		1	1	2	1	1	1			
-	Typo of Facility within Peer Group Bed Size Rango within Peer Group	(ose / silo) (minuta)		All Facilities All Bed Sizes	All Facililies All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
P	Peer Group Standards & Efficiency Measure Limits								:			:
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37	1		:
		(see Folicy Manual)		\$0.03	\$0.00	30.22	\$0.41		30.37	:		:
	Base Period Per Diem Allowed Amounts			i i					:	i		:
- 1	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,112,453.00		\$0	\$373,918	\$203,258	\$229,045	\$356,117	\$29,270	\$211,630	\$
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$209,652)	, , , , ,	\$0	(\$5,156)	(\$160)		(\$22,665)	1 1	(\$196,135)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,902,801	\$1,705,867	\$0	\$368,762	\$203,098	\$228,865	\$333,452	\$29,270	\$15,495	\$17,99
8	Total Nursing Facility Days As Filed Days = 26,257	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	26,257	1		[ ]		i				;
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,472	Ln 7 / Ln 8 Col a	0440.00		***		***		040.70	25,472	***	
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 gtrs of FY12	\$110.59	\$64.97	\$0.00	\$14.04	\$16.45	(with L&H)	\$12.70	\$1.15	\$0.59	\$0.69
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.1714 \$55.46		1						! !
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11. AllOthr = Ln 9	i	\$55.46	\$0.00	\$14.04	\$16.45		\$12.70	\$1.15	\$0.59	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.55 N/A	30.0
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.13	\$55,46	\$0.00	\$14.04	\$16.45		\$12,70	\$1.15	7.64	\$0.6
į	•		<b>\$700.70</b>		40.05	<b>U</b> 11.01	010.40		. 412.70	<b>V</b>	(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	_				( )			:			
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.12	\$10.19	\$0.00	\$2.58	\$3.02	\$0.00	\$2.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.25	\$65.65	\$0.00	\$16.62	\$19.47	\$0.00	\$15.03	\$1.15	\$7.64	\$0.6
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		<u>1.5673</u>						1		
-	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.49	\$102.89 \$102.89	\$0.00	£46.60	¢40.47	£0.00	. 645.00	P4 15	57.04	60.0
13	Quarterly Medicald CNVA Allowed Fer bleff	NS - CIT TO, AIIOURI - CIT TO	\$103.49	\$102.89	30.00	\$16.62	\$19.47	\$0.00	\$15.03	\$1.15	\$7.64	\$0.69
Q	Quarterly Per Diem Add-on Amounts			:				j :	:			
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								!
	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09					;	:		
1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1 2.1			_	:	\$17.10			!
1	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.75	\$4.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Q	Quarterly Case Mix Based Per Diem Rate	Ln 19 + £n 24	\$186.24	\$107.54	\$0.00	\$16.84	\$19.88	\$0.00	\$32.50	\$1.15	\$7.64	\$0.69
26 Q	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.86									

Provider: Budd Terrace At Wesley Woods Prvdr ID: 003167547A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>04/01/21</b> 12/31/20 Nurse Ho		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 32.9% 8.91	Add-on Percent 18.37% 2.5% 3.0%	Qrtrly	Quarte	ex (CMI) Data eriod Overall CMI: erly Medicaid CMI: UG Wght Options:		Facility Specific Use Stwd 1.2393 1.2583	State- wide 1.3617 1.5438 1.5713
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g		h	i
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)			1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37			
Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt								\$167,948.00 64,706		
Standard Per Diem (After CMA for Routine Srvcs)  Allowed @ 90% of Std  Growth Allowance 18.37%  CMA Allowed Per Diem (After Growth Alowance)  Quarterly Facility Case Mix Index for Medicaid Residents  Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY 2012 Peer Group Limit	\$136.55 \$22.08 \$161.23	\$71.51 \$64.36 \$11.82 \$76.18 <b>1.2583</b> \$95.86		\$18.41 \$16.57 \$3.04 \$19.61	\$23.09 \$20.78 \$3.82 \$24.60		\$20.56 \$18.50 \$3.40 \$21.90		\$13.94 \$13.94 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts  BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$180.91 \$2.40 \$2.88 \$17.10 \$22.37	\$95.86 \$2.40 \$2.88		\$19,61	\$24.60		\$21.90 17.10	\$2.60	\$13.94	\$2.40
Quarterly Case Mix Based Per Diem Rate		\$203.28	\$101.13		\$19.61	\$24.60		\$39.00	\$2.60	\$13.94	\$2.40
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$139.64							7.5.00		7101	7

	rovider: Calhoun Health Care Center rvdr ID: 00140577A Case Mix Per Diem Rate Effective Date:	4/1/2021	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score ours per On-Site Day/Quality Incentive:		Facility Score N/A 36.5% 3.32	Add-on Percent 18.37% 2.5% 2.0%	Case Mix Index (CMI) Data  Base Period Overall CMI;  Quarterly Medicaid CMI;				Facility <u>Specific</u> 1.3183 1.4288 1.4542	State- wide 1.3617 1.5382 1.5656
	MDS & Nurse Hrs Data per Quarter Ending:						Qrtrly Meaid CMI w RUG Wight Options:					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS								!			
1	Cost Center Peer Groups Type of Facility within Peer Group Bad Siza Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	1	50.0% 105.0% \$0.37	•		
	Base Period Per Diem Allowed Amounts			:				1	· ·	1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,448,586.00	\$2,214,000	\$0	\$504,885	\$287,774	\$342,274	\$718,410	\$109,590	\$271,653	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$175,369)	(\$308)	\$0	\$2,259	\$0	(\$7,447)	(\$171,454)		(\$18,195)	\$19,776
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,273,217	\$2,213,692	\$0	\$507,144	\$287,774	\$334,827	\$546,956	\$109,590	\$253,458	\$19,770
8	Total Nursing Facility Days As Filed Days = 34,715	FY12 Audited C/R Days	34,715	i		(			:			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,375	FY 18 GL-PL Ins Rpt Days		!		(				29,375		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.67	\$63.77	\$0,00	\$14.61	\$17.93	(with L&H)	\$15,76	\$3.73	\$7.30	\$0.57
10	, — — — — — — — — — — — — — — — — — — —	from 4 qtrs of FY12		<u>1.3183</u>		t :				:		
11		โภ 9 / Lπ 10		\$48.37						i l		
12		RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00		\$17.93		\$15.76		\$7.30	\$0.5
13	,	per Peer Group Limits		\$71.51	\$0.00	A CONTRACTOR OF THE PARTY OF TH	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.41	\$48.37	\$0.00	\$14.61	\$17.93		\$15.76	\$3.73	7.44 (FRV)	\$0.57
	Quarterly Per Diem Rate Prior to Add-ons					1					(CILV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Ailwnc %	\$17.76	\$8.89	\$0.00	\$2.68	\$3.29	\$0.00	\$2.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$126.17	\$57.26	\$0.00	\$17.29	\$21.22	\$0.00	\$18.66	\$3.73	\$7.44	\$0.5
17	,	per Current Qtr End		1,4542		1						
18		Ln 16 x Ln 17		\$83.27		1						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AliOthr = Ln 16	\$152.18	\$83.27	\$0.00	\$17.29	\$21.22	\$0.00	\$18.66	\$3.73	\$7.44	\$0.57
	Quarterly Per Diem Add-on Amounts			!		!						
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08						1		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.67	\$1.67		: 1						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ļ					\$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	£n 19 + Ln 24	\$174.56	\$87.55	\$0.00	\$17.51	\$21.63	\$0.00	\$36.13	\$3.73	\$7.44	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.10		***************************************				-			

	rovider: Calhoun Nursing Home rodr ID: 00140478A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance:	Facility Score N/A 43.1% 4.07	Add-on <u>Percent</u> 18.37% 2.5% 3.0%	Case  Qrtrly Mcaid (	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2873 1.7707 1.8052	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	rate		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,577,908.00	\$992,232	\$0	\$359,440	\$239,508	\$159,018	\$685,581	\$90,750	\$51,379	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$30,402)	\$171,759	\$0	\$38,558	(\$3,482)	\$5,216	(\$233,627)		(\$17,027)	\$8,201
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,547,506	\$1,163,991	\$0	\$397,998	\$236,026	\$164,234	\$451,954	\$90,750	\$34,352	\$8,201
8	Total Nursing Facility Days As Filed Days = 17,931	FY12 Audited C/R Days	17,931									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,632	FY 18 GL-PL Ins Rpt Days								21,632		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.23	\$64.92	\$0.00	\$22.20	\$22.32	(with L&H)	\$25.21	\$4.20	\$1.92	\$0.46
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2873								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.43	\$0.00	\$22.20	\$22.32		\$25.21	\$4.20	\$1.92	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.31	\$50.43	\$0.00	\$22.20	\$22.32		\$20.56	\$4.20	14.14 (FRV)	\$0.46
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.22	\$9.26	\$0.00	\$4.08	\$4.10	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$155.53	\$59.69	\$0.00	\$26.28	\$26.42	\$0.00	\$24.34	\$4.20	\$14.14	\$0.46
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		1.8052								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.59	\$107.75 \$107.75	\$0.00	\$26.28	\$26.42	\$0.00	\$24.34	\$4.20	\$14.14	\$0.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$24.18	\$6.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.77	\$114.20	\$0.00	\$26.50	\$26.83	\$0.00	\$41.44	\$4.20	\$14.14	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.00									

D	vider: Cambridge Post Acute Care Center	Ad	d-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
PIV	or ID: 00494139A Case Mix Per Diem Rate Effective Date:	04/01/21		th Allowance: Iv BIMS score	N/A 35.5%	18,37% 2.5%			d Overali CMI: Medicaid CMI:		1,4991 1,6341	1,3699 1,5382
1	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hours per			2.87	2.0%	Ortrly Meaid		Wght Options:		1,6636	1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
Ш			a	b	С	d	е	f	g	g	h	ı
CA!	SE MIX BASED RATE CALCULATIONS						,					
1 1	Cost Center Peer Groups	(see Policy Manual)		7	1	2	1	1	1			
ı '   '	Type of Facility within Peer Group	(see Folicy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
i l	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Paer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		face i ouch maintail		\$0.55	\$0.00	90.22	\$0.47		\$0.57			
	Base Period Per Diem Allowed Amounts											
	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$8,670,898	\$3,335,176	\$0	\$738,448	\$335,832	\$391,662	\$1,311,902	\$185,098	\$2,372,780	\$0
	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$97,723)	\$0	\$0	\$0	\$0	\$0	(\$97,723)		(\$72,835)	\$72,835
1 1	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,573,175	\$3,335,176	\$0	\$738,448	\$335,832	\$391,662	\$1,214,179	\$185,098	\$2,299,945	\$72,835
8	Total Nursing Facility Days As Filed Days # 48,462	FY13 Audited C/R Days	48,462									
1.1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,366	FY 18 GL-PL Ins Rpt Days								48,366		
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cof a from 4 atrs of FY10	\$176.91	\$68.82	\$0.00	\$15.24	\$15.01	(with L&H)	\$25.05	\$3.83	\$47.46	\$1.50
10	Base Period Facility Case Mix Index for All Residents	Ln 9/Ln 10		<u>1.4991</u> \$45.91								
12	Rouline Srvcs Case Mix Adjstd (CMA) Net Per Diem  Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11. AllOthr = Ln 9		\$45.91 \$45.91	\$0.00	\$15,24	\$15.01		\$25.05	\$3.83	\$47,46	\$1,50
	Per Diem Standards (Alter Statewide CMA for Routine Sives)	per Peer Group Limits		\$45.91	\$0.00	\$15.24	\$15.01		\$23,46	\$3.63	\$47,46 N/A	\$1,00
1	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117,39	\$75.90 \$45,91	\$0.00	\$15,24	\$25,27 \$15,01		\$23,46	\$3.83	12.44	<b>\$1.50</b>
'	Dase I cling dase with Anjusten Minaken I et Dietit	Lesser of Ciril 2 of Ciril 10	\$117,55	340,51	\$0,00	\$15,24	\$10,01		\$23,40	\$3.63	(FRV)	\$1,50
	Quarterly Per Diem Rate Prior to Add-ons										· í	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$18,30	\$8.43	\$0.00	\$2.80	\$2.76	\$0.00	\$4,31	N/A	N/A	N/A
i I	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135,69	\$54.34	\$0.00	\$18.04	\$17.77	\$0.00	\$27,77	\$3,83	\$12,44	\$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	}	<u>1.6636</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.40			Į					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.75	\$90.40	\$0.00	\$18.04	\$17.77	\$0.00	\$27,77	\$3.83	\$12.44	\$1.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Gol b x CPS Add-on	\$2,26	\$2,26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Stres)	Ln 19 Col b x Sting Add-on	\$1.81	\$1.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,33	\$4.60	\$0.00	\$0,22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194,08	\$95,00	\$0.00	\$18.25	\$18.18	\$0.00	\$44.87	\$3,83	\$12,44	\$1,50
26 0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132,74									

	rovider: Camellia Gardens of Life Care vdr ID: 00366341A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		owth Allowance: trly BIMS score	Facility Score N/A 28.2% 3.79	Add-on Percent 18.37% 1,0% 3.0%	***************************************		d Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 1.3243 0.9923 0.9988	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dîetary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	ď	е	f	g	9	h	i
C	ASE MIX BASED RATE CALCULATIONS	: 1	1					:				
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
,	Type of Facility within Peer Group	(Occir alloy manual)	Ì	All Facilities		Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		d 1		
	Peer Group Standards & Efficiency Measure Limits		1							1		
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 (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,880,021.00	\$2,006,148	\$0	\$468,534	\$204,746	\$226,238	\$729,603	\$63,529	\$181,223	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$7,229)	\$0	\$0	(\$1,808)	\$12,132	\$15,147	(\$43,440)	)	(\$19,001)	\$29,741
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,872,792	\$2,006,148	· \$0	\$466,726	\$216,878	\$241,385	\$686,163	\$63,529	\$162,222	\$29,741
· 8	Total Nursing Facility Days As Filed Days = 27,555	FY12 Audited C/R Days	27,555					3	1			
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,513	FY 18 GL-PL Ins Rpt Days						1	i	27,513		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$140.56	\$72.81	\$0.00	\$16.94	\$16.63	(with L&H)	\$24.90	\$2.31	\$5.89	\$1.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3243				1	:			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$54.98	:	1						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.98	\$0.00	\$16.94	\$16.63	:	\$24.90	\$2.31	\$5,89	\$1.08
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	1	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.59	\$54.98	\$0.00	\$16.94	\$16.63		\$20.56	\$2.31	8.09	\$1.08
1	,			:	:			1	1		(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons				:				;	1		
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.04	\$10.10	\$0.00	\$3.11	\$3.05	\$0.00			N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Lπ 15	\$140.63	\$65.08	\$0.00	\$20.05	\$19.68	\$0.00	\$24.34	\$2.31	\$8.09	\$1.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		0.9988	:			·		1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.00		:		1	1			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$140.55	\$65.00	\$0.00	\$20.05	\$19.68	\$0.00	\$24.34	\$2.31	\$8.09	\$1.08
1	Quarterly Per Diem Add-on Amounts			:				! !	<b>!</b>	1		l í
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.65	\$0.65		:			1			
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.95	\$1.95		1			:	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1					\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.86	\$3.13	\$0.00	\$0.22	\$0.41	\$0.00		1 1	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$161.41	\$68.13	\$0.00	\$20.27	\$20.09	\$0.00	\$41.44	·	\$8.09	\$1.08
		(1 - 05 - 1 - 00) 1 0 75	-			1					23,00	7.144
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$108.23									

Pro	ovider: Camellia Hlth & Rehab		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data	_	Facility Specific	State- wide
PΛ	rdr ID: 00140588A		Gro	owth Allowance:	N/A	18.37%		Base Period	i Overali CMI:		1.3516	1.3617
	Case Mix Per Diem Rate Effective Date:			trly BIMS score	56.1%	5.5%			Medicaid CMI:		1.6726	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.06	3.0%	Qrtrly Moaid	CMI w RUG \	Nght Options:		1.7026	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	ď,	е	f	9	g	h	1
<u>C</u>	ASE MIX BASED RATE CALCULATIONS	:							ļ i			
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	; , 1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bod Sizes	All Bed Sizes	i i		1
	Peer Group Standards & Efficiency Measure Limits	:				į		:	1			
2	Peer Group Standards: Percentile	(see Policy Manual)	l	90.0%	90.0%	90.0%	85.0%	:	50.0%	!		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	:										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,026,940.46	\$1,592,432	\$0	\$345,008	\$167,289	\$228,586	\$436,294	\$100,435	\$156,896	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$33,919)	\$0	\$0	(\$1,817)	\$0	\$0	(\$33,919)	ıl İ	(\$16,377)	\$18,194
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,993,022	\$1,592,432	\$0	\$343,191	\$167,289	\$228,586	\$402,375	\$100,435	\$140,519	\$18,194
8	Total Nursing Facility Days As Filed Days = 22,188	FY12 Audited C/R Days	22,188					:				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,848	FY 18 GL-PL Ins Rpt Days				į i		1	ł	23,848		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Stres	£n7/Ln8Cola	\$134.57	\$71.77	\$0.00	\$15.47	\$17.84	(with L&H)	\$18.13	\$4.21	\$6.33	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3516					1			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.10	1 :	:		1	t.			1
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.10	\$0.00	\$15.47	\$17.84	İ	\$18.13	\$4.21	\$6.33	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.19	\$53.10	\$0.00	<b>\$</b> 15.47	\$17.84		\$18.13	\$4.21	8.62	\$0.82
: }	Quarterly Per Diem Rate Prior to Add-ons							İ	!		(FRV)	ı
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$19.20	\$9.75	\$0.00	\$2.84	\$3.28	\$0.00	\$3.33	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.39	\$62.85	\$0.00	\$18,31	\$21.12	\$0.00	\$21.46	\$4.21	\$8.62	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7026				:	:			i
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լռ 16 x Ln 17		\$107.01				:	•			i
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.55	\$107.01	\$0.00	\$18.31	\$21.12	\$0.00	\$21.46	\$4.21	\$8.62	\$0.82
	Quarterly Per Diem Add-on Amounts							1	:			1
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.89	\$5.89		1				1		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3.21		1			1	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		1	\$17.10	1		1
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.73	\$9.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.28	\$116.64	\$0.00	\$18.53	\$21.53	\$0.00	\$38.93	\$4.21	\$8.62	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144,14					•				

	ovider: Candler Hospital Sub-Acute Unit vdr ID: 00870911A			owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas		d Overall CMI:		Facility <u>Specific</u> 2.3318	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	Q rs per On-Site Day/Q	tiriy BIMS score uality Incentive:	0.0% 8.57	0.0% 0.0%	Only Moaid		Medicaid CMI: Nght Options:		2.3160 2.3620	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	Ъ	С	d	e	f.	, g	g	ħ	i
C	ASE MIX BASED RATE CALCULATIONS			:		: 1				!		:
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			:
'	Type of Facility within Peer Group	(850 ) 5.50 (1.6.1.52.)		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									1		:
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	C		:
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			:
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			:
	Base Period Per Diem Allowed Amounts			!	! :			!	!	; I		
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,470,516.00	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$352,979	\$7,493	\$251,446	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$10,246)	\$0	\$0	\$0	\$0	\$0	(\$10,246)	i i	(\$5,552)	\$5,552
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,460,270	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$342,733	\$7,493	\$245,894	\$5,552
8	Total Nursing Facility Days As Filed Days = 3,234	FY12 Audited C/R Days	3,234	Į					i			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,890	FY 18 GL-PL Ins Rpt Days								2,890		:
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$451.81	\$197.85	\$0.00	\$20.35	\$47.29	(with L&H)	\$105.98	\$2.59	\$76.03	\$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>2.3318</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.85					!	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.85	\$0.00	\$20.35	\$47.29		\$105.98	\$2.59	\$76.03	\$1,72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09	l	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.24	\$71.51	\$0.00	\$20.35	\$23.09	;	\$20.56	\$2.59	23.42 (FRV)	\$1.72
	Quarterly Per Diem Rate Prior to Add-ons				ļ			]	i	1		
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.90	\$13.14	\$0.00		\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.14	\$84.65	\$0.00	\$24.09	\$27.33	\$0.00	\$24.34	\$2.59	\$23.42	\$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.3620					:	(		
18	Ortry Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17		\$199.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$303.43	\$199.94	\$0.00	\$24.09	\$27.33	\$0.00	\$24.34	\$2.59	\$23.42	\$1.72
	Quarterly Per Diem Add-on Amounts			:				,		1		
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	1	\$0.00	1
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$0.00	\$0.00						1		i I
22	Nurse Staff Hrs / Quality Add-on Per Diem : 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00	r i					1		i
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	i		
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	\$320.75	\$199.94	\$0.00	\$24.31	\$27.33	\$0.00	\$41.44	\$2.59	\$23,42	\$1.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$227.74									

Case Mix Per Diem Rate Effective Date   Aff2021   Narse Hears per On-Sile Day/Coulty Eventive   57.8%   5.5%   Countretly Medicard CMI   13.305	State- wide	Facility Specific		MI) Data	e Mix Index (C	Case	Add-on Percent	Facility Score	Percentages	Add-on Data and I		ovider: Canton Nursing Center, Inc.	1
Line   Description   Sources   Totals   Sources   Totals   Sources   Totals   Source	1.3617												Pr
Description   Sources   Sources   Sources   Services   Dielary   Dielary   Dielary   Dielary   Dielary   Dielary   Dielary   Elumbry   General and many   RAGS-GS-PL-PL   and Calculations   Services   Dielary   Elumbry   Services   Dielary   Diela	1.5382 1.5656					Ortrly Meald							
CASE MIX BASED RATE CALCULATIONS   (see Policy Manual)   A final file of the process of the pr	Taxes and Insurance			and	Operatns		Dietary			Totals		Description	
CASE MIX BASED RATE CALCULATIONS   1	insurance				ex ivialiti		d	·	h		Calculations		, "
Cost Center Peer Groups   Cose Pokey Manual)	<del> </del>		9	9						:	*	ASE MIV DASED DATE CALCUL ATIONS	
Peer Group Standards & Efficiency Measure Limits   Peer Group Standards & Efficiency Measure Limits   Peer Group Standards & Efficiency Measure Limits   Peer Group Standards & Efficiency Measure Limits   Peer Group Standards & Infliciency Measure Limits   Peer Group Standards Mile of Standards & Peer Group Standards Mile of Standards & Peer Group Standards Mile of Standards & Mile of Standards & Peer Group Standards Mile of Peer Group Standards						_	_						<u>.</u>
Pear Group Standards: Nutriplier   (see Policy Manual)   (see Policy Manual)   (100.0%   10			!	All Facilities	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	:	(see Policy Manual)	Type of Facility within Peer Group	1
Pear Group Standards: Multiplier   Geen Policy Manual   100.0%		-										Peer Group Standards & Efficiency Measure Limits	:
Base Period Per Diem Altowed Amounts   So.69   So.00   So.22   So.41   So.37			:							:			
Base Period Per Diem Allowed Amounts			:										
As Filed Cost Center Costs (Routine & Special Sirves Combined) As Filed Cryl 2 (R-FY 2018 GL-PL Rpt   \$5,071,885.93   \$2,528,059   \$0   \$50   \$0   \$515,281   \$(\$216,578)   \$(\$314,020   \$614,040   \$6			!	\$0.37		30.47	30.22	30.00	30.53		(see Policy Manual)	Enciency weasure waxmons   see into 20 for actually	**
Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Flied Days = 33,792 Total Nursing Facility Days Net Per Diems prior to Case Mix Adjustm to Routine Srvcs In 7 La B Col a State Prior Agriculty State Prior Costs After Audit Adjustments State Prior Costs After Audit Adjustments FY12 Audited CR State										:	:	Base Period Per Diem Allowed Amounts	
Total Nursing Facility Days	36 \$0	\$148,136	\$101,926	\$912,388	\$417,020	\$372,707	\$591,650	\$0	\$2,528,059	\$5,071,885.93		As Filed Cost Center Costs (Routine & Special Stycs Combined)	1
Total Nursing Facility Days	•	(\$36,799)				•							
Total Nursing Facility Days GL-PL Ins. Rpt	\$36,799	\$111,337	\$101,926	\$695,810	\$432,301	\$372,707	\$591,650	\$0	\$2,528,059		· ·	· · · · · · · · · · · · · · · · · · ·	
9 Net Per Dierms prior to Case Mix Adjstmt to Routine Srvcs	l I	!		i						33,792			. 8
Base Period Facility Case Mix Index for All Residents   Irom 4 qtrs of FY12   1.3880     S54.68   S5										أسيين		, , ,	
Routine Strocs Case Mix Adjistrd (CMA) Net Per Diem	29 \$1.09	\$3.29	\$3.34	\$20.59	(with L&H)	\$23.82	\$17.51	\$0.00	**	\$144.45	:	•	
Net Per Diems after Case Mix Adjistmt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   \$54.68   \$0.00   \$17.51   \$23.82   \$20.59   \$3.34   \$13   Per Diem Standards (After Statewide CMA for Routine Srvcs)   per Peer Group Limits   \$71.51   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   \$18.41   \$23.09   \$20.56   \$3.34   \$20.59   \$3.34   \$20.59   \$3.34   \$20.59   \$3.34   \$20.59   \$3.34   \$20.59   \$3.34   \$20.59   \$3.34   \$20.59   \$3.34   \$20.59   \$3.34   \$20.59   \$3.34   \$20.59   \$3.34   \$20.59   \$3.34   \$20.50   \$3.34   \$20.50   \$3.20   \$3.	!	;	1			,					1	· ————	
Per Diem Standards (After Statewide CMA for Routine Srvcs)  Per Peer Group Limits  Base Period Case Mix Adjusted Allowed Per Diem  Lesser of Ln 12 or Ln 13  S130.83  S54.68  S0.00  \$17.51  \$23.09  \$20.56  \$0.00  \$3.34   Quarterty Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 18.37%  Ln 14 x Grwth Allowance %  CMA Allowed Per Diem (After Growth Allowance Add-on)  Ln 14 Ln 15  Quarterty Facility Case Mix Index for Medicaid Residents  Quarterty Readicaid CMA Allowed Per Diem  And CMA Allowed Per Diem (After Growth Allowance Add-on)  Ln 16 Ln 17  Quarterty Medicaid CMA Allowed Per Diem  SS = Ln 18, AllOthr = Ln 16  Quarterty Per Diem Add-on Amounts  Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)  BIMS Add-on Per Diem = 5.5% (to Routine Srvs)  Ln 19 Col b x CPS Add-on  S130.83  S10.04  S0.00  S20.73  S27.33  S0.00  S20.73  S27.	9 \$1.09	\$3.29	60.04	<b>#</b> 20.50		ear as	642.54	<b>#0.00</b>			1	* ', *	
Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$130.83   \$54.68   \$0.00   \$17.51   \$23.09   \$20.56   \$3.34		⊅3.29 N/A				,					1	· ·	
Quarterly Per Diem Rate Prior to Add-ons   Converted to Add-ons	1	10.56						-		¢130 93		· ·	
15   Growth Allowance Percentage = 18.37%		(FRV)	\$0.04	\$20.50		\$23.05	\$17.31	40.00	934.00	\$130.03	Edder of the February	, in the second	. '-
CMA Allowed Per Diem (After Growth Allowance Add-on)  Ln 14 + Ln 15  Quarterly Facility Case Mix Index for Medicaid Residents  Per Current Qtr End  Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Ln 16 x Ln 17  Quarterly Medicaid CMA Allowed Per Diem  RS = Ln 18, AllOthr = Ln 16  Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)  BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)  Ln 19 Col b x CPS Add-on  \$152.11  \$64.72  \$0.00  \$20.73  \$27.33  \$0.00  \$24.34  \$3.		· [	:	!		ì					1		:
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.3376 18 Qtrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$173.96 \$86.57 \$0.00 \$20.73 \$27.33 \$0.00 \$24.34 \$3.34 \$3.00 \$3.	1	N/A					i i				1	· —	
18	\$1.09	\$10.56	\$3.34	\$24.34	\$0.00	\$27.33	\$20.73	\$0.00		\$152.11			
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$173.96 \$86.57 \$0.00 \$20.73 \$27.33 \$0.00 \$24.34 \$3.34 \$  Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.75 \$0.53 \$0.00 \$0.22 \$0.00 \$0.	i	į				ĵ						· · · ———	1
Quarterly Per Diem Add-on Amounts						,		** **			1	· · · · · · · · · · · · · · · · · · ·	1
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 \$	56 \$1.09	\$10.56	\$3.34	\$24.34	\$0.00	\$27.33	\$20.73	\$0.00	\$86.57	\$173.96	RS = Ln 18, AllOthr = Ln 16	Quarterly Medicald CMA Allowed Per Diem	19
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$4.76 \$4.76	1	1		!							:	Quarterly Per Diem Add-on Amounts	
	0	\$0.00	i	\$0.00	\$0.00	\$0.00	\$0.22	\$0.00	\$0.53	\$0.75	(see Policy Manual)	Efficiency Add-on Per Diem ((Stnd - Alwd) x ,75, up to max, or 0)	
20 history Chaffeling / Overling Add on Day District Court 1 and College Colle			;				:						
			:	ļ					\$2.60	\$2.60	Ln 19 Col b x Stfng Add-on	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	22
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10												<u>-</u>	
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$25.21 \$7.89 \$0.00 \$0.22 \$0.00 \$0.00 \$17.10 \$0.00	30 \$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.22	\$0.00	\$7.89	\$25.21	Sum of Lns 20 thru 23	Total Quarterly Per Diem Add-on Amounts	24
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$199,17 \$94,46 \$0.00 \$20,95 \$27,33 \$0.00 \$41,44 \$3.34 \$	56 \$1.09	\$10.56	\$3.34	\$41,44	\$0.00	\$27.33	\$20.95	\$0.00	\$94.46	\$199.17	Ln 19 + Ln 24	Quarterly Case Mix Based Per Diem Rate	25
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$136.55										\$136.55	(Ln 25 - Ln 23) * 0.75	Quarterly Per Diem Rate for Bed Hold and Leave Days	26

Provider	Carrollton Manor, Inc.		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	(Mi) Data		Facility Specific	State- wide
Prvdr ID	00140852A		Gro	wth Allowance:	N/A	18.37%		Base Period	Overall CMI:		1.3067	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021		trly BIMS score		2.5%			vledicaid CMI:		1.5464	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse	Hours per On-Site Day/Q	uality Incentive:	2.81	2.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.5731	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	е	f	g	g	ħ	i
CASE	MIX BASED RATE CALCULATIONS							ļ				) 
1 Cos	t Center Peer Groups	(see Policy Manual)		1	: <b>1</b>	2	1	1	1			
	Type of Facility within Peer Group	, , ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		1
	Bed Size Renge within Peer Group		i	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer	r Group Standards & Efficiency Measure Limits		:	!	} !				i			
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	T.	105.0%			
4 Efi	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	e Period Per Diem Allowed Amounts									1		
5 As	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL 8	Rpt \$4,595,654.00	\$2,333,134	\$0	\$598,067	\$317,522	\$207,390	\$737,203	\$122,627	\$279,711	. \$6
6 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$139,226)	(\$6,955)	\$0	\$0	\$949	\$620	(\$120,974)	il l	(\$49,231)	\$36,36
7 Co	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,456,428	\$2,326,179	\$0	\$598,067	\$318,471	\$208,010	\$616,229	\$122,627	\$230,480	\$36,36
8	Total Nursing Facility Days As Filed Days = 35,484	FY12 Audited C/R Days	35,484			:						:
i	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,047	FY 18 GL-PL Ins Rpt Days							1	34,047		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$125.74	\$65.56	\$0.00	\$16.85	\$14.84	(with L&H)	\$17.37	\$3.60	\$6,50	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3067</u>		1		i		:		-
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.17		:			1			
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.17	\$0.00	\$16.85	\$14.84		\$17.37	\$3.60	\$6.50	\$1,02
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	1
14 Ba	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.90	\$50.17	\$0.00	\$16.85	\$14.84		\$17.37	\$3.60	11.05	\$1.02
Qua	rterly Per Diem Rate Prior to Add-ons		:						:		(FRV)	:
15 Gr	owth Allowance Percentage = 18.37%	£n 14 x Grwth Aliwnc %	\$18.24	\$9.22	\$0.00	\$3.10	\$2.73	\$0.00	\$3.19	N/A	N/A	N/A
16 CA	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.14	\$59.39	\$0.00	\$19.95	\$17,57	\$0.00	\$20.56	\$3.60	\$11.05	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End		1.5731		1			:	:		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17	:	\$93.43								
19 Qu	varterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.18	\$93.43	\$0.00	\$19.95	\$17.57	\$0.00	\$20.56	\$3.60	\$11.05	\$1.02
Qua	rterly Per Diem Add-on Amounts					1				:		:
20 Eff	ficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	i
21 BI	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Cal b x CPS Add-on	\$2.34	\$2.34						:		:
22 Nu	rrse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.87	\$1.87		1			:			
23 Nu	ırsing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10		•	
24 To	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.84	\$4.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qua	rterly Case Mix Based Per Diem Rate	Ln: 19 + Ln 24	\$190.02	\$98.17	\$0.00	\$20.17	\$17.98	\$0.00	\$38.03	\$3.60	\$11.05	\$1.02
26 0	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.69					:	5	·		1

1	rovider: Carrollton Nursing and Rehab Center rvdr ID: 00059661A Case Mix Per Diem Rale Effective Date:			ercentages rth Allowance: ly BIMS score		Add-on Percent 18,37%	Cas		Overall CMI:		Facility Specific 1,3832	State- wide 1,4014
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hours per				1.0% 3.0%	Ortrly Meald	CMI w RUG \	Medicaid CMI: Wght Options:		1.5179 1.5456	1.5382 1,5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u></u>			a	ь	С	d	е	f	g		h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility wiltin Peer Group Bed Size Range within Peer Group	(see Policy Manual)	:	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R • FY 18 GL-PL Rpt	\$3,865,790	\$2,102,841	\$0	\$345,554	\$166,115	\$156,223	\$579,814	\$14,319	\$500,924	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$25,017)	\$5,938	\$0	\$0	(\$3,597)	(\$1,986)	(\$14,530)		(\$26,320)	\$15,478
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,840,773	\$2,108,779	\$0	\$345,554	\$162,518	\$154,237	\$565,284	\$14,319	\$474,604	\$15,478
8	Total Nursing Facility Days As Filed Days = 21,792	FY14 Audited C/R Days	21,792									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,303	FY 18 GL-PL ins Apt Days								40,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$175.96	\$96.77	\$0.00	\$15,86	\$14,54	(with L&H)	\$25.94	\$0.36	\$21.78	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1,3832								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$69.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.96	\$0,00	\$15,86	\$14.54		\$25.94	\$0.36	\$21.78	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23,55		\$24,02	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.45	\$69,96	\$0,00	\$15,86	\$14.54		\$24,02	\$0.36	8.00	\$0.71
	Quarterly Per Diem Rate Prior to Add-ons			, market							(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$22.84	\$12.85	\$0,00	\$2.91	\$2,67	\$0,00	\$4,41	N/A	N/A	N/A
16	CMA Allowed Per Diem (Alter Growth Allowance Add-on)	Ln 14 + Ln 15	\$156,29	\$82,81	\$0,00	\$18,77	\$17,21	\$0.00	\$28,43	\$0.36	\$8.00	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,5456								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.47	\$127.99	\$0.00	\$18,77	\$17,21	\$0.00	\$28.43	\$0.36	\$8.00	\$0.71
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.28	30.00	90.22	30.41	90.00	90.00		<b>90.00</b>	
22	Nurse Staff Hrs / Quality Add-on Per Diern = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.84	\$3,84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.38	\$5.65	\$0.00	\$0.22	\$0,41	\$0.00	\$17,10	\$0.00	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$224,85	\$133.64	\$0.00	\$18.99	\$17.62	\$0.00	\$45.53	\$0,36	\$8.00	\$0,71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.81		I	I			l			

	ovider: Cartersville Heights Care and Rehab vdr ID: 00143085A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hot		owth Allowance: trly BIMS score	Facility Score N/A 26.9% 3.71	Add-on <u>Percent</u> 18.37% 1.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5517 1.5441 1.5716	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
i			a	b	С	d	e	f	9	9	h	i
<u>C</u> A	ASE MIX BASED RATE CALCULATIONS							t ;				
1	Cost Center Peer Groups Typo of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manuel) (see Policy Manuel) (see Policy Manuel)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	Table 1 Annual 1 Annu	50.0% 105.0% \$0.37	On Table School A		
	Base Period Per Diem Allowed Amounts		· ·						!			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,797,818.00	\$2,723,918	\$0	\$556,988	\$201,428	\$349,287	\$1,192,274	\$89,044	\$684,879	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$446,219)	(\$167,884)	\$0	(\$8,600)	\$21,477	(\$43,246)		: 1	(\$29,349)	\$29,504
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,351,599	\$2,556,034	\$0	\$548,388	\$222,905	\$306,041	\$944,153	\$89,044	\$655,530	\$29,504
8 :	Total Nursing Facility Days As Filed Days = 40,662	FY12 Audited C/R Days	40,662					į	!			
_	Total Nursing Facility Days GL-Pt, Ins. Rpt As Filed Days = 41,774	FY 18 GL-PL Ins Rpt Days	1			1			!	41,774	;	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 gtrs of FY12	\$131.56	\$62.86	\$0.00	\$13.49	\$13.01	(with L&H)	\$23.22	\$2.13	\$16.12	\$0.73
10	Base Period Facility Case Mix Index for All Residents	110m 4 qus oi F112 Ln 9/Ln 10		1.5517					İ			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9	:	\$40.51			*****					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	•		\$40.51	\$0.00	\$13,49	\$13.01		\$23.22		\$16.12	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits Lesser of Ln 12 or Ln 13		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Eff 12 of Eff 13	\$102.68	\$40.51	\$0.00	\$13.49	\$13.01		\$20.56	\$2,13	12.25 (FRV)	\$0.73
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.09	***	<b>.</b>	20.40	***	40.00				
16		Ln 14 + Ln 15	\$118.77	\$7.44 \$47.95	\$0.00 \$0.00	\$2.48	\$2.39	\$0.00	\$3.78	4	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$118.77	547.95 1.5716	\$0.00	\$15.97	\$15.40	\$0.00	\$24.34	\$2.13	\$12.25	\$0.73
18	Qririy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.36				1	l			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.18	\$75.36	\$0.00	\$15.97	\$15.40	\$0.00	\$24.34	\$2.13	\$12.25	\$0.73
1	Quarterly Per Diem Add-on Amounts							į	! :			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	i i	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$0.75	\$0.75					 	1		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.26	\$2.26					!	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			i			\$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	\$167.45	\$78.90	\$0.00	\$16.19	\$15.81	\$0.00	\$41.44	\$2.13	\$12.25	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.76					***************************************			•	

	/dr ID: 00140544A		Add-on Data and	Percentages with Allowance:	Score N/A	Percent 18.37%	Case	e Mix Index (C	MI) Data I Overall CMi:		Specific 1,5659	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hour		trly BIMS score	10.2% 6.77	0.0% 3.0%	Ortrly Moaid	Quarterly I	Medicaid CMI: Wght Options:		1.6931 1.7257	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		<b>3</b>	а	ь	C	ď	е	f	9	g	h	ĺ
C/	ASE MIX BASED RATE CALCULATIONS				1	!						
. 1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1	1		
1	Type of Facility within Peer Group	(SCOT ONLY MARKED)		All Facilities	•	Free Standing	All Facilities	All Facilities	All Fecilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	1			
.	Peer Group Standards & Efficiency Measure Limits	:			:	1				1	!	
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1	-	
3	Peer Group Standards: Multiplier	(see Policy Manual)	i	100.0%	100.0%	100.0%	100.0%	<u> </u>	105.0%		4	
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	t s	\$0.37	1		
.	Base Period Per Diem Allowed Amounts	1			:	1 !						
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,111,747.00	\$2,337,174	\$0	\$455,786	\$316,118	\$295,189	\$546,945	\$136,420	\$24,115	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$57,612)	(\$6,757)	\$0	\$0	(\$1,390)	(\$7,287)	(\$49,254)		(\$15,507)	\$22,583
7	Cost Center Costs After Audit Adjustments	FY12 Audiled C/R	\$4,054,135	\$2,330,417	\$0	\$455,786	\$314,728	\$287,902	\$497,691	\$136,420	\$8,608	\$22,583
8	Total Nursing Facility Days As Filed Days = 32,082	FY12 Audited C/R Days	32,082					· · · · · · · · · · · · · · · · · · ·				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,152	FY 18 GL-PL Ins Rpt Days		:						24,152		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$127.76	\$72.64	\$0.00	\$14.21	\$18.78	(with L&H)	\$15.51	\$5,65	\$0.27	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5659								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.39		i		č		1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.39	\$0.00	\$14.21	\$18.78		\$15.51	\$5,65	\$0,27	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$109.41	\$46.39	\$0.00	\$14.21	\$18.78	1	\$15.51	\$5.65	8.17	\$0.70
		:			:	!			•		(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwno %	\$17.43	\$8.52			***		40.05			
16	· ——		*		\$0.00		\$3.45	\$0.00	\$2.85	N/A	N/A	N/A
, ,	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Otr End	\$126.84	\$54.91	\$0.00	\$16.82	\$22.23	\$0.00	\$18.36	\$5.65	\$8.17	\$0.70
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		1.7257	f i	;						
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = En 16	£466.60	\$94.76	<b>CO 00</b>	646.00	<b>600.00</b>	£0.00			mo 47	<b>**</b>
19	Quarterly Medicaid GMA Allowed Per Dient	KS - LIT 10, ANOLII - LIT 10	\$166.69	\$94.76	\$0.00	\$16.82	\$22.23	\$0.00	\$18.36	\$5.65	\$8.17	\$0.70
	Quarterly Per Diem Add-on Amounts	:			1	į (				1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	!	; I		l		1	ļ	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84	:							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		1	:			\$17.10	[	,	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Les 20 thru 23	\$21.47	\$3.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Լո 19 + Լո 24	\$188.16	\$98.13	\$0.00	\$17.04	\$22.64	\$0.00	\$35.83	\$5.65	\$8.17	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.30			. <del></del> l.		<del></del>	<del> </del>	1		

1	rovider: Cedar Valley Nursing and Rehab Center rvdr ID: 00142557A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<u>Ad</u> 4/1/2021 12/31/20 Nurse Hours per 0	Qtr	rth Allowance: ly BIMS score	Facility Score N/A 39.0% 3.18	Add-on Percent 18.37% 2.5% 3.0%	<u> </u>		d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4235 1.6673 1.6973	State- wide 1,4014 1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Ptant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
ļ			a	b	С	d	e	1	g		ħ	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R • FY 18 GL•PL Rpt	\$2,218,532	\$1,082,784	so.	\$196,985	\$116.921	\$109.719	\$403,891	\$9,005	\$299,227	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$16,961	\$0	\$0	so so	\$1,494	(\$819)	\$12,568		(\$10,759)	\$14,477
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,235,493	\$1,082,784	\$0	\$196,985	\$118,415	\$108,900	\$416,459	\$9,005	\$288,468	\$14,477
8	Total Nursing Facility Days As Filed Days = 13,755	FY14 Audited G/R Days	13,755				-					
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,887	FY 18 GL-PL Ins Rpt Days								28,887		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$162.18	\$78.72	\$0.00	\$14.32	\$16.53	(with L&H)	\$30,28	\$0,31	\$20.97	\$1.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4235								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$55.30					İ			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55,30	\$0,00	\$14,32	\$16,53		\$30,28	\$0.31	\$20.97	\$1.05
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.69	\$55.30	\$0,00	\$14,32	\$16,53		\$24,02	\$0,31	9,16	\$1.05
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	·	Ln 14 x Grwih Allwnc %	\$20,24	\$10,16	\$0,00	\$2,63	\$3,04	\$0.00	\$4.41	N/A	N/A	N/A
16		Ln 14 + £n 15	\$140.93	\$65,46	\$0.00	\$16.95	\$19.57	\$0.00	\$28,43	\$0,31	\$9,16	\$1,05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,6973					i			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$111.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.58	\$111,11	\$0,00	\$16.95	\$19.57	\$0.00	\$28.43	\$0.31	\$9.16	\$1.05
	Quarterly Per Diem Add-on Amounts											
20	•	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.78	\$2.78	11.00		40.11	45.00	+2.00		\$5.00	
22	Nurse Stalf Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling 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	\$24.37	\$6.64	\$0.00	\$0,22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210,95	\$117,75	\$0,00	\$17.17	\$19.98	\$0.00	\$45.53	\$0.31	\$9,16	\$1.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.39		1			1		1		

	rovider: Chaplinwood Health & Rehab rvdr ID: 00059694A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 25.8% 3.15	Add-on <u>Percent</u> 18.37% 1.0% 2.0%		Quarterly N	:MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3992 1.3506 1.3708	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
4	Efficiency measure maximums (see line 20 for actual)	(see Policy Manual)		φυ.55	φυ.υυ	Φ0.22	<i>\$0.41</i>		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,389,829.86	\$2,274,044	\$0	\$395,614	\$242,480	\$328,747	\$570,679	\$95,889	\$482,377	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$18,406) \$4,371,424	\$0 \$2,274,044	\$0 \$0	(\$1,462) \$394,152	\$0 \$242,480	\$0 \$328,747	(\$18,406) \$552,273	\$95,889	(\$21,592) \$460,785	\$23,054 \$23,054
8	Total Nursing Facility Days  As Filed Days = 28,038	FY12 Audited C/R Days	28,038	Φ2,274,044	Φυ	φ394,132	φ242,40U	φ320,747	φυυΖ,213	ф90,009	φ460,765	Φ23,034
	Total Nursing Facility Days GL-PL Ins. Rpt  As Filed Days = 33,415	FY 18 GL-PL Ins Rpt Days	20,000							33,415		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.36	\$81.11	\$0.00	\$14.06	\$20.37	(with L&H)	\$19.70	\$2.87	\$16.43	\$0.82
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3992						-	·	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	\$16.43	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.22	\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	10.43	\$0.82
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	_	Ln 14 x Grwth Allwnc %	\$20.59	\$10.65	\$0.00	\$2.58	\$3.74	\$0.00	\$3.62	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.81	\$68.62	\$0.00	\$16.64	\$24.11	\$0.00	\$23.32	\$2.87	\$10.43	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3708								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.25	\$94.06	\$0.00	\$16.64	\$24.11	\$0.00	\$23.32	\$2.87	\$10.43	\$0.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.88	\$1.88								
23	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	\$193.70	\$97.41	\$0.00	\$16.86	\$24.52	\$0.00	\$40.79	\$2.87	\$10.43	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.45									

1	ovider: Chatsworth Health Care Center		Add-on Data and	· · · · · · · · · · · · · · · · · · ·	Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pn	wdr ID: 00209778A	414/0004		wth Allowance:	N/A	18.37%			Overali CMI:		1,2919	1.3617
:	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q	trly BIMS score vality Incentive:	35.4% 3.08	2.5% 2.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.9045 1.9421	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and insurance
			a	. b	C	d	e	f	a	a	h	i
C/	ASE MIX BASED RATE CALCULATIONS			:								
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1	:		
: 1	Type of Facility within Peer Group	(coar one) inclinally		All Facilities	All Facilities	Free Standina	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			:					1			
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%	į :		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		
.	Base Period Per Diem Allowed Amounts	:		:				:	1			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,842,312.00	\$2,481,858	\$0	\$519,904	\$333,861	\$326,302	\$829,145	\$131,033	\$220,209	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$202,818)	(\$5,597)	\$0	\$0	\$0	\$0	(\$197,221)		(\$51,788)	\$51,788
. 7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,639,494	\$2,476,261	\$0	\$519,904	\$333,861	\$326,302	\$631,924	\$131,033	\$168,421	\$51,788
8	Total Nursing Facility Days As Filed Days = 34,749	FY12 Audited C/R Days	34,749					:		1		
: !	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,941	FY 18 GL-PL Ins Rpt Days							1	39,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$133.03	\$71.26	\$0.00	\$14.96	\$19.00	(with L&H)	\$18.19	\$3.28	\$4.85	\$1.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2919						:		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.16				1				!
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$55.16	\$0.00	\$14.96	\$19.00	:	\$18.19	\$3.28	\$4.85	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.74	\$55.16	\$0.00	\$14.96	\$19.00		\$18.19	\$3.28	8.66	\$1.4
	Quarterly Per Diem Rate Prior to Add-ons	:						:		:	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwno %	\$19.71	\$10.13	\$0.00	\$2.75	\$3.49	\$0.00	\$3.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.45	\$65.29	\$0.00	\$17,71	\$22.49	\$0.00	\$21.53	\$3.28	\$8.66	\$1.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9421		1			!			!
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.80				1	İ	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.96	\$126.80	\$0.00	\$17,71	\$22.49	\$0.00	\$21.53	\$3.28	\$8.66	\$1.49
	Quarterly Per Diem Add-on Amounts	:		:				1		: 1		:
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	:
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17						1		]
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,54	\$2.54		1		1		:		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1		:		<u>+</u>	\$17.10			i
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.34	\$6.24	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.30	\$133.04	\$0.00	\$17.93	\$22.90	\$0.00	\$39.00	\$3.28	\$8.66	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.90		······································	·			·	·		<u> </u>
·	-	<u> </u>		j								

Audit Adjustments and Reallocations to Cost Center Costs   FY12 Cart Audit Adjustments   S103,659   S3,451,230   S0   S1,092,518   S466,107   S483,034   S593,998   S82,094   \$213,429   S0   S1,092,518   S466,107   S483,034   S593,998   S82,094   \$213,429   S0   S1,092,518   S466,107   S483,034   S593,998   S82,094   \$213,429   S0   S1,092,518   S466,107   S483,034   S593,998   S82,094   S213,429   S0   S1,092,518   S466,107   S483,034   S593,998   S82,094   S213,429   S0   S1,092,518   S466,107   S483,034   S593,998   S82,094   S213,429   S0   S1,092,518   S466,107   S483,034   S593,998   S82,094   S213,429   S0   S1,092,518   S466,107   S483,034   S593,998   S82,094   S213,429   S0   S1,092,518   S466,107   S483,034   S593,998   S82,094   S213,429   S0   S1,092,518   S466,107   S483,034   S593,998   S82,094   S213,429   S0   S1,092,518   S466,107   S483,034   S593,998   S82,094   S213,429   S0   S1,092,518   S466,107   S483,034   S593,998   S82,094   S213,429   S0   S1,092,518   S483,034   S593,998   S82,094   S213,429   S0   S1,092,518   S23,099   S23,232   S14,84   S2,07   S5,33   S0,00   S27,29   S23,23   S14,84   S2,07   S5,33   S0,00   S27,29   S23,23   S14,84   S2,07   S5,33   S0,00   S27,29   S23,23   S14,84   S2,07   S5,33   S0,00   S27,29   S23,23   S14,84   S2,07   S5,33   S0,00   S27,29   S23,29   S2	Prov Prvd		<b>4/1/2021</b> 12/31/20 Nurse Ho		with Allowance: trly BIMS score		Add-on <u>Percent</u> 18.37% 2.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2895 1.7189 1.7484	State- wide 1.3617 1.5382 1.5656
Case MIX BASED RATE CALCULATIONS   1 Contented Pear Groups   1 AF Februlliss   1 A		Description		Totals			Dietary	•	Operatns	and		and	and
1   Comparison   Fear Group   Fear Group   Fear Group   Fear Group   Standards & Riffiching Valler from From Group   Standards & Riffiching Valler from From Group   Standards & Riffiching Valler from From Group   Standards & Riffiching Valler from From Group   Standards & Riffiching Valler from From Group   Standards & Riffiching Valler from From Group   Standards & Riffiching Valler from From Group Standards & Riffiching Valler		SE MIY PASED DATE CALCULATIONS		: a	b	С	<u>d</u>	e	f	g	g	h	i
Land Part   Manual   Land Part   Manual   Land Part   Manual   Land Part   Manual   Land Part   Manual   Land Part   Manual   Land Part   Manual   Land Part   Manual   Land Part   Land	$\neg$	Cost Center Peer Groups Type of Facility wilhin Peer Group	(see Policy Manual)		All Facilities	:	: 1	All Facilities	All Facilities	All Facilities			
A = Fled Cost Center Costs (Routine & Special Sirves Combined)	2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)	; ; ;	100.0%	100.0%	100.0%	100.0%		105.0%			
Cost Center Costs After Audit Adjustments	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	· ·	\$6,466,869.00			\$1,088,008	\$466,107	\$462,253	\$671,707	\$82,094	\$213,429	\$0
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,363,210					1			· · · · · · · · · · · · · · · · · · ·	
12   Net Per Diems after Case Mix Adjstmt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   \$66.85   \$0.00   \$27.29   \$23.23   \$14.84   \$2.07   \$5.33   \$0.00   \$29.15   \$20.99   \$20.56   \$0.00   \$N/A   \$14   \$8ase Period Case Mix Adjusted Allowed Per Diem   \$14.84   \$1.07   \$10.13   \$1.00   \$10.00   \$29.15   \$23.09   \$20.56   \$0.00   \$1.01   \$10.00   \$	- 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.96	1	\$0.00	\$27.29	\$23.23	(with L&H)	\$14.84		\$5.33	\$0.00
14 Base Period Case Mix Adjusted Allowed Per Diem  Lesser of Ln 12 or Ln 13  \$144.27 \$66.85 \$0.00 \$27.29 \$23.09 \$14.84 \$2.07 10.13 \$0.00  Quarterly Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 18.37%  Ln 14 x Grwth Allwanc % \$24.26 \$12.28 \$0.00 \$5.01 \$4.24 \$0.00 \$2.73 N/A N/A N/A N/A Allowance Percentage = 18.37%  CMA Allowance Percentage = 18.37%  CMA Allowance Percentage = 18.37%  Ln 14 x Grwth Allwanc % \$24.26 \$12.28 \$0.00 \$5.01 \$4.24 \$0.00 \$2.73 N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.85	1		· · ·					\$0.00
Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Gnwth Allwanc % \$24.26   \$12.28   \$0.00   \$5.01   \$4.24   \$0.00   \$2.73   N/A   N/A   N/A   N/A		· · · · · · · · · · · · · · · · · · ·	,	\$144.27			1 1			1		10.13	\$0.00
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Oir End Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$138.35   19 Quarterly Medicaid CMA Allowed Per Diem Rste	15	Growth Allowance Percentage = 18.37%			1				1		1 1	N/A	N/A
Quarterly Per Diem Add-on Amounts   See Policy Manual   St. 1.2   St. 5.3   St. 0.0	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$160.53	1.7484	30.00	\$32.30	\$21.33	\$0.00	\$ 17.37	\$2.07	\$10.13	\$0.00
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 \$0.21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$3.46 \$3.46 \$22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvs) Ln 19 Col b x Sting Add-on \$2.77	1	•	RS = Ln 18, AllOthr = Ln 16	\$227.75	\$138.35	\$0.00	\$32.30	\$27.33	\$0.00	\$17.57	\$2.07	\$10.13	\$0.00
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$24.45     \$6.76     \$0.00     \$0.22     \$0.00     \$17.47     \$0.00     \$0.00     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$252.20     \$145.11     \$0.00     \$32.52     \$27.33     \$0.00     \$35.04     \$2.07     \$10.13     \$0.00	20 21	Efficiency Add-on Per Diem {[Stnd - Alwd] x .75, up to max, or 0} BIMS Add-on Per Diem = 2.5% (to Routino Srvs)	Ln 19 Col b x CPS Add-on	\$3.46	\$3.46	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
		•	, ,	and the second s	\$6.76	\$0.00	\$0.22	\$0.00	\$0.00	1		\$0.00	\$0.00
	-		Ln 19 + Ln 24 (Ln 25 - Ln 23) * 0.75	\$252.20 \$176.33	\$145.11	\$0.00	\$32,52	\$27.33	\$0.00	\$35.04	\$2.07	\$10.13	\$0.00

#### FINAL

Prv	vider: <b>Chelsey Park H&amp;R</b> dr ID: <b>003165720A</b> H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 24.4% 3.21	Add-on Percent 18.37% 1.0% 6.0%		Quarterly	(CMI) Data od Overall CMI: Medicaid CMI: Wght Options:		Facility Specific Use Stwd 1.4386 1.4651	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g		h	i
	E MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile			1 All Facilities All Bed Sizes 90.0%	1 All Facilities All Bed Sizes 90.0%	2 Freestanding All Bed Sizes 90.0%	1 All Facilities All Bed Sizes 85.0%	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0%			
	Peer Group Standards: Multiplier Efficiency Measures (Maximums)			100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance)	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$168.47 \$23.31 \$194.76	\$71.51 \$67.93 \$12.48 \$80.41		\$18.41 \$17.49 \$3.21 \$20.70	\$23.09 \$21.94 \$4.03 \$25.97		\$20.56 \$19.53 \$3.59 \$23.12		\$37.58 \$37.58 \$37.58	
	Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			<u>1.4651</u> \$117.81							(FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$232.16 \$1.18 \$7.07 \$17.10 \$25.35	\$117.81 \$1.18 \$7.07		\$20.70	\$25.97		\$23.12 17.10	\$2.98	\$37.58	\$4.00
-	Quarterly Case Mix Based Per Diem Rate		\$257.50	\$126.05		\$20.70	\$25.97		\$40.22	\$2.98	\$37.58	\$4.00
L	eave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$180.30										

Provide Prvdr II	···		Add-on Data and	····	Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Prvar II	D; UU413309A Case Mix Per Diem Rate Effective Date:	4/1/2021		owth Allowance: trlv BIMS score	N/A 20,8%	18.37% 1.0%			d Overall CMI: Medicaid CMI:		1.2276 1.6709	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:	-7 -1	rs per On-Site Day/Q	. ,	3.42	3.0%	Ortrly Moaid		Wght Options:		1.7028	1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
i			a	ь	c	d	е	f	. 9	g	h	i
CASE	MIX BASED RATE CALCULATIONS											
	st Center Peer Groups	(see Policy Manual)			1	2	1	1	1			
	Type of Facility within Peer Group	(see Folicy Maridar)		All Facilities	•	Free Standing	ı Ali Facilities	All Facilities	All Facilities			
i	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Por	er Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Bas	se Period Per Diem Allowed Amounts	:							1			
5 A	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,545,801.46	\$1,920,138	\$0	\$356,142	\$202,257	\$189,822	\$485,782	\$78,889	\$312,771	\$0
6 i A	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,499)	\$0	\$0	(\$1,442)	\$0	\$0	(\$14,876)	);	(\$27,862)	\$29,681
7 : C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,531,302	\$1,920,138	\$0	\$354,700	\$202,257	\$189,822			\$284,909	\$29,68
8	Total Nursing Facility Days As Filed Days = 24,945	FY12 Audited C/R Days	24,945									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,659	FY 18 GL-PL Ins Rpt Days								25,659		
9 . N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi a	\$141,47	\$76.97	\$0.00	\$14.22	\$15.72	(with L&H)	\$18.88	\$3.07	\$11.42	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2276					•			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62,70		1			:	A		
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	\$11.42	\$1.19
13 P	Per Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 B	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.97	\$62.70	\$0.00	\$14.22	\$15,72		\$18.88	\$3.07	10.19	\$1.19
Qua	arterly Per Diem Rate Prior to Add-ons			<u> </u>							(FRV)	
15 G	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.49	\$11.52	\$0.00	\$2.61	\$2.89	\$0.00	\$3,47	N/A	N/A	N/A
16 C	MA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$146.46	\$74.22	\$0.00	\$16.83	\$18.61	\$0.00	\$22.35	\$3.07	\$10.19	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7028					1			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 16 x Լո 17		\$126.38								
19 Q	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$198.62	\$126.38	\$0.00	\$16.83	\$18.61	\$0.00	\$22.35	\$3.07	\$10.19	\$1.19
Qua	arterly Per Diem Add-on Amounts			:					1			
	fficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	SIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26	·			1				
22 N	lurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.79	\$3.79				!	· 1			
. ,	lursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.68	\$5.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47		\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.30	\$131.96	\$0.00	\$17.05	\$19.02	\$0.00	\$39.82	\$3.07	\$10.19	\$1.19
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.90	:		<del>                                     </del>			1	<u> </u>		
		(4.120 2.120) 0.10	4,22,20									

1	ovider: Chestnut Ridge Nursing & Rehabilitation Center ovdr ID: 00228049A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<u>Ad</u> 4/1/2021 12/31/20 Nurse Hours per	Qtri	th Allowance: y BIMS score		Add-on Percent 18,37% 0,0% 2,0%		Quarterly l	CMI) Data I Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,5075 1,6962 1,7290	State- wide 1.4014 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	ď	e	1	9		ħ	j
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R • FY 18 GL•PL Rpt	\$3,944,910	\$2,188,570	\$0	\$329,394	\$146,352	\$174,816	\$645,490	\$13,508	\$446,780	\$0
6	Audit Adjustments and Reaflocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$6,405)	(\$16,418)	\$0	\$0	\$3,624	\$89	(\$7,428)		\$664	\$13,064
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,938,505	\$2,172,152	\$0	\$329,394	\$149,976	\$174,905	\$638,062	\$13,508	\$447,444	\$13,064
8	Total Nursing Facility Days As Filed Days = 24,050	FY14 Audited C/R Days	24,050									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,010	FY 18 GL-PL Ins Rpt Days								45,010		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$163.50	\$90.32	\$0.00	\$13.70	\$13.51	(with L&H)	\$26.53	\$0.30	\$18.60	\$0.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1,5075</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59,91	\$0,00	\$13,70	\$13,51		\$26.53	\$0.30	\$18.60	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	}	\$73,31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.36	\$59.91	\$0.00	\$13.70	\$13,51		\$24,02	\$0,30	7,38 (FRV)	\$0.54
	Quarterly Per Diem Rate Prior to Add-ons										(1717)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$20,42	\$11,01	\$0.00	\$2,52	\$2,48	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Alfowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.78	\$70.92	\$0.00	\$16.22	\$15.99	\$0.00	\$28,43	\$0.30	\$7.38	\$0.54
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Gurrent Qtr End		<u>1,7290</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x ម៉ា 17		\$122,62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.48	\$122.62	\$0.00	\$16.22	\$15,99	\$0.00	\$28,43	\$0.30	\$7.38	\$0.54
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Cal b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Gol b x Stfng Add-en	\$2.45	\$2.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20,71	\$2.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	in 19 + in 24	\$212.19	\$125.60	\$0.00	\$16.44	\$16,40	\$0.00	\$45,53	\$0,30	<b>\$7.</b> 38	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146,32						·			

1	rovider: Christian City Convalescent Center, Inc.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pi	rvdr ID: 00158034A  Case Mix Per Diem Rate Effective Date:	4/1/2021		owth Allowance:	N/A	18.37%			Overall CMI:		1.4851	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q	ttrly BIMS score tuality Incentive:	38.8% 3.71	2.5% 3.0%	Ortrly Meaid		Medicaid CMI: Wght Options:		1.5103 1.5376	1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	c	d	e	f	q		h	i
С	ASE MIX BASED RATE CALCULATIONS			:				( :				
1	Cost Center Peer Groups	(see Policy Manual)		: : 1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group	,		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1 :		
	Peer Group Standards & Efficiency Measure Limits			i C		j ;				1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	<u> </u>	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	1		
	Base Period Per Diem Allowed Amounts	;		1				1		1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,651,901.00	\$6,812,981	\$0	\$1,123,103	\$858,545	\$477,649	\$2,518,543	\$481,195	\$379,885	S
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$274,623)	\$0	\$0	\$0	(\$11,663)	(\$6,489)	(\$248,291)	ıl İ	(\$43,344)	\$35,16
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,377,278	\$6,812,981	\$0	\$1,123,103	\$846,882	\$471,160	\$2,270,252	\$481,195	\$336,541	\$35,16
8	Total Nursing Facility Days As Filed Days = 70,236	FY12 Audited C/R Days	70,236			:						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 68,828	FY 18 GL-PL Ins Rot Days		ĺ				1	!	68,828		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.36	\$97.00	\$0.00	\$15.99	\$18.77	(with L&H)	\$32.32	\$6.99	\$4.79	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4851</u>					1			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$65.32		:		t }				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.32	\$0.00	\$15.99	\$18.77		\$32.32	\$6.99	\$4.79	\$0.5
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	Ì	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.76	\$65.32	\$0.00	\$15.99	\$18.77		\$20.56	\$6.99	12.63	\$0.5
	Quarterly Per Diem Rate Prior to Add-ons	1		I I				İ	İ	1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.17	\$12.00	\$0.00	\$2.94	\$3.45	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.93	\$77.32	\$0.00	\$18.93	\$22.22	\$0.00	\$24.34	\$6.99	\$12.63	\$0.5
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5376								
18	Orfrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.89		1		i i		1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.50	\$118,89	\$0.00	\$18.93	\$22.22	\$0.00	\$24.34	\$6.99	\$12.63	\$0.5
	Quarterly Per Diem Add-on Amounts			!		1		!				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97		1				1		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57	i			i		!		
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00		!	1		1	\$0.00	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.70	\$7.07	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Lл 19 + Ln 24	\$212.20	\$125.96	\$0.00	\$19.15	\$22.63	\$0.00	\$24.34	\$6.99	\$12.63	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.15			<u> </u>		±	·			
	<u> </u>	•	7.23.10	:								

	ovider: Chulio Hills Health and Rehab Center		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	:MI) Data I Overali CMI:		Facility Specific 1,2223	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		triy BIMS score	30.6% 3.56	2.5% 3.0%	Ortrly Meaid		Medicaid CMI:		1.9568 1.9949	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	\$		а	b	С	d	e	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS			i I		į ;						
1	Cost Center Peer Groups	(see Policy Manual)		1		2	1	1	1			
	Type of Facility within Peer Group	(See Folicy Manual)		: All Facilities	All Facilities	Free Standing	I All Facilities	All Facilities	: All Facilities			·
1	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes	]		
1	Peer Group Standards & Efficiency Measure Limits					1				!		
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			!	!	:				1		
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,224,295.00	\$2,404,577	\$0	\$457.998	\$305.687	\$321,514	\$597.884	\$109,714	\$26,921	. <b> </b>
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,618)	(\$7,968)	\$0	\$0	\$0	(\$1,365)	(\$45,271)		(\$18,485)	\$26,471
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,177,677	\$2,396,609	\$0		\$305,687	\$320,149	\$552,613	\$109.714	\$8,436	\$26,471
8	Total Nursing Facility Days As Filed Days = 34,110	FY12 Audited C/R Days	34,110	' '				1			****	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,250	FY 18 GL-PL Ins Rpt Days	. ,					İ		33,250	;	;
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Co! a	\$122.57	\$70.26	\$0.00	\$13.43	\$18.35	(with L&H)	\$16,20	\$3,30	\$0.25	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2223		;						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/Ln 10		\$57.48		1					!	s I
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3.30	\$0.25	\$0.78
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.50	\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3.30	9.96	\$0.78
i	Outside the Day Disease Plants State and Add and	i			 	į į					(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Ailwng %	\$19.38	£40.50	50.00	60.47	\$3.37	\$0.00	\$2.98		B1/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.88	\$10.56 \$68.04	\$0.00 \$0.00	\$2.47 \$15.90	\$3.37 \$21.72	\$0.00	\$19.18	N/A \$3.30	N/A \$9.96	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$130.00	1,9949	30.00	\$15.90	\$21.72	\$0.00	\$19.10	\$3.30	\$9.96	\$0.78
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.73	!	:			!			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.57	\$135.73	\$0.00	\$15.90	\$21.72	\$0.00	\$19.18	\$3.30	\$9.96	\$0.78
	•	·			1	1	******		• • • • • • • • • • • • • • • • • • • •	40.00	45.55	\$0.70
:	Quarterly Per Diem Add-on Amounts			:		:		•	ı	:		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.39	\$3.39		:		1	; }			
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$4.07	\$4.07	:	1		i				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:	<b>4</b> 2 ···	1	\$17.10	ļ <u></u> .	<u>.</u>	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Ens 20 thru 23	\$26.09	\$7.99	\$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	\$232.66	\$143.72	\$0.00	\$16.12	\$22.13	\$0.00	\$36.65	\$3.30	\$9.96	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.67									

	ovider: Church Home Rehab & Healthcare ovdr ID: 00140467A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hot		owth Allowance: atrly BIMS score	Facility Score N/A 33.3% 4.35	Add-on <u>Percent</u> 18.37% 2.5% 4.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2835 1.4131 1.4401	State- wide 1.3617 1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
_	ACCUMANTAL CONTRACTOR OF THE C		a	b	С	d	е	f	g	g	h	i
<u>C.</u>	ASE MIX BASED RATE CALCULATIONS					_						
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
"		(See Folloy Mandal)		φυ.ου	φυ.σσ	ψ0.22	ψυ. 41		φυ.υν			
_	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,416,690.00		\$0	\$266,767	\$111,575	\$190,478	\$437,521	\$9,292	\$31,472	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$8,507) \$2,408,183	\$0 \$1.369.585	\$0 \$0	\$0 \$266,767	(\$217) \$111.358	(\$370) \$190,108	(\$7,920) \$429,601	\$9.292	(\$13,849) \$17,623	\$13,849 \$13,849
8	Total Nursing Facility Days  As Filed Days = 17,393	FY12 Audited C/R Days	\$2,408,183 17,393	\$1,369,585	\$0	\$200,767	\$111,358	\$190,108	\$429,601	\$9,292	\$17,623	\$13,849
"	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,255	FY 18 GL-PL Ins Rpt Days	17,595							26.255		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.27	\$78.74	\$0.00	\$15.34	\$17.33	(with L&H)	\$24.70	\$0.35	\$1.01	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	ψ100.27	1.2835	ψ0.00	ψ10.04	ψ17.00	(171.17 20.17)	ΨΣ4.70	ψ0.00	ψ1.01	ψ0.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.34	\$17.33		\$24.70	\$0.35	\$1.01	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.75	\$61.35	\$0.00	\$15.34	\$17.33		\$20.56	\$0.35	27.02 (FRV)	\$0.80
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.05	\$11.27	\$0.00	¢0.00	\$3.18	\$0.00	\$3.78	N/A	N/A	N/A
16	Growth Allowance Percentage = 18.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwid %	\$163.80	\$11.27 \$72.62	\$0.00	\$2.82 \$18.16	\$3.18 \$20.51	\$0.00	\$3.78	\$0.35	\$27.02	\$0.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	\$103.00	1.4401	φυ.υυ	\$10.16	φ20.51	φυ.υυ	φ24.34	φυ.33	\$27.02	φυ.ου
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.76	\$104.58	\$0.00	\$18.16	\$20.51	\$0.00	\$24.34	\$0.35	\$27.02	\$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	\$25.05	\$7.32	\$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	\$220.81	\$111.90	\$0.00	\$18.38	\$20.92	\$0.00	\$41.44	\$0.35	\$27.02	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.78									

i	rovider: Clinch Health Care rvdr ID: 00142106A Case Mix Per Diem Rate Effective Date:	4/1/2021		Percentages wth Allowance: trly BIMS score	Facility Score N/A 41.4%	Add-on <u>Percent</u> 18.37% 2.5%	Cas		CMI) Data I Overall CMI: Medicaid CMI:		Facility Specific 1.3288 1.5996	State- wide 1.3617
1	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		2.85	2.0%	Ortrly Meaid		Wght Options:		1.6282	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		· ·	а	Ь	С	ď	е	f	9	9	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS					1			!			
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1	1		
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Fecilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits	· :										İ
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0%	90.0%	85.0% 100.0%		50.0%			
. 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	100.0% \$0.00	\$0.22	\$0.41		105.0% \$0.37			į
		(,		00,00		1	<b>QU.7</b>	1	40.07			
	Base Period Per Diem Allowed Amounts	A- FR-4 DWA CVD FV OOLO CV RI RI A	40,000,000,00			1	****					
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,938,880.00	\$1,460,510	\$0	\$316,871	\$183,612	\$218,595	\$492,391	\$19,237	\$247,664	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$4,062)	\$0	\$0 \$0	\$0	\$0	\$0	(\$37,984)	040.007	\$10,841	\$23,081
8	Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 29,010	FY12 Audited C/R Days	\$2,934,818 29,010	\$1,460,510	\$0	\$316,871	\$183,612	\$218,595	\$454,407	\$19,237	\$258,505	\$23,081
. 0	Total Nursing Facility Days GtPL Ins, Rpt As Filed Days = 23,515	FY 18 GL-PL Ins Rpt Days	29,010			!				00.545		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$101.32	\$50.35	\$0.00	\$10.92	\$13.86	(with L&H)	\$15,66	23,515 \$0.82	\$8.91	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$101.52	1.3288	\$0.00	\$10.92	\$15.00	(Mar Lary	. \$10.00 !	\$0.02	\$0.31	\$0.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$37.89		!		1	i I			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	R\$ = Ln 11, AllOlbr = Ln 9		\$37.89	\$0.00	\$10.92	\$13,86		\$15.66	\$0.82	\$8.91	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.02	N/A	\$0.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$86.76	\$37.89	\$0.00	\$10.92	\$13.86	:	\$15.66	\$0.82	6.81	\$0.80
l s	•				***************************************		*	:	<b>\$10.00</b>		(FRV)	
!	Quarterly Per Diem Rate Prior to Add-ons			·:				f f	1			į
15 16	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$14.40	\$6.96	\$0.00	\$2.01	\$2.55	\$0.00	\$2.88	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$101.16	\$44.85	\$0.00	\$12,93	\$16.41	\$0.00	\$18.54	\$0.82	\$6.81	\$0.80
18		Ln 16 x Ln 17		1.6282 \$73.02					:	1		-
19		RS = Ln 18, AllOthr = Ln 16	\$129.33	\$73.02	\$0.00	\$12.93	\$16.41	\$0.00	\$18.54	\$0.82	\$6.81	\$0.80
	Quarterly Per Diem Add-on Amounts									: !		
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.83	\$1.83			÷-···				13.00	1
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sivcs)	Ln 19 Col b x Stfng Add-on	\$1.46	\$1.46					:	1		
23	Nursing Home Provider Fee	{Fixed Amount}	\$17.10			i			\$17.10			1
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	\$151.25	\$76.84	\$0.00	\$13.15	\$16.82	\$0.00	\$36.01	\$0.82	\$6.81	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$100.61		****	·t····			4			

Provider: Coastal Marior Prvdr ID: 00856028A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		with Allowance: trly BIMS score	Facility Score N/A 48.2% 5.21	Add-on Percent 18.37% 5.5% 3.0%	10.52		l Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3441 1.5556 1.5848	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS											:
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bod Sizes	1 All Facilities All Bed Sizes			  -  -  -
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	ton on transferred date of thems of	50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts								i			
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-Pt. Rpt	\$8,004,108.84	\$3,214,333	\$0	\$920,655	\$444,875	\$668,322	\$1,418,483	\$117,406	\$1,220,035	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,710)	\$0	\$0	\$0	\$3,632	\$5,455	(\$88,647)		(\$3,213)	1
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,934,399	\$3,214,333	\$0	\$920,655	\$448,507		\$1,329,836	\$117,406	\$1,216,822	
8 Total Nursing Facility Days As Filed Days = 36,013	FY12 Audited C/R Days	36,013			1				: !		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,331	FY 18 GL-PL Ins Rpt Days				:			:	37,331	(	, I
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Çol a	\$220.19	\$89.25	\$0.00	\$25.56	\$31,16	(with L&H)	\$36.93	\$3.14	\$33.79	\$0.36
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3441					!		i	i
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66,40	;				:	:		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ls 11, AllOthr = Ln 9		\$66.40	\$0.00	\$25.56	\$31,16		\$36.93	\$3.14	\$33.79	\$0.36
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	:
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$155.95	\$66.40	\$0.00	\$25.56	\$23.09		\$20.56	\$3.14	16.84 (FRV)	\$0.36
Quarterly Per Diem Rate Prior to Add-ons											: '
15 Growth Allowance Percentage = 18.37%	£n 14 x Grwth Allwnc % Ln 14 + Ln 15	\$24.92	\$12.20	\$0.00	\$4.70	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
CMA Allowed Per Diem (After Growth Allowance Add-on)     Quarterly Facility Case Mix Index for Medicaid Residents	per Current Olr End	\$180.87	\$78.60	\$0.00	\$30.26	\$27.33	\$0.00	\$24.34	\$3.14	\$16.84	\$0.36
· · · · · · · · · · · · · · · · · · ·	Ln 16 x Ln 17		1.5848						1		:
Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem     Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.84	\$124.57 \$124.57	\$0.00	\$30.26	\$27.33	\$0.00	\$24.34	\$3.14	\$16.84	\$0.36
Quarterly Per Diem Add-on Amounts								1			· :
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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.85	\$6,85	ψυ.00		<b>C</b> 5.00	00.00	. 40,00		Ψ0.00	:
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$3.74	\$3.74		1				i		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	45,13		1			\$17.10		i	i .
24 Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$28,44	\$11.12	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Լո 19 + Ln 24	\$255.28	\$135.69	\$0.00	\$30.48	\$27.33	\$0.00	\$41.44	\$3.14	\$16.84	\$0.36
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.64		<u> </u>	<u> </u>		Į.	<u></u>		············	

Provider: Cobblestone Rehab and Healthcare Center Prvdr ID: 00142711A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Ho		wih Allowance: Iny BIMS score	Facility Score N/A 12.5% 3.71	Add-on <u>Percent</u> 18.37% 0.0% 2.0%		Quarterly !	CMI) Data d Overall CMI; Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4590 1.5481 1.5742	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
OASE MIN PASED BATE OAL OUR ATIONS		а	b	С	. d	e	f	g	g	ħ	İ
CASE MIX BASED RATE CALCULATIONS			1			à		:			
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits								<u> </u>			
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0%	90.0%	85.0% 100.0%		50.0% 105.0%	1		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts	•	!		· ·	į		[				
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,715,072.00	\$1,561,328	\$0	\$321,006	\$288,241	\$230,071	\$858,311	\$6,221	\$449,894	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$50,908)	(\$2,304)	\$0	(\$9,289)	(\$811)		(\$38,342)	: 1	(\$67,207)	\$65,941
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,664,164	\$1,559,024	\$0	\$311,717	\$287,430	\$231,175		\$6,221	\$382,687	\$65,941
8 Total Nursing Facility Days As Filed Days = 20,374	FY12 Audited C/R Days	20,374		:				;	1		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,878	FY 18 GL-PL Ins Rpt Days							1	19,878		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$179.85	\$76.52	\$0.00	\$15.30	\$25,45	(with L&H)	\$40.25	\$0.31	\$18.78	\$3.24
10 Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.4590								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$52.45	:				!			
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = Ln 9		\$52.45	\$0.00	\$15.30	\$25,45		\$40.25	\$0.31	\$18.78	\$3.24
13 Per Diem Standards (After Statewide CMA for Routine Stvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23,09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.21	\$52.45	\$0.00	\$15.30	\$23.09		\$20.56	\$0.31	18.26 (FRV)	\$3,24
Quarterly Per Diem Rate Prior to Add-ons		!		:			: •		1	, ,	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.47	\$9,64	\$0.00	\$2.81	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.68	\$62.09	\$0.00	\$18.11	\$27.33	\$0.00	\$24.34	\$0.31	\$18.26	\$3.24
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5742</u>				f !		1		
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$97.74		1					_ :	
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.33	\$97.74	\$0.00	\$18.11	\$27.33	\$0.00	\$24,34	\$0,31	\$18.26	\$3.24
Quarterly Per Diem Add-on Amounts	:			:			<b>{</b>	1			
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0,00	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	:	1						
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.95	\$1.95		1		-				
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10		:	1		:	\$17.10	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.80	\$2.48	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Dlem Rate	Ln 19 + Lπ 24	\$209.13	\$100.22	\$0.00	\$18.33	\$27.33	\$0.00	\$41.44	\$0.31	\$18.26	\$3.24
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.02									

	rovider: College Park Health Care Center rvdr iD: 00140654A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			with Allowance: triy BIMS score	Facility Score N/A 35.6% 2.66	Add-on <u>Percent</u> 18.37% 2.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:	:	Facility <u>Specific</u> 1.2906 1.4136 1.4396	State- wide 1.3617 1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Ъ	С	d	6	f	g	g	ħ	i
C	ASE MIX BASED RATE CALCULATIONS								)			
1	Cost Center Peer Groups			1	7	2	1	1	1	1		
'	Type of Facility within Peer Group	(see Policy Manual)	:	All Facilities	All Facilities		ı Ali Facilities	All Facilities	: 1 All Facilities	1		
	Bed Size Range within Peer Group	1		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		
	i i								}	i		
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%	i i		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts									: [		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,335,885,00	\$2,566,909	\$0	\$508,923	\$326,800	\$230,266	\$1,020,157	\$17,861	\$664,969	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$624,264)	(\$246,813)			\$9,885	\$834	(\$362,911)		(\$66,906)	1
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,711,621	\$2,320,096	\$0	(+ -)/	\$336,685	\$231,100	\$657,246		\$598,063	\$46,633
8	Total Nursing Facility Days As Filed Days = 32,452	FY12 Audited C/R Days	32,452			4000,001	4000,000	420100	1	· • • • • • • • • • • • • • • • • • • •	Ψ030,000	Q40,000
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,852	FY 18 GL-PL Ins Rpt Days	02,102	!	ł	i				29,852		
: 9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$145.24	\$71.49	\$0.00	\$15.53	\$17,50	(with L&H)	\$20.25		\$18.43	\$1.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2906	, 40.00	410.00	417.00	1	425/25	: 60.00	<b>\$10.10</b>	
11	-	Ln 9/Ln 10	:	\$55.39				1				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	R\$ = Ln 11, AllOlhr = Ln 9		\$55,39	\$0.00	\$15,53	\$17.50	i	\$20.25	\$0.60	\$18.43	\$1.44
. 13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00		\$23.09	1	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.35	\$55.39	\$0.00		\$17.50	į	\$20.25		7.64	\$1.44
:	•				:			·		1 :	(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons					1 1						
; 15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.96	\$10.18	\$0.00	1	\$3.21		\$3.72		N/A	N/A
: 16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.31	\$65.57	\$0.00	\$18.38	\$20.71	\$0.00	\$23.97	\$0.60	\$7.64	\$1.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4396		:		1		1 :		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17  RS = Ln 18. AllOlhr = En 16		\$94.39		***	****	20.00	400.00			
19	Quarterly Medicaid CMA Allowed Per Diem	: KS = Lit 18, AllOBI = Cit is	\$167,13	\$94,39	\$0.00	\$18.38	\$20.71	\$0.00	\$23.97	\$0.60	\$7.64	\$1.44
:	Quarterly Per Diem Add-on Amounts	·	:			1			;	: 1		:
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36	Ì	1						
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.89	\$1.89				t .				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:	ř			:	\$17.10	. I		:
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.74	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.87	\$99.17	\$0.00	\$18.60	\$21.12	\$0.00	\$41.30	\$0.60	\$7.64	\$1.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.58		1			1				<u> </u>
20	www.comy i or break nate for bed note and Leave Days	(61120-61120) 0.73	90.5316									

1	ovider: Comer Health and Rehab	A	dd-on Data and	Percentages wth Allowance:	Facility Score N/A	Add-on Percent 18,37%	c	ase Mix Index	(CMI) Data		Facility Specific 1,2625	State- wide 1,4014
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hours per	Q	trly BIMS score	47,1% 3.25	5.5% 5.0%	Ortrly Mos	Quarterl	y Medicaid CMI: 3 Wght Options:		1.4616 1.4867	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	g		h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	focus i ones inminary		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,832,506	\$2,286,566	\$0	\$512,396	\$260,364	\$236,923	\$1,068,433	\$110,589	\$357,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$514,843)	\$0	\$0	\$0	\$0	\$0	(\$514,843)		(\$6,299)	\$6,299
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$4,317,663	\$2,286,566	\$0	\$512,396	\$260,364	\$236,923	\$553,590	\$110,589	\$350,936	\$6,299
8	Total Nursing Facility Days As Filed Days = 29,059	12/31/14 Audited C/R Days	29,059									
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 38,270	FY 18 GL-PL ins Rpt Days								38,270		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.67	\$78.69	\$0.00	\$17.63	\$17.11	(with L&H)	\$19.05	\$2.89	\$12.08	\$0.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2625								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$62.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.33	\$0.00	\$17,63	\$17,11		\$19.05	\$2.89	\$12.08	\$0.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,31	\$0.00	\$19,52	\$23.55		\$24,02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.16	\$62,33	\$0.00	\$17.63	\$17,11		\$19.05	\$2.89	7.93	\$0.22
											(FRV)	,
	Quarterly Per Diem Rate Prior to Add-ons	Let 44 to Court Alburga 9/	****	A14.15								
15	Growth Alloward Percentage = 18,4%	Ln 14 x Grwih Allwinc % Ln 14 + Ln 15	\$21,33	\$11,45	\$0.00	\$3,24	\$3.14	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (Alter Growth Allowance Add-on)  Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	\$148.49	\$73.78 1,4867	\$0.00	\$20.87	\$20.25	\$0.00	\$22,55	\$2.89	\$7,93	\$0,22
18		Ln 16 x Ln 17										
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$184,40	\$109.69 \$109.69	<b>60.00</b>	\$20.87	\$20.25	\$0.00	\$22.55	\$2.89	AT 00	\$0.22
13	Quarterly intedicate GMA ARDWed Per Dietti	TIS = CIETO, MIORII = CIETO	\$184,40	\$109,69	\$0.00	\$20.87	\$20.25	\$0.00	\$22.55	\$2.89	\$7.93	\$0.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stod - Alwd] x .75, up to max, or 0)	(see 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 Rouline Srvs)	En 19 Col b x CPS Add-on	\$6,03	\$6,03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$5,48	\$5.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.14	\$12.04	\$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	\$214,54	\$121,73	\$0.00	\$21.09	\$20.66	\$0.00	\$40.02	\$2,89	\$7,93	\$0.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.08				<b></b>					

	F Wadley  Case Mix Per Diem Rate Effective Date: DS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		owth Allowance: htrly BIMS score	Facility Score N/A 28.3% 2.54	Add-on <u>Percent</u> 18,37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3067 1.4546 1.4804	State- wide 1,3617 1,5382 1,5656
Line # Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C	ď	е	f	g	9 /	h	i
CASE MIX BASED RATE CALCULA	ATIONS			:				:				
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Fecilities All Bed Sizes			
Peer Group Standards & Efficiency Me Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amount	ts			:					i			
5 As Filed Cost Center Costs (Routine & S	Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp1	\$3,313,002.67	\$1,637,015	\$0	\$393,190	\$281,831	\$243,271	\$414,537	\$91,806	\$251,353	\$0
6 Audit Adjustments and Reallocations to	Cost Center Costs	FY12 C/R Audit AdjsImts	(\$56,048)	\$0	\$0	\$0	\$0	\$0	(\$54,075)		(\$46,994)	\$45,021
7 Cost Center Costs After Audit Adjustme	ents	FY12 Audited C/R	\$3,256,955	\$1,637,015	\$0	\$393,190	\$281,831	\$243,271	\$360,462	\$91,806	\$204,359	\$45,021
8 Total Nursing Facility Days	As Filed Days = 27,042	FY12 Audited C/R Days	27,042		· ·			:				
Total Nursing Facility Days GL-PL Ins	•	FY 18 GL-PL Ins Rpt Days		:				1	1	32,777		1
9 Net Per Diems prior to Case Mix Adjstm		Ln 7 / Ln 8 Col a	\$119.85	\$60.54	\$0.00	\$14.54	\$19.42	(with L&H)	\$13.33	\$2.80	\$7.56	\$1.66
10 Base Period Facility Case Mix Index		from 4 qtrs of FY12		1.3067		1						
11 Routine Srvcs Case Mix Adjstd (CMA	•	Ln 9/Ln 10		\$46.33		4						
12 Net Per Diems after Case Mix Adjstmt to		RS = Ln 11, AllOthr = Ln 9		\$46.33	\$0.00	1	\$19.42		\$13.33	\$2.80	\$7.56	\$1.66
13 Per Diem Standards (After Statewide CMA	,	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	i
14 Base Period Case Mix Adjusted Allowed	d Per Diem	Lesser of Ln 12 or Ln 13	\$106.38	\$46.33	\$0.00	\$14.54	\$19.42	į	\$13.33	\$2,80	8.30 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-o	ons							:	!	1	lività	
15 Growth Allowance Percentage =	<u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$17.20	\$8.51	\$0.00	\$2.67	\$3.57	\$0.00	\$2.45	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allo	owance Add-on)	Ln 14 + Ln 15	\$123.58	\$54.84	\$0.00	\$17.21	\$22.99	\$0.00	\$15.78	\$2.80	\$8.30	\$1.66
17 Quarterly Facility Case Mix Index for		per Current Qtr End		1.4804	:							
18 Ortrly Routine Srvcs Case Mix Adjstd		Ln 16 x Ln 17		\$81.19				1				
19 Quarterly Medicaid CMA Allowed Per Di	iem	RS = Ln 18, AllOlhr = Ln 16	\$149.93	\$81.19	\$0.00	\$17.21	\$22.99	\$0.00	\$15.78	\$2.80	\$8.30	\$1.66
Quarterly Per Diem Add-on Amounts				:		1			1			
20 Efficiency Add-on Per Diem ((Stnd - Alw	rd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21 BIMS Add-on Per Diem =	1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81				-				1
22 Nurse Staff Hrs / Quality Add-on Per Die	em: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44	:							
23 Nursing Home Provider Fee		(Fixed Amount)	\$17.10	:				:	\$17.10	1		
24 Total Quarterly Per Diem Add-on Amoun	nts	Sum of Lns 20 thru 23	\$21.88	\$3.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Ra	ate	Ln 19 + Ln 24	\$171.81	\$84.97	\$0.00	\$17.43	\$23.40	\$0.00	\$33.25	\$2.80	\$8.30	\$1.66
26 Quarterly Per Diem Rate for Bed Hold a	and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.03		·			***************************************		·		

	rovider: Cordele Health & Rehab	Ad	d-on Data and P	ercentages th Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data	•	Facility Specific 1,1887	State- wide 1,3699
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/21 12/31/20 Nurse Hours per	Qtr	ly BIMS score	21.3% 4,53	1.0%	Ortrly Meald		Medicaid CMI:	:	1.7423 1.7736	1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
l c.	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Facilities All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		,	
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	]	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$2,013,144	\$955,965	\$0	\$246,731	\$110,011	\$70,025	\$347,784	\$77,633	\$204,995	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$36,822)	\$0	\$0	\$0	\$343	\$218	(\$37,974)		(\$14,476)	\$15,067
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,976,322	\$955,965	\$0	\$246,731	\$110,354	\$70,243	\$309,810	\$77,633	\$190,519	\$15,06
8	Total Nursing Facility Days As Filed Days = 11,808	FY13 Audited C/R Days	11,808									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,836	FY 18 GL-PL ins Rpt Days							ļ	23,836		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	in 7/Ln 8 Cola	\$164.06	\$80.96	\$0.00	\$20.90	\$15.29	(with L&H)	\$26.24	\$3.26	\$16.13	\$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.1887</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$68,11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.11	\$0.00	\$20,90	\$15,29		\$26,24	\$3,26	\$16.13	\$1.2
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19,14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.16	\$68,11	\$0.00	\$19.14	\$15.29		\$23,46	\$3,26	8,62	\$1.28
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$23,15	\$12.51	\$0.00	\$3.52	\$2.81	\$0.00	\$4,31	N/A	N/A	N/A
16	CMA Allowed Per Diem (Atter Growth Allowance Add-on)	£n 14 + Ln 15	\$162,31	\$80,62	\$0.00	\$22.66	\$18,10	\$0.00	\$27.77	\$3.26	\$8,62	\$1,28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	1	1,7736	*0.00		\$.5.10	40.00	52	\$3,20	<b>40,02</b>	ψ1,2C
18	Ortrly Houtine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.99								
19	Quarterly Medicaid CMA Allowed Per Diem	AS = Ln 18, AllOthr = Ln 16	\$224.68	\$142.99	\$0.00	\$22.66	\$18.10	\$0.00	\$27.77	\$3.26	\$8,62	\$1.28
									İ			
000	Quarterly Per Diem Add-on Amounts	food Bollov Manuall			***			***				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 1.0% (to Rouline Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.43 \$4,29	\$1.43 \$4.29								
23	Nursing Home Provider Fee	(Fixed Amount)	1	\$4.29					617.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$23.76	\$6,25	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	\$0.00
l							l				1	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.44	\$149.24	\$0.00	\$22,66	\$18,51	\$0,00	\$44.87	\$3,26	\$8.62	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173,51									

Description   Sources / Calculations   Totals   Routine Services   Dietary   Laundry & Houskping   Plant Operating and General   A&G-GL-PL Insurance	and	Taxes and Insurance i
Case Mix Based Rate Calculations   1   1   2   1   1   1   1   1   1   1	h	ì
Cost Center Peer Groups		
Type of Facility within Peer Group   All Facilities Bed Sizes Range within Peer Group   All Facilities Bed Sizes Range within Peer Group   All Facilities Bed Sizes Range within Peer Group   All Bed Sizes		
2   Peer Group Standards: Percentile   (see Policy Manual)   90.0%   90.0%   90.0%   85.0%   50.0%   3   Peer Group Standards: Multiplier   (see Policy Manual)   100.0%   1		
5 As Filed Cost Center Costs (Routine & Special Stress Combined) As Filed FY12 C/R -FY 2018 GL-PL Rpt \$2,031,679.00 \$1,087,985 \$0 \$271,943 \$177,799 \$169,466 \$268,870 \$40,343		
	\$15,273 (\$15,273)	\$0 \$15,273
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjistmts (\$28,070) (\$3,388) \$0 \$0 \$0 \$(\$1,344) (\$23,338) 7 Cost Center Costs After Audit Adjustments FY12 Audited C/R \$2,003,609 \$1,084,597 \$0 \$271,943 \$177,799 \$168,122 \$245,532 \$40,343 8 Total Nursing Facility Days As Filed Days = 19,464 FY12 Audited C/R Days 19,464	\$0	\$15,273
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,564 FY 18 GL-PL Ins Rpt Days		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$102.91 \$55.72 \$0.00 \$13.97 \$17.77 (with L&H) \$12.61 \$2.06	\$0.00	\$0.78
10 Base Period Facility <u>Case Mix Index</u> for All Residents from 4 qtrs of FY12 1.1147		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 \$49,99		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11. AllOthr = Ln 9 \$49.99 \$0.00 \$13.97 \$17.77 \$12.61 \$2.06	\$0.00	\$0.78
13     Per Diem Standards (After Statewide CMA for Routine Srvcs)     per Peer Group Limits     \$71.51     \$0.00     \$18.41     \$23.09     \$20.56     \$0.00       14     Base Period Case Mix Adjusted Allowed Per Diem     Lesser of Ln 12 or Ln 13     \$103.31     \$49.99     \$0.00     \$13.97     \$17.77     \$12.61     \$2.06	N/A 6.13	\$0.78
	(FRV)	φυ. το
Quarterly Per Diem Rate Prior to Add-ons	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$120.64 \$59.17 \$0.00 \$16.54 \$21.03 \$0.00 \$14.93 \$2.06	1	\$0.78
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.5898	<b>30.13</b>	JU.10
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$94.07	i	
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$155.54 \$94.07 \$0.00 \$16.54 \$21.03 \$0.00 \$14.93 \$2.06	\$6.13	\$0.78
Quarterly Per Diem Add-on Amounts	1	
20 Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.63 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs.) Ln 19 Col b x CPS Add-on \$2.35 \$2.35	:	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srves) Ln 19 Col b x Sting 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 \$178.40 \$98.83 \$0.00 \$16.76 \$21.44 \$0.00 \$32.40 \$2.06		
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$120.98	·	\$0.78

a ovider: Covenant Dove - Macon Prvdr ID: 00141523A	_ A	dd-on Data and Gro	Percentages with Allowance:	Facility Score N/A	Add-on Percent 18,37%	<u>_</u>	ase Mix Index Base Peri	(CMI) Data		Facility Specific 1.5027	State- wide 1,4014
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hours per		trly BIMS score uality Incentive:	35.3% 3,28	2,5% 1.0%	Ortrly Moz		y Medicaid CMI: 3 Wght Options:		1,8494 1,8845	1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	1	g		h .	i
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$3,435,173	\$1,731,823	\$0	\$252,767	\$176,345	\$179,943	\$720,392	\$11,958	\$361,945	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$265,777)	\$0	\$0	\$0	\$0	\$0	(\$265,777)		(\$24,077)	\$24,077
7 Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$3,169,396	\$1,731,823	\$0	\$252,767	\$176,345	\$179,943	\$454,615	\$11,958	\$337,868	\$24,077
8 Total Nursing Facility Days As Filed Days = 17,788	12/31/14 Audited C/R Days	17,788									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,726	FY 18 GL-PL ins Rpt Days								30,726		
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$177.89	\$97.36	\$0.00	\$14.21	\$20.03	(with L&H)	\$25.56	\$0.39	\$18.99	\$1.35
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5027								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.79								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.79	\$0,00	\$14,21	\$20.03		\$25,56	\$0,39	\$18.99	\$1.35
13 Per Diem Standards (Atter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,31	\$0.00	\$19.52	\$23,55		\$24.02		N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.71	\$64.79	\$0.00	\$14,21	\$20.03		\$24.02	\$0.39	8.92 (FRV)	\$1.35
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc % En 14 + Ln 15	\$22,60	\$11,90	\$0.00	\$2.61	\$3,68	\$0.00	\$4.41	N/A	N/A	N/A
16   CMA Allowed Per Diem (After Growth Allowance Add-on) 17   Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$156,31	\$76.69	\$0.00	\$16,82	\$23,71	\$0.00	\$28.43	\$0,39	\$8.92	\$1,35
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents  18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1,8845</u> S144,52								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.14	\$144.52 \$144,52	\$0.00	\$16.82	\$23.71	\$0,00	\$28.43	\$0.39	\$8.92	\$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)	\$1,16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem # 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.61	\$3.61	40.00			\$5.00	ψυ.υυ		ψυ.σσ	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Stres)	Ln 19 Col b x Sting Add-en	\$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	\$23.32	\$5.59	\$0,00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0,00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.46	\$150,11	\$0.00	\$17.04	\$24,12	\$0.00	\$45.53	\$0.39	\$8,92	\$1.35
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 • Ln 23) ° 0.75	\$172.77				1					

	rovider: Crestview Nursing Facility vdr ID: 00273567A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hot		owth Allowance: ltrly BIMS score	Facility Score N/A 34.2% 3.23	Add-on Percent 18.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI Medicaid CMI Wght Options:		Facility <u>Specific</u> 1.1823 1.4259 1.4498	State- wide 1,3617 1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
_	1	7.2.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	. a	b	c	d	e	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS			ļ í	:							
; 1	Cost Center Peer Groups Type of Facility wilbin Peer Group Bed Size Range wilhin 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 Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	A consideration of the day code	50.0% 105.0% \$0.37			
		(====,=,=.,			;		20.11		<b>G</b> 0.0.			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$17,345,050.00	\$9,275,318		64 604 640	64 057 005	\$1.053.129	\$3,462,992	*455.050	6540.044	
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmls	\$17,345,050.00			\$1,621,649 (\$349,850)	\$1,257,095 (\$63,040)	,		\$155,956	\$518,911	\$0 \$4,082
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$15,607,227		; \$0 : \$0		(\$63,040) \$1,194,055	(\$177,026) \$876.103	\$3,189,154	\$155,956	(\$267,314) \$251,597	\$4,082 \$4,082
8	Total Nursing Facility Days As Filed Days = 89,009	FY12 Audited C/R Days	89.009	0,004,401	. 40	W1,271,133	Ψ1,104,000	ψονο, του	\$5,105,104	ψ100,950	\$251,031	ψ4,002
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 101,433	FY 18 GL-PL Ins Rpt Days	25,005	:	ĺ	:				101,433		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$175,14	\$97.34	\$0.00	\$14,29	\$23.26	(with L&H)	\$35.83	\$1.54	\$2.83	\$0.05
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.1823	;	77.1.23	<del></del>		1		<b>42</b> .00	40.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	• •	\$82.33				1				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.33	\$0.00	\$14.29	\$23.26	}	\$35.83	\$1,54	\$2.83	\$0.05
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.87	\$71.51	\$0.00	\$14.29	\$23.09		\$20.56	\$1.54	9.83 (FRV)	\$0.05
4-	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %			`							
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwin Alfwnc %	\$23.79	\$13,14	\$0.00	\$2.63	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$164.66	\$84.65	\$0.00	\$16.92	\$27.33	\$0.00	\$24.34	\$1.54	\$9.83	\$0.05
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	1	1.4498 \$122.73				}	!			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.74	\$122.73	\$0.00	\$16.92	\$27.33	\$0.00	\$24.34	\$1.54	\$9.83	\$0.05
	Quarterly Per Diem Add-on Amounts		•					! } i		i		
20	Efficiency Add-on Per Diem ([Stnd - Afwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0,00	\$0.00	\$0.00	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.07	\$3.07		1 1	- 11					
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.68	\$3.68				t :	!	1		
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	\$6.97	\$6.75	\$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	\$209.71	\$129.48	\$0.00	\$17.14	\$27.33	\$0.00	\$24.34	\$1.54	\$9.83	\$0.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.28						•			
				1								

Provider: Crisp Regional Nursing and Rehab Ctr Prvdr ID: 00274128A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		wth Allowance: Idy BIMS score	Facility Score N/A 40.5% 3.91	Add-on Percent 18.37% 2.5% 3.0%	, , , , , , , , , , , , , , , , , , ,		d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4206 1.7608 1.7945	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
; 		a	Ъ	С	, d	е	f	g	g	ħ	i
CASE MIX BASED RATE CALCULATIONS		ı			;			:		;	
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		1 Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	· · · · · · · · · · · · · · · · · · ·	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srvcs Combined)  Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 34,794  Total Nursing Facility Days GL-PL Ins. Rpt  As Filed Days = 25,234  Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$5,952,644.00 (\$71,154) \$5,881,490 34,794 \$169.82	\$2,971,066 \$0 \$2,971,066 \$85.39	\$0 \$0 \$0 \$0	\$711,607 \$0 \$711,607 \$20.45	\$402,802 \$1,048 \$403,850 \$23.62	\$416,741 \$1,086 \$417,827 (with L&H)	\$836,579 (\$74,675) \$761,904 \$21,90		\$543,063 (\$9,002) \$534,061 \$15.35	\$0 \$10,389 \$10,389 \$0.30
10 Base Period Facility <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	from 4 qtrs of FY12  Ln 9 / Ln 10  RS = Ln 11, AllOthr = Ln 9		1.4206 \$60.11 \$60.11	\$0.00	\$20.45	\$23.62		\$21,90	1 1	\$15.35	\$0.30
13 Per Diem Standards (After Statewido CMA for Routine Srvcs) 14 Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$136,94	\$71.51 \$60.11	\$0.00 \$0.00	\$29.15 \$20.45	\$23.09 \$23.09	! 	\$20.56 \$20.56	\$0.00 \$2.81	N/A 9.62 (FRV)	\$0.30
Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents Quity Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 14 x Grwth Allwnc % En 14 + Ln 15 per Current Qir End Ln 16 x En 17 RS = Ln 18. AllOthr = Ln 16	\$22.82 \$159.76 \$216.29	\$11.04 \$71.15 <u>1.7945</u> \$127.68 \$127.68	\$0.00 \$0.00 \$0.00	\$3.76 \$24.21 \$24.21	\$4.24 \$27.33 \$27.33	\$0.00 \$0.00 \$0.00	\$3.78 \$24.34 \$24.34	N/A \$2.81	N/A \$9.62	N/A \$0.30 \$0.30
Quarterly Per Diem Add-on Amounts  20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$24.21	\$27.33	\$0.00	\$24.34		\$0.00	\$0.30
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on (Fixed Amount)	\$3.19 \$3.83 \$17.10	\$3.19 \$3.83	do		<b>.</b>		\$17.10		<b></b>	
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.87	\$7.55	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	្រែ 19 + Ln 24	\$241.16	\$135.23	\$0.00	\$24.43	\$27.33	\$0.00	\$41.44	\$2.81	\$9.62	\$0.30
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - Ln 23) * 0.75	\$168.05									

1	rovider: Cross View Care Center	-	_Add-on Data and P	ercentages Ah Allowance:	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (0	CMI) Data d Overall CMI:	•	Facility Specific 1,1512	State- wide 1,3699
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/21 12/31/20 Nurse Hours		ly 8IMS score	32,2%	2.5% 3.0%	Ortrly Meald	Quarterly l	Medicaid CMI: Wght Options:		1,3521 1,3750	1.5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		· · · · · · · · · · · · · · · · · · ·	a	b	С	ď	е	1	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Sizo Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
·	·	(bus rons) manady				Jones.	0.47		0.07			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sixes Combined)	As Filed FY13 C/R	\$1,899,677	\$760,302	-	\$281,878	6067.054	£100.040	6202 002	610.700	eco 202	ė.
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjetmts	\$1,899,677	\$760,302	\$0 \$0	\$281,878	\$267,254 (\$200)	\$198,948 \$0	\$303,862 \$893	\$18,730	\$68,703	\$0 \$32,517
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,900,370	\$760,302	\$0	\$281.878	\$267,054	\$198,948	\$304,755	\$18,730	(\$32,517) \$36,186	\$32,517
8	Total Nursing Facility Days As Filed Days = 16,252	FY13 Audited C/R Days	16,252	Ψ/00,502	1 30	3201,070	\$207,034	\$130,340	\$504,700	\$10,730	\$30,100	332,317
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,178	FY 18 GL-PL Ins Apt Days	1							24,178		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$116,54	\$46.78	\$0.00	\$17.34	\$28.67	(with L&H)	\$18.75	\$0.77	\$2,23	\$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10	<b>\$715,51</b>	1,1512	1	411.03	1	(117117 20017)	0.0.75		<b>V</b> 2.20	ΨΕ.στ
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$40,64	\$0,00	\$17,34	\$28,67		\$18,75	\$0,77	\$2,23	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19,14	\$23,27		\$23,46	\$0,00	N/A	,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110,45	\$40.64	\$0.00	\$17,34	\$23,27		\$18.75	\$0.77	7.68 (FRV)	\$2.00
	Quarterly Per Diem Rate Prior to Add-ons											
15 16	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Altwnc % Ln 14 + Ln 15	\$18,37	\$7,47	\$0.00	\$3.19	\$4.27	\$0,00	\$3.44	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents	LR 14 + LR 15 per Current Qtr End	\$128.82	\$48.11 1,3750	\$0.00	\$20,53	\$27,54	\$0.00	\$22,19	\$0,77	\$7.68	\$2.00
18	Outrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 10	\$146.86	\$66.15	\$0.00	\$20.53	\$27.54	\$0.00	\$22,19	\$0.77	\$7.68	\$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)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Sivs)	Ln 19 Coj b x CPS Add-on	\$1.65	\$1.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-or	\$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	\$21.85	\$4.16	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$168.71	\$70.31	\$0,00	\$20,75	\$27,54	\$0.00	\$39.66	\$0.77	\$7.68	\$2,00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - £n 23) 1 0.75	\$113,71									

Provider: Cumming Nursing Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	~		Facility Specific	State- wide
Prvdr ID: 00140302A  Case Mix Per Diem Rate Effective Date:	4/1/2021		with Allowance: triv BIMS score	N/A 62.8%	18.37% 5.5%			d Overall CMI: Medicaid CMI:		1.3016 1.4737	1.3617 1.5382
MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		4.17	3.0%	Qrtrly Mcaid	CMI w RUG V			1.5009	1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	c	d	e	f	g	g	ħ	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1		:	
Type of Facility within Peer Group	(555 1 505) (151125)		All Facilities	All Facilities		All Facilities	All Facilities	All Facilities		;	
Bed Size Range within Peer Group	Another		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		•	
Peer Group Standards & Efficiency Measure Limits					1			:			
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)		<b>\$0</b> .53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,274,534.00	\$3,015,528	\$0	\$616,662	\$506,007	\$277,751	\$521,994	\$61,923	\$274,669	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$266,253)	(\$5,834)	\$0	\$57	(\$92,450)	(\$9,653)	(\$40,099)		(\$148,090)	\$29,816
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,008,281	\$3,009,694	\$0	\$616,719	\$413,557	\$268,098	\$481,895	\$61,923	\$126,579	\$29,816
8 Total Nursing Facility Days As Filed Days = 31,273	FY12 Audited C/R Days	31,273									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,766	FY 18 GL-PL Ins Rpt Days				: :				41,766		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$159.65	\$96.24	\$0.00	\$19.72	\$21.80	(with L&H)	\$15.41	\$1.48	\$4.05	\$0.95
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3016		: i						
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$73,94	i	1						!
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.94	\$0.00	\$19.72	\$21.80		\$15.41	\$1,48	\$4.05	\$0.95
13 Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$139,41	\$71.51	\$0.00	\$18.41	\$21.80		\$15.41	\$1.48	9.85	\$0.95
Owner to Day Diversity and Deleter Add	f	:			1					(FRV)	
Quarterly Per Diem Rate Prior to Add-ons  15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.35	\$13.14	\$0.00	<b>#</b> 0.00	64.00	60.00			****	BUZA
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15		\$13.14	\$0.00	\$3.38 \$21.79	\$4,00 \$25.80	\$0.00 \$0.00	\$2.83	N/A	N/A	N/A
	per Current Qtr End	\$162.76		\$ \$0.00	\$21.79	\$25.80	\$0.00	\$18.24	\$1.48	\$9.85	\$0.95
· · · · · · · · · · · · · · · · · · ·	Ln 16 x Ln 17	i	1.5009		1 1		İ	:			
18 Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.16	\$127.05 \$127.05	\$0.00	\$21.79	\$25.80	en on		64.49	\$9.85	
Guarieny medicalo CIVIA Allowed Per Dieni	NO - EN 18, ABOUN - EN 10	\$205.16	\$127.05	φυ.υυ	\$21.79	\$25,60	\$0.00	\$18.24	\$1.48	\$9.00	\$0.95
Quarterly Per Diem Add-on Amounts				i	<b>.</b>		1				
20 Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.99	\$6.99	!	1		]				
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$3.81	\$3.81							İ	
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1		1			\$17.10	i	'	
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.68	\$10.80	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	₹л 19 + Ln 24	\$233.84	\$137.85	\$0.00	\$21.79	\$26.21	\$0.00	\$35.71	\$1.48	\$9.85	\$0.95
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.56					· <del>·</del>	************			

Provide Prvdr I		: 4/1/2021		Percentages owth Allowance: triv BIMS score		Add-on Percent 18.37% 2.5%	Cas		CMI) Data d Overall CMI Medicald CMI		Facility Specific 1.3112 1.3994	State- wide 1.3617 1,5382
	MDS & Nurse Hrs Data per Quarter Ending		urs per On-Site Day/Q			3.0%	Ortrly Moaid	CMI w RUG 1			1.4189	1.5656
Line #	Description	Sources / Calculations	† Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	ď	е	f	g	9	h	i
CASE	E MIX BASED RATE CALCULATIONS	) 1	: : :									
1 Co	st Center Peer Groups	(see Policy Manual)	:	1	1	2	1	1	1			
!	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range wilhin Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1 .		
	er Group Standards & Efficiency Measure Limits							!		1		:
	Peer Group Standards: Percentile	(see Policy Manual)	·	90.0%	90.0%	90.0%	85.0%		50.0%	•		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%			ı I
4 6	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	t t	\$0.37	-		
1	se Period Per Diem Allowed Amounts	1				;		<u> </u>		:		•
5 A	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,344,854.00	\$618,032	\$0	\$92,183	\$62,927	\$123,511	\$318,254	\$2,383	\$127,564	\$0
1	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,307)	\$0	\$0	\$0	\$0	\$0	(\$4,307)	) .	(\$10,653)	\$10,653
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,340,547	\$618,032	\$0	\$92,183	\$62,927	\$123,511	\$313,947	\$2,383	\$116,911	\$10,653
- 8	Total Nursing Facility Days As Filed Days = 5,856	FY12 Audited C/R Days	5,856		:			1		1		:
	Total Nursing Facility Days GtPt. Ins. Rpt As Filed Days = 11,404	FY 18 GL-PL Ins Rpt Days	:			1		1		11,404		
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a	\$228.72	\$105.54	\$0.00	\$15,74	\$31.84	(with L&H)	\$53.61	\$0.21	\$19.96	\$1.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3112		1				1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.49	1			:	!	<u> </u>		
12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$80.49	\$0.00	\$15.74	\$31.84	1	\$53.61	\$0.21	\$19.96	\$1.82
- 1	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09	į.	\$20.56	\$0.00	N/A	
14 B	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.17	\$71.51	\$0.00	\$15.74	\$23.09		\$20.56	\$0.21	28.24	\$1.82
Qu	arterly Per Diem Rate Prior to Add-ons		•			:		i		1 (	(FRV)	
15 G	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwno %	\$24.05	\$13.14	\$0.00	\$2.89	\$4,24	\$0.00	\$3.78	N/A	N/A	N/A
16 C	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.22	\$84.65	\$0.00	\$18.63	\$27.33	\$0.00	\$24.34	\$0.21	\$28.24	\$1.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		<u>1.4189</u>	}			-		. (		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.11	:	:						
19 C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.68	\$120.11	\$0.00	\$18.63	\$27.33	\$0.00	\$24.34	\$0.21	\$28.24	\$1.82
Qu	arterly Per Diem Add-on Amounts	i				:				i		•
1	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 B	BIMS Add-on Per Diem = 2.5% (to Routine Srvs	Ln 19 Col b x CPS Add-on	\$3.00	\$3.00	i i	!		I	1	1	•	
22 N	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3.60	\$3.60					1			
23 N	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		
24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.92	\$6.60	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 <b>Q</b> u	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.60	\$126.71	\$0.00	\$18.85	\$27.33	\$0.00	\$41.44	\$0.21	\$28.24	\$1.82
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.63			·		<u>i</u>		<u></u>		
		1 ,,										

Case Mix Per Diem Rate Effective Dal MDS & Nurse Hrs Data per Quarter Endin		Gro	Percentages owth Allowance: tirly BIMS score tuality Incentive:		Percent 18.37% 2.5% 3.0%			d Overall CMI: Medicaid CMI;		<u>Specific</u> 1.2764 1.6354 1.6656	State- wide 1.3617 1.5382 1.5656
ine Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	Ь	С	d	е	f	g	g	ħ	i
CASE MIX BASED RATE CALCULATIONS	1		:		1			(		İ	
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manuel)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	Z Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			:
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Sirves Combined)  Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$3,109,776.00	1	\$0   \$0		\$196,685	\$255,318	\$430,524	\$136,420	\$17,338	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$29,834) \$3,079,942	(\$5,040) \$1,712,791	\$0	2	\$120 \$196,805	\$156 \$255,474	(\$30,573) \$399,951	\$136,420	(\$7,624) \$9,714	\$13,127 \$13,127
8 Total Nursing Facility Days As Filed Days = 22,897	FY12 Audited C/R Days	22,897		!	1 1						
Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 21,687	FY 18 GL-PL Ins Rpt Days				1				21,687		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.83	\$74.80	\$0.00	\$15.53	\$19.75	(with L&H)	\$17.47	\$6.29	\$0.42	\$0.57
Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2764		1						
Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.60		1					:	
Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.60	\$0.00	\$15.53	\$19.75		\$17.47	\$6.29	\$0.42	\$0.57
Per Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$126.72	\$58.60	\$0.00	\$15.53	\$19.75		\$17.47	\$6.29	8,51 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons  South Allowance Percentage = 18,37%	Ln 14 x Grwth Allwng %	\$20,45	\$10.76	\$0.00	\$2.85	\$3.63	\$0.00	52.04	. NA	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$20.45 \$147.17	\$69.36	\$0.00	\$18.38	\$23.38	\$0.00	\$3.21 \$20.68		N/A \$8.51	\$0.57
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Cir End	\$147.17	1.6656	\$0.00	\$10.30	\$23,36	\$0.00	\$20.00	\$ \$6.29	\$6.51	30.57
18 Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.53								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.34	\$115.53	\$0.00	\$18.38	\$23.38	\$0.00	\$20.68	\$6.29	\$8.51	\$0.57
Quarterly Per Diem Add-on Amounts				İ				: !			:
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srv		\$2.89	\$2.89		7	43.11	15.00	1		40.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3,47		1			:		;	
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10	:		
24 ! Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.99	\$6.89	\$0,00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Lr. 19 + Ln 24	\$218.33	\$122.42	\$0.00	\$18.60	\$23.79	\$0.00	\$38.15	<del></del>	\$8.51	\$0.57
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.92		<u> </u>	<u> </u>		<u> </u>	<u>i</u>	:		

Provider: Dawson Hea	alth & Rehab		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C Base Period	CMI) Data d Overall CMI:		Facility Specific 1.2140	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q rs per On-Site Day/Q	tirly BIMS score uality Incentive:	43.8% 3.64	2.5% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG I	Medicaid CMI: Wght Options:		1.4727 1.4961	1.5382 1.5656
Line Descripti	ion	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	ь	С	d	e	f	g	g	h	i
CASE MIX BASED RAT	E CALCULATIONS			:	! 					1		
1 Cost Center Peer Groups		face Patient Manually		; ! 1	1	2	1	1	1	:		
Type of Facility within		(see Policy Manual)		All Facilities		Free Standing	1 All Facilities	All Facilities	All Facilities	: 1		
Bed Size Range within	•	1		All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
Boor Group Standards 8	Efficiency Measure Limits									1		i
2 Peer Group Standards: I		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: I		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	.		
4 Efficiency Measure Maxi	mums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			)
Base Period Per Diem Al	lowed Amounts							1	:			:
	Sts (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,350,364.66	\$1,761,821	\$0	\$384,340	\$200,480	\$225,160	\$423,669	\$74,079	\$280.816	\$(
	Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,716)	1	\$0	\$0	\$0	\$1,400	(\$16,116)	1	(\$18,688)	\$18.68
7 Cost Center Costs After		FY12 Audited C/R	\$3,335,649	1	\$0		\$200,480	\$226,560	\$407,553	\$74,079	\$262,128	
8 Total Nursing Facility	•	FY12 Audited C/R Days	25.645	:		4004,040	4200,400	\$220,000	4407,000	ψ1-,015	\$202,120	, 310,00
Total Nursing Facility	•	FY 18 GL-PL Ins Rpt Days	20,043		  -	: :				24,096		
, ,	ase Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.25	\$68.70	\$0.00	\$14.99	\$16.65	(with L&H)	\$15.89	\$3.07	\$10.22	\$0.73
i i i i i i i i i i i i i i i i i i i	ase Mix Index for All Residents	from 4 gtrs of FY12	Q105.20	1.2140	40.00	014.55	Ψ10.03	(min zer y	. \$15.65	\$0.01	Ψ10.22	. 40.11
· -	Aix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$56.59	!							
	e Mix Adistmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	\$10.22	\$0.73
	er Statewide CMA for Routine Srvcs}	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	N/A	Ψ3.11
	djusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.14	\$56.59	\$0.00	A Company of the Comp	\$16.65		\$15.89	\$3.07	8.22	\$0.73
	•	:	•	455.05	40,20		4.0.00		: 470.55	1	(FRV)	Φ5.11
Quarterly Per Diem Rate				:		1						
15 Growth Allowance Perce	<del>-</del>	Ln 14 x Grwth Allwnc %	\$19,13	\$10.40	\$0.00		\$3.06	\$0.00	\$2.92	N/A	N/A	N/A
· · · · · · · · · · · · · · · · · · ·	(After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.27	\$66.99	\$0.00	\$17.74	\$19.71	\$0.00	\$18.81	\$3.07	\$8.22	\$0.73
	e Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4961</u>					:			:
	Case Mix Adjstd (CMA) Net Per Diem	Ļn 16 x Ļn 17		\$100.22						1		
19 Quarterly Medicaid CMA	Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.50	\$100.22	\$0.00	\$17.74	\$19.71	\$0.00	\$18.81	\$3.07	\$8.22	\$0.73
Quarterly Per Diem Add-	on Amounts					:						( 
	em ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	!
21 BIMS Add-on Per Diem :	= 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51	i	1			1			
22 Nurse Staff Hrs / Quality	Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01	! !	i :			1	1		
23 Nursing Home Provider I	Fee	(Fixed Amount)	\$17.10	l					\$17.10			ì
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 Base	d Per Diem Rate	! Ln 19 + Ln 24	\$192.65	\$106.27	\$0.00	\$17.96	\$20.12	\$0.00	\$36.28	\$3.07	\$8.22	\$0.73
25 Operaniu Bor Dia - Data	San Danid Halid and Januar Danie	6 - 25 L - 22\10.75	A404.00	:	1	1	•	·		<u> </u>		
26 Quarterly Per Diem Rate	for bed note and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.66									

Provider: Decatur Health and Rehab Ctr		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00059452A			wth Allowance:	N/A	18.37%			Overall CMI:		1.7909	1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hour	Q s per On-Site Day/Q	trly BIMS score	36.6% 4.01	2.5% 3.0%	Oddy Mesid	Quarterly N CMI w RUG V	Medicaid CMI:		1.7683 1.8024	1.5382 1.5656
PIDO & Norse Tito Data per Quarter Entaing.	1231/23 (40/30/100/	o per our one outra	baiky mocnitive.	7.01	3.078	Gitily Micela	OIM W 1100 1	rgiit Options.		1.0024	1.5050
	_ ,		Routine	Special		Laundry &	Plant	Admîn	A&G- GL-PL	Property	Taxes
Line Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	Insurance	and	and
<b>"</b>	Calculations	a	b	. c	d	e	& Maint	General	a	Related	Insurance
CASE MIX BASED RATE CALCULATIONS			:	: :		<u> </u>	•	, 9	9 :	13	<u> </u>
1 Cost Center Peer Groups		;	1	1		1	1	1			!
Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	2 Free Standing	7 All Facilities	All Facilities	. All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	3.	All Bed Sizes		All Bed Sizes			  -  -
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	ì	105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	)	\$0.37	,		; }
Base Period Per Diem Allowed Amounts	:		:				i !				İ
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,960,862.04	\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$756,329	\$2,645	\$260,715	: \$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$33,146)	\$0	\$0		\$0	\$0	(\$33,468)	1 1	(\$36,744)	(
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,927,716	\$2,146,119	\$0	1	\$171,697	\$192,796	\$722,861	\$2,645	\$223,971	\$37,066
8 Total Nursing Facility Days As Filed Days = 23,853	FY12 Audited C/R Days	23,853		!	¥ 1						
Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 24,394	FY 18 GL-PL Ins Rpt Days	·							24,394		1
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$164.65	\$89.97	\$0.00	\$18.05	\$15.28	(with L&H)	\$30.30	\$0.11	\$9.39	\$1.55
10 Base Period Facility Case Mix Index for All Residents	from 4 ctrs of FY12		1.7909	1	. ;				:		i
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24		1		!				:
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$50.24	\$0.00	\$18.05	\$15.28		\$30.30	\$0.11	\$9.39	\$1.55
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	i !
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.99	\$50.24	\$0.00	\$18.05	\$15.28	1	\$20.56	\$0.11	13.20	\$1.55
Overhadu Das Diese Data Datas to Add and									!	(FRV)	
Quarterly Per Diem Rate Prior to Add-ons  15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.14	\$9.23	\$0.00	\$3.32	\$2.81	\$0.00	\$3,78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.13	\$59.47	\$0.00		\$2.01 \$18.09	\$0.00	\$24.34	\$0.11	\$13,20	\$1.55
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	φ130.13	1.8024	\$0.00	\$21.37	J10.09	\$0,00	. 024,34	\$0.11	\$13.20	: \$1.55
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.19		-			:			:
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.85	\$107.19	\$0.00	\$21.37	\$18.09	\$0.00	\$24.34	\$0.11	\$13.20	\$1.5
						•		:		*	
Quarterly Per Diem Add-on Amounts  20 Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	24.40							1		ŧ.
	Ln 19 Col b x CPS Add-on	\$1.16	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	t .
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.68 \$3,22	\$2.68 \$3.22					:			1
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sives) 23 Nursing Home Provider Fee	(Fixed Amount)	\$3.22 \$17.10	\$3.22		1		•	647 40			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.16	\$6.43	\$0.00	\$0,22	\$0.41	\$0,00	\$17.10 \$17.10	\$0.00	\$0.00	\$0.00
	Ln 19 + Ln 24				·		<del> </del>	·			·····
25   Quarterly Case Mix Based Per Diem Rate	£1 12 + FU 54	\$210.01	\$113.62	\$0.00	\$21.59	\$18.50	\$0.00	\$41.44	\$0.11	\$13.20	\$1.55
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.68									

Provider:	Delmar Gardens of Gwinnett, Inc.		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Prvdr ID:	00395161A			wth Allowance:	N/A	18.37%		Base Period	Overall CMI:		1.2576	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021		lrly BIMS score	16.1%	0.0%			Medicaid CMI:		1.5778	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.82	3.0%	Ortrly Moaid	CMI w RUG V	Nght Options:		1.6053	1.5656
Line:	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	:		а	ь	C	d	е	f	. g	g	h	i
CASE MIX	X BASED RATE CALCULATIONS			:								
1 Cost Ce	nter Peer Groups	(see Policy Manual)		1	1	2	1	1	1		İ	
7)	ype of Facility within Peer Group	(,,	i	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities		,	
Bi	ed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	:		
Peer Gro	oup Standards & Efficiency Measure Limits		:	ļ		1				i		
	Group Standards: Percentile	(see Policy Manual)	i	90.0%	90.0%	90.0%	85.0%		50.0%			
	Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficier	ncy Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	 	\$0.37			
Base Pe	riod Per Diem Allowed Amounts	!		!		1					;	
5 As File	d Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,648,011.00	\$1,978,046	\$0	\$557,581	\$325,331	\$332,932	\$752,169	\$29,732	\$672,220	\$0
6 Audit A	Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$627,613)	\$1,511	\$0	\$0	(\$6,330)	(\$6,478)	(\$121,891)		(\$515,944)	\$21,519
7 Cost C	enter Costs After Audit Adjustments	FY12 Audited C/R	\$4,020,398	\$1,979,557	\$0	\$557,581	\$319,001	\$326,454	\$630,278	\$29,732	\$156,276	\$21,519
8 Tota	al Nursing Facility Days As Filed Days = 23,172	FY12 Audited C/R Days	23,172	!		i i						
Tota	al Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,614	FY 18 GL-PL Ins Rpt Days				1		ļ.		21,614		
9 Net Pe	r Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$173.59	\$85.43	\$0.00	\$24.06	\$27.85	(with L&H)	\$27.20	<b>\$1.38</b>	\$6.74	\$0.93
10 Base	e Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	,	<u>1.2576</u>					:			
11 Roul	tine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Łn 9 / Ln 10		\$67.93		:		i İ				
12 Net Pe	r Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.93	\$0.00	\$24.06	\$27.85		\$27.20	\$1.38	\$6.74	\$0.93
13 Per Die	ern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base P	Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.69	\$67.93	\$0.00	\$18.41	\$23.09		\$20.56	\$1.38	9.39	\$0.93
Quarteri	y Per Diem Rate Prior to Add-ons		ĺ			1 1					(FRV)	
15 Growth	Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.88	\$12.48	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA A	Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.57	\$80.41	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$1.38	\$9.39	\$0.93
17 Qua	rterly Facility Case Mix Index for Medicaid Residents	per Current Oir End		1.6053		1						
18 Ortri	ly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.08		i i		i	:			
	rly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.24	\$129,08	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$1.38	\$9.39	\$0.93
Quarteri	y Per Diem Add-on Amounts			i							i	
	ncy 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	ſ	\$0.00	
	Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00		1		:	:			
22 Nurse	Staff Hrs / Quality Add-on Per Diem: 3.6% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$3,87	\$3.87		1					i	
23 Nursing	g Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10			
24 Total O	Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.50	\$4.40	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly	y Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$235.74	\$133.48	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$1.38	\$9.39	\$0.93
26 Quarteri	y Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.98			***************************************		-				

Provider: Delmar Gardens of Smyrna Prydr ID: 00296271A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1,2475	State- wide 1.3617
Case Mix Per Diem Rate Effective Date:	4/1/2021		Itrly BIMS score	35.7%	2.5%			Medicaid CMI:		1.3473	1.5382
MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.74	3.0%	Ortrly Moaid	CMI w RUĞ I	Wght Options:		1.3680	1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
; 	· · · · · · · · · · · · · · · · · · ·	а	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS					<u> </u>						
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1	1		! !
Type of Facility within Peer Group	, í		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bad Sizes	!		,
Peer Group Standards & Efficiency Measure Limits			!								
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	!	50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	100.0% \$0.00	100.0%	100.0% \$0.41		105.0%	!		
Eniciency Measure Maximums (see inte 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts	-				1						ı
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,229,800.00	\$3,281,705	\$0	\$698,667	\$362,465	\$490,326	\$880,619	\$54,596	\$461,422	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$262,391)	, , , ,	\$0	1	(\$431)	(\$582)			(\$192,666)	\$41,494
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,967,409	\$3,276,745	\$0	\$698,667	\$362,034	\$489,744	\$775,373	\$54,596	\$268,756	\$41,494
8 Total Nursing Facility Days As Filed Days = 41,854	FY12 Audited C/R Days	41,854	i				ļ		1		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,265	FY 18 GL-PL Ins Rpt Days							1	38,265		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.70	\$78.29	\$0.00	\$16.69	\$20.35	(with L&H)	\$18.53	\$1.43	\$6.42	\$0.99
10 Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2475</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.76		[ ]				t		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.76	\$0.00		\$20.35		\$18.53	\$1.43	\$6.42	\$0.99
13 Per Diem Standards (After Statewide CMA for Routine Stres) 14 Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	****	\$71.51	\$0.00	1 1	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 of Ln 13	\$130.91	\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	10.16 (FRV)	\$0.99
Quarterly Per Diem Rate Prior to Add-ons									i i	(CTCV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.74	\$11.53	\$0.00	\$3.07	\$3.74	\$0.00	\$3.40	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	£ก 14 + Ln 15	\$152.65	\$74.29	\$0.00	\$19.76	\$24.09	\$0.00	\$21.93	\$1.43	\$10.16	\$0.99
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3680	i	, :		1		i i		
18 Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.63	1	1		İ	:	1 !		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$179.99	\$101.63	\$0.00	\$19.76	\$24.09	\$0.00	\$21.93	\$1.43	\$10.16	\$0.99
Quarterly Per Diem Add-on Amounts			:						: 1		
20 Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54		1						
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.05	\$3.05		! :		!	;			!
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	!	!	:		i	\$17.10	1		I
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.22	\$6.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.21	\$107.75	\$0.00	\$19.98	\$24.50	\$0.00	\$39.40	\$1,43	\$10.16	\$0.99
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - Ln 23) * 0.75	\$140.33	<del>!</del>		1 3	***************************************	*		1		

Provider: Douglasville Nursing and Rehab Ctr. Prvdr ID: 00141083A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: trly BIMS score	Facility Score N/A 26.2% 3.48	Add-on <u>Percent</u> 18.37% 1.0% 2.0%		Quarterly	CMI) Data d Overall CMI Medicaid CMI Wght Options	:	Facility <u>Specific</u> 1,5626 1,5628 1,5922	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
,	:	a	) b	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS								:		í.	
Cost Center Peer Groups     Type of Facility within Peer Group     Bod Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes		; ;	
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts	!		'							and the state of t	
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,063,143.00	\$7,214,948	\$0	\$1,236,773	\$467,088	\$620,301	\$1,444,343	\$98,758	\$980,932	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$51,132)	(\$19,841)	\$0	(\$6,227)	(\$145)	\$29,333	(\$32,022	) :	(\$128,218)	\$105,988
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,012,011	\$7,195,107	\$0	\$1,230,546	\$466,943	\$649,634	\$1,412,321	\$98,758	\$852,714	\$105,988
8 Total Nursing Facility Days As Filed Days = 81,943	FY12 Audited C/R Days	81,943			1		I				
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 84,849	FY 18 GL-PL Ins Rpt Days		ì						84,849	:	
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.56	\$87.81	\$0.00	\$15.02	\$13.63	(with L&H)	\$17.24	\$1.16	\$10.41	\$1.29
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5626</u>				!	:		!	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	. Ln 9/Ln 10		\$56.19		1		!		1	Į.	
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.19	\$0.00	\$15.02	\$13.63	i	\$17.24	\$1.16	\$10,41	\$1.29
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09	İ	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.88	\$56.19	\$0.00	\$15.02	\$13.63		\$17.24	\$1.16	14.35 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons  15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.75	\$10.32	\$0.00	\$2.76	\$2.50	60.00			<b>.</b>	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.63	\$10.32	\$0.00	\$17.78	\$2.50 \$16.13	\$0.00	\$3.17	N/A	N/A	N/A \$1.29
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$157.05	1.5922	\$0.00	\$17.70	\$10.13	. 40.00	\$20.41	\$1.16	\$14.35	\$1.29
18 Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.90					:	1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$177.02	\$105.90	\$0.00	\$17.78	\$16.13	\$0.00	\$20.41	\$1.16	\$14.35	\$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	1	\$0.00	
21 BIMS Add-an Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06	15,00	1	43.71	15.00			40,00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12		1		1			í	
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:					\$17.10	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.81	\$3.71	\$0.00	\$0.22	\$0.41	\$0.00			\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.83	\$109.61	\$0.00	\$18.00	\$16.54	\$0.00	\$37.88	\$1.16	\$14.35	\$1.29
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.30	:		<u></u>						
-		1									

Provide Prvdr II			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1,2467	State- wide 1,3617
i :	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	40.9% 4.25	2.5% 3.0%	Ortrly Moaid	Quarterly I	Medicaid CMI: Wght Options:	:	1.5297 1.5563	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	ì
CASE	MIX BASED RATE CALCULATIONS					;			:	:		
1 Cos	st Center Peer Groups Type al Facility wilhin Peer Group Bed Size Range wilhin Peer Group	{see Policy Manual}		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pc	er Group Standards & Efficiency Measure Limits eer Group Standards: Percentile eer Group Standards: Multiplier fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Bas	se Period Per Diem Allowed Amounts								:	:		
5 As	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,803,623.00	\$3,311,191	\$0	\$767,037	\$393,998	\$396,702	\$679,435	\$191,204	\$64,056	\$0
6 A	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$157,175)	(\$18,037)	\$0	\$565	(\$2,206)	(\$11,507)		1 1 1	(\$52,995)	\$47,431
7 C	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,646,448	\$3,293,154	\$0	\$767,602	\$391,792	\$385,195	\$559,009	: 1	\$11,061	\$47,431
8	Total Nursing Facility Days As Filed Days = 48,499	FY12 Audited C/R Days	48,499			:						
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,985	FY 18 GL-PL Ins Rpt Days								44,985		
9 N	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$116.74	\$67.90	\$0.00	\$15,83	\$16.02	(with L&H)	\$11.53	\$4.25	\$0.23	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2467					:			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.46		!						I
12 N	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54,46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	\$0.23	\$0.98
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
1	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$111.06	\$54.46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	7,99 ( (FRV)	\$0.98
	arterly Per Diem Rate Prior to Add-ons					1		!				
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$17.97	\$10.00	\$0.00	the second second	\$2.94	\$0.00	\$2.12	1	N/A	N/A
, 16 Ci	MA Allowed Per Diem (After Growth Allowance Add-on)		\$129.03	\$64.46	\$0.00	\$18.74	\$18.96	\$0.00	\$13.65	\$4.25	\$7.99	\$0.98
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.5563		1						
1 1	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem uarterly Medicaid CMA Allowed Per Diem	RS = 1.n 18, AllOthr = Ln 16	\$164.89	\$100.32 \$100.32	\$0.00	\$18.74	\$18.96	\$0.00	\$13.65	\$4.25	\$7.99	\$0.98
Qua	arterly Per Diem Add-on Amounts			!		;						
	fficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37	. [	\$0.00	
	IMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51			*****		:	1	40,00	
22 N	urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01		į :		i			!	
23 N	ursing Home Provider Fee	(Fixed Amount)	\$17.10					:	\$17.10		!	
24 To	otal 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 <b>Q</b> ua	orterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.04	\$106.37	\$0.00	\$18.96	\$19.37	\$0.00	\$31.12	\$4.25	\$7.99	\$0.98
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.96									

	rrovider: Dunwoody Health and Rehab Ctr Prodr ID: 00815295A Case Mix Per Diem Rate Effective Date:	4/1/2021		Percentages bwth Allowance: trly BIMS score	Facility Score N/A 27.4%	Add-on <u>Percent</u> 18.37% 1.0%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1.6363 1.8562	State- wide 1.3617 1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.49	2.0%	Ortrly Meald	CMI w RUG	Wght Options:		1.8918	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			3	ь	С	d	е	f	9	9	h	i
С	CASE MIX BASED RATE CALCULATIONS					1				1		
4	Cost Center Peer Groups			. 1	. 1		1		:			
	Type of Facility within Peer Group	(see Policy Manual)		All Facilities		2 Free Standina	7 All Facilities	1 All Facilities	: 1 : All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	i i		
	Peer Group Standards & Efficiency Measure Limits	'								1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	1 :		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	:		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts							:	1	:		
5		As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$14,272,181.00	\$8,525,338	\$0	\$1,279,369	\$494,884	\$709.673	\$2,524,089	\$5,773	\$733,055	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$524,465)		\$0		\$0	\$0	(\$529,813)	1 11	(\$199,784)	\$205,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,747,716	\$8,525,338		\$1,279,369	\$494,884	1	\$1,994,276	\$5,773	\$533,271	\$205,132
8	Total Nursing Facility Days As Filed Days = 73,805	FY12 Audited C/R Days	73,805				¥ 1- 1 <b>,</b> 1			1	*****	<b>V</b>
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 71,443	FY 18 GL-PL Ins Rpt Days								71,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7/En 8 Col a	\$186.27	\$115.51	\$0,00	\$17.33	\$16.32	(with L&H)	\$27.02	\$0.08	\$7,23	\$2.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6363				: '		!	•	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.59		1		:		1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.59	\$0.00	\$17.33	\$16.32	:	\$27.02	\$0.08	\$7.23	\$2.78
13	Per Diem Standards (After Stalewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.34	\$70.59	\$0.00	\$17.33	\$16.32	:	\$20.56	\$0.08	17.68	\$2.78
	Quarterly Per Diem Rate Prior to Add-ons							:		: :	(FRV)	
15	i -	Ln 14 x Grwth Allwnc %	\$22.93	\$12.97	\$0.00	\$3.18	\$3.00	\$0.00	\$3.78	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$168.27	\$83.56	\$0.00	\$20.51	\$19.32	\$0.00	\$24.34	\$0.08	\$17.68	\$2.78
17		per Current Qlr End	\$100.27	1.8918		\$20.51	φ(5.02	. 90.00	\$24.34	30.00	\$17.00	φ2.70
18		Ln 16 x Ln 17		\$158.08		1				:		
19		RS = Ln 18, AllOthr = Ln 16	\$242.79	\$158.08	\$0.00	\$20.51	\$19.32	\$0.00	\$24.34	\$0.08	\$17.68	\$2.78
								/	:			
20	Quarterly Per Diem Add-on Amounts	( B-8M)										
20	, , , , , , , , , , , , , , , , , , , ,	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$1.58	\$1.58					:	1		
22	· · · · · · · · · · · · · · · · · · ·	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16						;		
23 24		(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	ee	60.00	#0.00			\$17.10			
			\$23.00	\$5.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	<u> Լո 19 + Լո 24</u>	\$265.79	\$163.35	\$0.00	\$20.73	\$19.73	\$0.00	\$41.44	\$0.08	\$17.68	\$2.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Lл 25 - Ln 23) * 0.75	\$186.52									

	rovider: Eagle Health vdr ID: 00143151A				wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Case		Overall CMI:		Facility Specific 1.3784	State- wide 1.3617
		Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou	Qt rs per On-Site Day/Qu	rly BIMS score uality Incentive:	45.7% 3.56	5.5% 3.0%	Ortrly Mcaid	,	Medicaid CMI: Wght Options:		1.6226 1.6506	1.5382 1.5656
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CAL	CULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups		(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Grou		(000 000)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
2	Peer Group Standards & Efficier Peer Group Standards: Percentile		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (s	see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed A			_									
5	As Filed Cost Center Costs (Rou		As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,453,079.09	\$1,892,596	\$0	\$325,176	\$164,064	\$271,199	\$508,824	\$114,722	\$176,498	\$0
6	Audit Adjustments and Reallocation		FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$67,575)	(\$915)	\$0	(\$1,864)	(\$7,755)	(\$12,820)	(\$37,510)	¢114.700	(\$33,888)	\$27,177 \$27.177
8	Cost Center Costs After Audit Ad	'	FY12 Audited C/R Days	\$3,385,504	\$1,891,681	\$0	\$323,312	\$156,309	\$258,379	\$471,314	\$114,722	\$142,610	\$27,177
8	Total Nursing Facility Days Total Nursing Facility Days GL-I	As Filed Days = 20,477  PL Ins. Rpt As Filed Days = 27,726	FY 18 GL-PL Ins Rpt Days	20,477							27,726		
9	Net Per Diems prior to Case Mix	·	Ln 7 / Ln 8 Col a	\$163.87	\$92.38	\$0.00	\$15.79	\$20.25	(with L&H)	\$23.02	\$4.14	\$6.96	\$1.33
10	Base Period Facility Case Mix I	·	from 4 gtrs of FY12	ψ103.07	1.3784	ψ0.00	ψ13.73	Ψ20.23	(Willi Zari)	Ψ20.02	ψτ.1-	ψ0.30	ψ1.55
11	Routine Srvcs Case Mix Adjstd		Ln 9 / Ln 10		\$67.02								
12	Net Per Diems after Case Mix Ad	` '	RS = Ln 11, AllOthr = Ln 9		\$67.02	\$0.00	\$15.79	\$20.25		\$23.02	\$4.14	\$6.96	\$1.33
13	Per Diem Standards (After Statewic		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted A	Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.47	\$67.02	\$0.00	\$15.79	\$20.25		\$20.56	\$4.14	9.38	\$1.33
	Quarterly Per Diem Rate Prior to	Add-ons										(FRV)	
15	Growth Allowance Percentage =	<u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.71	\$12.31	\$0.00	\$2.90	\$3.72	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Grov	wth Allowance Add-on)	Ln 14 + Ln 15	\$161.18	\$79.33	\$0.00	\$18.69	\$23.97	\$0.00	\$24.34	\$4.14	\$9.38	\$1.33
17	Quarterly Facility Case Mix Inde	<u>x</u> for Medicaid Residents	per Current Qtr End		1.6506								
18	Ortrly Routine Srvcs Case Mix A	Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.94								
19	Quarterly Medicaid CMA Allowed	Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.79	\$130.94	\$0.00	\$18.69	\$23.97	\$0.00	\$24.34	\$4.14	\$9.38	\$1.33
	Quarterly Per Diem Add-on Amo	unts											
20	Efficiency Add-on Per Diem ([Stn	d - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.20	\$7.20								
22	Nurse Staff Hrs / Quality Add-on I	Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93								
23	Nursing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on	Amounts	Sum of Lns 20 thru 23	\$29.39	\$11.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per D	iem Rate	Ln 19 + Ln 24	\$242.18	\$142.60	\$0.00	\$18.91	\$24.38	\$0.00	\$41.44	\$4.14	\$9.38	\$1.33
26	Quarterly Per Diem Rate for Bed	Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.81									

Provic Prvdr	,	<b>4/1/2021</b> 12/31/20 Nurse Ho		owth Allowance: ltrly BIMS score		Add-on <u>Percent</u> 18.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI Medicaid CMI Wght Options	•	Facility <u>Specific</u> 1.2350 1.4969 1.5242	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Cafculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	9	h	i
CAS	E MIX BASED RATE CALCULATIONS					:						
1 Cc	ost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes			
2 3	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Ba	ase Period Per Diem Allowed Amounts					:						
	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,864,202,00	\$2,508,700	\$0	\$569.553	\$422.855	\$545,988	\$1,782,433	\$0	\$34,673	\$0
6 .	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$14,982	(\$72,500)	\$0	(\$447)	\$39,877	\$17,103	1		\$224	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,879,184	\$2,436,200	\$0	\$569,106	\$462,732	1	\$1,813,158	\$0	\$34,897	\$0
8	Total Nursing Facility Days As Filed Days = 32,050	FY12 Audited C/R Days	32,050		ì				ì			
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,004	FY 18 GL-PL Ins Rpt Days		1	1					33,004		. ·
9 🗎	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$183.44	\$76.01	\$0.00	\$17.76	\$32.01	(with L&H)	\$56.57	\$0.00	\$1.09	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2350	ì			! !	:	: :		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$61.55	}	:		l Í				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.55	\$0.00	\$17.76	\$32.01		\$56.57	\$0.00	\$1.09	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	: :
	Base Period Case Mix Adjusted Allowed Per Diern	Lesser of Ln 12 or Ln 13	\$131.70	\$61.55	\$0.00	\$17.76	\$23.09		\$20.56	\$0.00	8.74 (FRV)	\$0.00
	uarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.59	\$11.31	\$0.00	\$3.26	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.29	\$72.86	\$0.00	\$21.02	\$27.33	\$0.00	\$24.34	\$0.00	\$8.74	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End	\$154.29	1.5242	\$6.00	JZ 1.02	\$21.55	\$0.00	324,34	\$0,00	\$0.74	\$0.00
18	Orthly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.05		i i			:			
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.48	\$111.05	\$0.00	\$21.02	\$27.33	\$0.00	\$24.34	\$0.00	\$8.74	\$0.00
Q	uarterly Per Diem Add-on Amounts											;
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	1
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.11		!	:						
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-an	\$3.33	\$3.33					:			:
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		1	\$17.10			: i
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.29	\$4.97	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25   Qı	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.77	\$116.02	\$0.00	\$21.24	\$27.33	\$0.00	\$41.44	\$0.00	\$8.74	\$0.00
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.25	:					•	·		
·	-			j								

Case May Fee Dism Plane Effective Date:   1/12/261   Narse House per On-Site Day/Cultilly (marrier)   1/23/20   Narse House per On-Site Day/Cultilly (marrier)   1/23/20   1/2	Pi	ovider: East Lake Arbor		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
Part   Part	P												
Part   Part	1												
Description   Sources   Totals Services   Sources   So		MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.08	3.0%	Ortrly Moaid	CMI w RUG	Wght Options		1.9439	1.5656
Case Mix Based Rafe Calculations   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Cost   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Pear Groups   Cost Center Cost Center Cost   Cost Center		Description		Totals			Dietary		Operatns	and	1	and	and
Cost Center Pear Groups   Cost Pear For Groups   Cost Pear For Groups   Cost Pear For Groups   Cost Pear For Groups   Cost Pear For Groups Standards & Pear Group Standards & Pear Gr			<u>}</u>	а	ь	c	d	e		<del> </del>	9 ;		i
Cost Center Pear Groups   Cost Pear For Groups   Cost Pear For Groups   Cost Pear For Groups   Cost Pear For Groups   Cost Pear For Groups Standards & Pear Group Standards & Pear Gr	_	ASE MIY RASED DATE CALCULATIONS											
Proceedings   Proceedings   Procedings   P	; <u>=</u>	· · · · · · · · · · · · · · · · · · ·					1						
Pear Group Standards A Efficiency Measure Limits   100   1	1	· ·	(see Policy Manual)					,			: :	!	
Per Group Standards & Efficiency Measure Limits   (see Policy Manual)   (see Policy Ma	Ì	, , ,	:								1	i	
2   Peer Group Standards: Fercentile   (see Peley Meanual)	1	·			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1 1	1	
Base Period Per Diam Allowed Amounts   As Filed Crost (Review Code Note Actual)   So 0.53   So 0.02   So 0.22   So 0.21   So 0.02	1		:				;					!	
Base Period For Diem Allowed Amounts   Society Manusing Facility Days   As Flind Days = 31,750   FV12 CRF 2018 GL PL Rept   S4,556,622.00   S2,343,652   S0   S517,435   S269,383   S319,818   S586,6805   S12,768   S266,751   S0,0727   S60,727	2									1	:		
Base Period Per Diem Allowed Amounts   As Filed Cost Center Costs (Routine & Special Since Combined)   As Filed Cost Center Costs (Routine & Special Since Combined)   As Filed Cost Center Costs (First Ciri. Routine Agriants (\$171,960)   S0   S0   \$13,71   S0   S0   \$1373,331   \$30,0727   \$50,7	: 4									1	1 :	; !	
5 A Filed Cost Center Costs (Reuline & Special Street Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 PT12 CIR Audit Adjustment 7 Cost Center Costs After Audit Adjustments 7 Cost Center Costs After Audit Adjustment 8 Total Nursing Facility Days 8 As Filed Days = 31,750 7 Total Nursing Facility Days 9 As Filed Days = 28,704 9 Nel Per Diems prior to Case Mix Adjust to Routine Street 9 La Filed Days = 28,004 11 PT Routine Street 11 Routine Street 11 Routine Street 12 Routine Street 12 Routine Street 12 Routine Street 13 Routine Street 13 Routine Street 14 Routine Street 15 Routine Street 15 Routine Street 15 Routine Street 16 Routine Street 16 Routine Street 17 Routine Street 17 Routine Street 18 Routin	,	, in the second of the second	(ace to only manual)		90.55	<b>40.00</b>	90.22	\$0.41		30.37	1	1	
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 CR Audit Adjustments FY12 CR Audit Adjustments FY12 Audited CR Cost Center Costs After Audit Adjustments FY12 Audited CR S4,64,662 S2,34,5652 S0 \$518,000 \$289,383 S319,318 S313,474 S112,788 S228,034 S30,727 S20,727 FY12 Audited CR Total Nursing Facility Days As Filed Days = 31,750 FY12 Audited CR Days FY12 Audited CR Days FY12 Audited CR Total Nursing Facility Days Nel FY2 Diversing Froit Ost Sank Adjust Int CR Audited Shore Nel FY2 Diversing Froit Ost Sank Adjust Int CR Audited Shore Nel FY2 Diversing Froit Ost Sank Adjust Int CR Audited Shore In FY11 Audited CR Base Period Facility Case Mix Index for All Residents In FY11 Audited Froit Divers In FY12 Audited CR Nel FY12 Diversing Froit Ost Sank Adjust Int CR Audited Shore In FY11 Audited Froit Divers In FY12 Audited CR S4,6662 S2,34,6622 S2,3	Ė						1				!		
Cost Center Costs After Audit Adjustments	5		•							1 .	1 ' ' :	\$286,761	\$0
8 Total Nursing Facility Days	1			,							'		\$50,727
Total Nursing Facility Days GL-PL Ins. Rpt   As Fied Days = 28.504   FY 18 GL-PL Ins Rpt Days	{	,	· ·		\$2,343,652	\$0	\$518,806	\$269,383	\$319,818	\$513,474	\$112,768	\$236,034	\$50,727
9 Net Per Diems prior to Case Mix Adjatumt to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 31,750	i 1	31,750									
Base Period Facility Case Mix Index for All Residents from 4 qlus of FY12 1.2163 17 Routine Srives Case Mix Adjatol (CMA) Net Per Diem 18 Lu 9 / Lu 10 \$60.69 18 Per Diem State Case Mix Adjatol (CMA) Net Per Diem 18 Seb. 69 \$0.00 \$16.34 \$18.56 \$16.17 \$3.96 \$7.43 \$1.60 19 Per Diem Standards (Alter Statewide CMA for Routine Srives) 19 Per Diem Standards (Alter Statewide CMA for Routine Srives) 10 Base Period Case Mix Adjatol Routine Srives) 10 Per Diem Standards (Alter Statewide CMA for Routine Srives) 11 Per Diem Standards (Alter Statewide CMA for Routine Srives) 12 Per Diem Standards (Alter Statewide CMA for Routine Srives) 13 Per Diem Standards (Alter Statewide CMA for Routine Srives) 14 Base Period Case Mix Adjasted Allowed Per Diem 15 Carowith Allowards Per Diem Add-ons 16 Corowith Allowards Per Diem Add-ons 17 Counterly Per Diem Rate Prior to Add-ons 18 Carowith Allowards Per Diem (Alter Gewith Allowards Add-on) 19 Counterly Facility Case Mix Adjatol (CMA) Net Per Diem 10 Counterly Medicaid CMA Allowed Per Diem 10 Counterly Medicaid CMA Allowed Per Diem 11 Per Diem Add-on Amounts 12 Efficiency Add-on Per Diem (Stand-Alwd)x 75, up to max, or 0) 13 Carderly Per Diem Add-on Amounts 14 Die Chick Staff His? (Quality Add-on Per Diem: 3.0% (to Routine Srives) 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 15 Lin 19 Colb x CPS Add-on 16 Lin 19 Colb x CPS Add-on 16 Lin 19 Colb x CPS Add-on 16 Lin 19 Colb x CPS Add-on 17 Lin 19 Colb x CPS Add-on 18 Lin 19 Colb x CPS Add-on 18 Lin 19 Colb x CPS Add-on 18 Lin 19 Colb x CPS Add-on 18 Lin 19 Colb x CPS Add-on 18 Lin 19 Colb x CPS Add-on 18 Lin 19 Colb x CPS Add-on 18 Lin 19 Colb x CPS Add-on 18 Lin 19 Colb	:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,504					1 :				28,504	!	
Routine Srvcs Case Mix Adjistrd (CMA) Net Per Diem	5	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137.88	\$73.82	\$0.00	\$16.34	\$18.56	(with L&H)	\$16.17	\$3.96	\$7.43	\$1.60
Net Per Diems after Case Mix Adjistmt to Routine Srvcs   RS = Ln 11. AllOthr = Ln 9   \$60.69   \$0.00   \$16.34   \$18.56   \$16.17   \$3.96   \$7.43   \$1.60     Per Diem Standards (After Statewide CMA for Routine Srvcs)   per Poor Group Limits   \$71.51   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   \$NA     Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$126.93   \$60.69   \$0.00   \$16.34   \$18.56   \$316.17   \$3.96   \$9.61   \$1.60     Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allowance Percentage = 18.37%   Ln 14 x Grwth Allowance Mode on   Ln 14 + Ln 15   \$147.46   \$71.84   \$0.00   \$3.00   \$3.41   \$0.00   \$2.97   N/A   N/A   N/A     CMA Allowed Per Diem (Alter Growth Allowance Add-on)   Ln 14 + Ln 15   \$147.46   \$71.84   \$0.00   \$19.34   \$21.97   \$0.00   \$19.14   \$3.96   \$9.61   \$1.60     Quarterly Per Diem Add-on Amounts   Current Out End   Ln 16 x Ln 17   \$139.65   \$0.00   \$19.34   \$21.97   \$0.00   \$19.14   \$3.96   \$9.61   \$1.60     Quarterly Per Diem Add-on Amounts   Efficiency Add-on Per Diem   (Istnd - Almd) x .75, up to max, or o)   (see Policy Manual)   \$1.53   \$0.53   \$0.00   \$0.02   \$0.41   \$0.00   \$0.37   \$0.00   \$0.00     Pur Diem Add-on Amounts   Ln 19 Col b x \$100 kd-on   \$1.40	1	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2163</u>		1			:			
13 Per Diem Standards (Alter Standwide CMA for Routine Sirves)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.69		! }						
14 Base Period Case Mix Adjusted Allowed Per Diem	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$60.69	\$0.00	\$16.34	\$18.56		\$16.17	\$3.96	\$7.43	\$1.60
Counterly Per Diem Rate Prior to Add-ons   CRRV	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allowne % \$20.53 \$11.15 \$0.00 \$3.00 \$3.41 \$0.00 \$2.97 N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$126.93	\$60.69	\$0.00	\$16.34	\$18,56	:	\$16.17	\$3.96		\$1.60
15 Growth Allowance Percentage = 18.37% Ln 14 x Grwth Allownc % \$20.53 \$11.15 \$0.00 \$3.00 \$3.41 \$0.00 \$2.97 N/A N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$147.46 \$71.84 \$0.00 \$19.34 \$21.97 \$0.00 \$19.14 \$3.96 \$9.61 \$1.60 \$1.6	i	Quarterly Per Diem Rate Prior to Add-ons					:				:	(FRV)	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)  Ln 14 + Ln 15  S147.46  \$71.84  \$0.00  \$19.34  \$21.97  \$0.00  \$19.14  \$3.96  \$9.61  \$1.60  Quarterly Facility Case Mix Index for Medicaid Residents  per Current Qir End  Ln 16 x Ln 17  \$139.65  Quarterly Medicaid CMA Allowed Per Diem  Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Stnd - Alwd] x. 75, up to max, or 0)  BIMS Add-on Per Diem =  1.0% (to Routine Srves)  Ln 19 Col b x Stfng Add-on  \$1.93  \$1.60  \$1.80  \$1.93  \$21.97  \$0.00  \$19.14  \$3.96  \$9.61  \$1.60	15	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ln 14 x Grwth Allwnc %	\$20.53	\$11.15	\$0.00	\$3.00	\$3.41	\$0.00	\$2.97	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.9439 18 Ortrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem 1.0 Quarterly Medicaid CMA Allowed Per Diem 1.0 Quarterly Medicaid CMA Allowed Per Diem 1.0 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem (IStnd - Alwd] x.75, up to max, or 0) 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Case Mix Based Per Diem Rate 26 Ln 19 + Ln 24 27 Quarterly Recility Case Mix Based Per Diem (IStnd - Alwd] x.75, up to max, or 0) 28 Quarterly Recility Facility Add-on Per Diem: 3.0% (to Routine Srvcs) 29 Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) 20 Cuarterly Per Diem Add-on Amounts 20 Ln 19 Col b x Sting Add-on 21 Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) 21 Staff Hrs / Quarterly Per Diem Add-on Amounts 22 Nursing Home Provider Fee 23 Cuarterly Case Mix Based Per Diem Rate 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Case Mix Based Per Diem Rate 26 Ln 19 + Ln 24 27 Staff Add Staff	16	· —	Ln 14 + Ln 15	•						1		1	\$1.60
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	17	· · · · · · · · · · · · · · · · · · ·	per Current Qtr End	• • • • • • • • • • • • • • • • • • • •				******					•
19 Quarterly Medicaid CMA Allowed Per Diem	18		Ln 16 x Ln 17				: !		:	:		· ·	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.00 \$0.22 \$0.41 \$0.00 \$0.22 \$0.41 \$0.00 \$0.22 \$0.41 \$0.00 \$	19		RS = Ln 18, AllOlhr = Ln 16	\$215,27		\$0.00	\$19.34	\$21.97	\$0.00	\$19.14	\$3.96	\$9.61	\$1.60
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.00 \$0.22 \$0.41 \$0.00 \$0.22 \$0.41 \$0.00 \$0.22 \$0.41 \$0.00 \$		O	: 	:	:						1		
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.40 \$1.4	20		(see Policy Manual)	C4 E2	¢n Eo	<b>¢</b> ስ በበ	\$0.00	\$0.44	\$0.00	\$0.27	1	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Rouline Srvcs) Ln 19 Col b x Stfing Add-on \$4.19 \$4.19 \$  Nursing Home Provider Fee (Fixed Amount) 10 Total Quarterly Per Diem Add-on Amounts 10 Sum of Lns 20 thru 23 \$24.22 \$6.12 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.0	1					φυ.υυ	<b>⊅</b> U.∠∠	<b>ə</b> 0.41	30.00	QU.37	1	20.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	1						}				1		
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$24.22     \$6.12     \$0.00     \$0.22     \$0.41     \$0.00     \$17.47     \$0.00     \$0.00     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$239.49     \$145.77     \$0.00     \$19.56     \$22.38     \$0.00     \$36.61     \$3.96     \$9.61     \$1.60		· · · · · · · · · · · · · · · · · · ·			φ.19		1			¢17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$239.49 \$145.77 \$0.00 \$19.56 \$22.38 \$0.00 \$36.61 \$3.96 \$9.61 \$1.60	1	i -	,		<b>96 13</b>	<b>¢</b> 0.00	80.22	\$0.41	\$0.00		\$0.00	¢n nn	\$0.00
5.50 5.50 5.50 5.50 5.50 5.50 5.50 5.50							<del>†</del>			<del> </del>	<del></del>		
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$166.79	25	Quarterly Case MIX Dased Per Diem Rate	LII 19 + LE 24	\$239.49	\$145.77	\$0.00	\$19.56	\$22.38	\$0.00	\$36.61	\$3.96	\$9.61	\$1.60
	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.79									

1	ovider: Eastman Healthcare vdr ID: 00141974A	-	Add-on Data and P	ercentages th Allowance:	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (6	CMI) Data d Overall CMI:	•	Facility Specific 1,1568	State- wide 1,3699
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/21 12/31/20 Nurse Hours	Qtr per On-Site Day/Qua	ly BIMS score ality Incentive:	24,7% 3,35	1.0% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.5324 1.5597	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
ļ			a	b	С	d	е	1	g	g	h	ì
<u>c.</u>	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Typa of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$4,003,070	\$1,828,756	\$0	\$522,255	\$219,608	\$263,433	\$572,820	\$33,237	\$562,961	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$58,783)	\$287	\$0	\$0	\$0	\$0	(\$54,036)		(\$21,752)	\$16,718
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,944,287	\$1,829,043	\$0	\$522,255	\$219,608	\$263,433	\$518,784	\$33,237	\$541,209	\$16,718
8	Total Nursing Facility Days As Filed Days = 31,945	FY13 Audited C/R Days	31,945									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,353	FY 18 GL-PL Ins Rpt Days								32,353		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a	\$123,46	\$57.26	\$0.00	\$16.35	\$15.12	(with L&H)	\$16,24	\$1,03	\$16.94	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1568								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.50								
12	Net Per Diems after Case Mix Adjstrnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$49.50	\$0.00	\$16,35	\$15,12		\$16.24	\$1.03	\$16.94	\$0.52
14	Per Diem Standards (Alter Statewide CMA for Routine Srvcs)  Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	6100.00	\$73.90 \$49.50	\$0.00 \$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	20.50
"	·	CESSEI OF EFFECT EFFES	\$106,60	\$49,50	\$0.00	\$16.35	\$15,12		\$16,24	\$1,03	7.84 (FRV)	\$0.52
15	Quarterly Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$17.85	\$9.09	\$0.00	\$3.00	\$2,78	\$0,00	\$2,98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$17.83	\$58.59	\$0.00	\$19.35	\$17,90	\$0.00	\$19.22	S1.03	\$7.84	\$0,52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$124.45	1,5597	40,00	\$15,55	\$17,30	\$0.00	513.22	\$1,03	\$1,04	αυ,υφ
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.24	\$91.38	\$0.00	\$19.35	\$17.90	\$0.00	\$19.22	\$1.03	\$7.84	\$0.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-or	\$2.74	\$2,74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.28	\$4.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + £n 24	\$179,52	\$95.56	\$0.00	\$19.57	\$18.31	\$0.00	\$36,69	\$1,03	\$7.84	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.82			-						-

Provide Prvdr ID		4/1/2021		Percentages with Allowance: trly BIMS score	Facility Score N/A 46.8%	Add-on <u>Percent</u> 18.37% 5.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1.4001 1.7122	State- wide 1.3617 1.5382
:	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		3.03	3.0%	Ortrly Moaid	CMI w RUG			1.7454	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			a	b	C	d	е	f	g	g i	h	į
CASE	MIX BASED RATE CALCULATIONS					) :			:	1		
1 Cos	st Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities	2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities	1 All Facilities All Bed Sizes			
	er Group Standards & Efficiency Measure Limits eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	7.11 Box 0/200	50.0%			
3 P6	eer Group Standards: Percennie eer Group Standards: Multiplier fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	100.0% \$0.22	85.0% 100.0% \$0.41		105.0% \$0.37	:		:
Bas	e Period Per Diem Allowed Amounts					i			:	1		•
5 As	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,423,853.00	\$1,789,463	\$0	\$369,801	\$231,565	\$313,337	\$583,423	\$75,881	\$60,383	\$0
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$82,488)	\$0	\$0	\$0	\$0	\$0	(\$83,339)		(\$26,557)	\$27,408
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,341,365	\$1,789,463	\$0	\$369,801	\$231,565	\$313,337	\$500,084	\$75,881	\$33,826	\$27,408
8	Total Nursing Facility Days As Filed Days = 29,341	FY12 Audited C/R Days	29,341			1			1	: 1		
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,662	FY 18 GL-Pt Ins Rpt Days				1				25,662		
9 ; Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$114,24	\$60.99	\$0.00	\$12.60	\$18.57	(with L&H)	\$17.04	\$2.96	\$1.15	\$0.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4001</u>		1				:		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.56		1						
12   No	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.56	\$0.00	\$12.60	\$18.57		\$17.04	\$2.96	\$1.15	\$0.93
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
i	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.44	\$43.56	\$0.00	\$12.60	\$18.57		\$17.04	\$2.96	7.78 (FRV)	\$0.93
	rowth Allowance Percentage = 18.37%	En 14 x Grwth Allwnc %	\$16.85	\$8.00	\$0.00	\$2.31	\$3.41	\$0.00	\$3.13	N/A	N/A	N/A
1	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.29	\$51.56	\$0.00	\$14.91	\$21.98	\$0.00	\$20.17	\$2.96	\$7.78	\$0.93
- 1	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	<b>V.20.20</b>	1.7454	Ψ0.00	4,4.01	<b>Q21.50</b>	40.00		42.50	ψ1.70	Ψ0.00
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.99		1						
	uarterly Medicaid CMA Allowed Per Diern	RS = Ln 18, AllOthr = Ln 16	\$158.72	\$89.99	\$0.00	\$14.91	\$21.98	\$0.00	\$20,17	\$2.96	\$7.78	\$0.93
Qua	arterly Per Diem Add-on Amounts											:
20 Ef	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37	:	\$0.00	
21 BI	IMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.95	\$4.95		1			1			
22 No	urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Strng Add-on	\$2.70	\$2.70		1			1	į į		
23 Nu	ursing Home Provider Fee	(Fixed Amount)	\$17.10			1		1	\$17.10	: 1		
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.28	\$8.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.00	\$98.17	\$0.00	\$15.13	\$22.39	\$0.00	\$37.64	\$2.96	\$7.78	\$0.93
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.93						•			·

Provide Prvdr I		4/1/2021 12/31/20 Nurse Hot		wth Allowance: trly BIMS score	Facility Score N/A 24.6% 2.99	Add-on <u>Percent</u> 18.37% 1.0% 3.0%			Overali CMI: Medicaid CMI:	1	Facility <u>Specific</u> 1.3434 1.2801 1.2985	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u></u>			8	ь	С	d	е	f	g	g	h	Ī
CASE	MIX BASED RATE CALCULATIONS							İ		i		
1 <b>C</b> o	st Center Peer Groups Type of Faciliy within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes		! !	
2 F	er Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	:	50.0% 105.0% \$0.37		:   	
Ba	se Period Per Diem Allowed Amounts		i	ı								
5 A	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,078,891.65	\$2,283,700	\$0	\$430,471	\$226,312	\$291,229	\$524,326	\$100,611	\$222,243	\$0
6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$13,281)	(\$1,926)	\$0	(\$1,812)	\$1,457	\$1,876	(\$16,303)	)	(\$13,040)	\$16,467
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,065,611	\$2,281,774	\$0	\$428,659	\$227,769	\$293,105	\$508,023	\$100,611	\$209,203	\$16,467
8	Total Nursing Facility Days As Filed Days = 28,786	FY12 Audited C/R Days	28,786			1		1		:		
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,030	FY 18 GL-PL Ins Rpt Days				1				28,030	I i	
9 1	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$141.33	\$79.27	\$0.00	\$14.89	\$18.09	(with L&H)	\$17.65	\$3.59	\$7.27	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3434</u>		1		1		į	ś	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$59.01		1				1		
12 1	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3.59	\$7.27	\$0.57
13 P	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
1	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.56	\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3.59	8.76 (FRV)	\$0.57
	arterly Per Diem Rate Prior to Add-ons  Srowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.14	\$10.84	\$0.00	\$2.74	\$3.32	\$0.00	\$3.24		N/A	6110
	CMA Allowed Per Diem (After Growth Allowance Add-on)	£л 14 + Ln 15	\$142.70	\$10.84	\$0.00	\$17.63	\$3.32 \$21,41	\$0.00	\$20.89		\$8.76	N/A \$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$142.70	1.2985	\$0.00	\$17.03	Φ21.41	\$0.00	\$20.09	\$3.39	\$0.70	30.57
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.70				i .			:	
4	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$163.55	\$90.70	\$0.00	\$17.63	\$21.41	\$0.00	\$20.89	\$3.59	\$8.76	\$0.57
O	arterly Per Diem Add-on Amounts								:		Į.	
,	efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37	1	\$0.00	
A	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91			43.77			-	42.50	
	lurse Staff Hrs / Quality Add-on Per Diem: 3.8% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.72	\$2.72		1		:	:		ĺ	
	lursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10		1	
24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Los 20 thru 23	\$22.26	\$4.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qu	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.81	\$94.86	\$0.00	\$17.85	\$21.82	\$0.00	\$38.36	\$3.59	\$8.76	\$0.57
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126,53						<del></del>	1		

	ovider: Effingham Extended Care Facility vdr ID: 00140907A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hot		owth Allowance: trly BIMS score	Facility Score N/A 32.5% 4.98	Add-on <u>Percent</u> 18.37% 2.5% 7.0%			d Overall CMI: Medicaid CMI:	:	Facility Specific 1.2538 1.3126 1.3327	State- wide 1.3617 1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,499,706.00	\$3,860,186	\$0	\$1,189,791	\$579,868	\$493,633	\$1,863,313	\$106,864	\$406,051	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$131,107)	(\$85,193)	\$0	\$19,127	\$14,898	\$12,681	(\$103,051)	)	(\$15,635)	\$26,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,368,599	\$3,774,993	\$0	\$1,208,918	\$594,766	\$506,314	\$1,760,262	\$106,864	\$390,416	\$26,066
8	Total Nursing Facility Days As Filed Days = 37,034	FY12 Audited C/R Days	37,034									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,424	FY 18 GL-PL Ins Rpt Days								36,424		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$226.00	\$101.93	\$0.00	\$32.64	\$29.73	(with L&H)	\$47.53	\$2.93	\$10.54	\$0.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2538								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.30					4			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.30	\$0.00	\$32.64	\$29.73		\$47.53	\$2.93	\$10.54	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	<b>#450.00</b>	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	00.70
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.28	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$2.93	10.34 (FRV)	\$0.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.79	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.93	\$10.34	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.3327								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 1/ RS = Ln 18, AllOthr = Ln 16	\$212.95	\$112.81 \$112.81	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.93	\$10.34	\$0.70
	,	•	<del>+=:2:00</del>	Ţ <u></u>	<b>+1.00</b>	7230	ţ=: 100	75.00	<u> </u>	Ţ30	Ţ.3. <b>0</b> î	450
00	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	<b>#0.00</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>#0.00</b>		\$0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00 \$2.82	\$0.00	φυ.00	φυ.00	φ0.00	φυ.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Sivs)	Ln 19 Col b x Stfng Add-on	\$2.82 \$7.90	\$2.82 \$7.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ1.90					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.82	\$10.72	\$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	\$240.77	\$123.53	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$2.93	\$10.34	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.75					<u> </u>	<u> </u>			

1	ovider: Emanuel Medical Center Nursing Home odr ID: 00140929A Case Mix Per Diem Rate Effective Date:	4/1/2021	Q	owth Allowance: trly BIMS score	Facility Score N/A 48.2%	Add-on Percent 18.37% 5.5%		Quarterly I	d Overail CMI: Medicaid CMI:		Facility Specific 1.1993 1.3359	State- wide 1.3617 1.5382
}	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	5.05	3.0%	Ortrly Meaid	CMI w RUG 1	Wght Options:		1.3601	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	£	d	е	f	9	9	h	ì
C	ASE MIX BASED RATE CALCULATIONS			:		}		:				! !
1	Cost Center Peer Groups	(see Policy Manual)		1			1	1	1			i :
; '	Type of Facility within Peer Group	(see roncy manual)		All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	1 1 1 1	1		
	Peer Group Standards & Efficiency Measure Limits									1		l
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		1
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	į :		ļ
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		ŀ
i	Base Period Per Diem Allowed Amounts					1						
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,357,875.00	\$1,503,493	\$0	\$530,039	\$198,085	\$288,482	\$670,646	\$7.025	\$160,105	50
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$47,935)	\$0	\$0	\$0	\$0	\$0	(\$47,935)		(\$9.028)	\$9.028
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,309,940	\$1,503,493	\$0	\$530,039	\$198,085	\$288,482		\$7,025	\$151,077	\$9.028
8	Total Nursing Facility Days As Filed Days = 17,530	FY12 Audited C/R Days	17,530			1 1						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,600	FY 18 GL-PL Ins Rpt Days	*****			1 1		:		17,600		;
g	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$188.83	\$85.77	\$0.00	\$30.24	\$27.76	(with L&H)	\$35.52	\$0.40	\$8.62	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 alrs of FY12	***************************************	1.1993			4	(		45.15	******	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$71.52		i 1			:	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.52	\$0.00	\$30.24	\$27.76	:	\$35.52	\$0.40	\$8.62	\$0.52
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.72	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.40	12.49	\$0.52
	· ·		********	•/	40.00	-	400.00		420.00	43.10	(FRV)	40.0.
	Quarterly Per Diem Rate Prior to Add-ons					1		:	Í	1		
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.23	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.40	\$12.49	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3601		:		:		1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£π 16 x Ln 17		\$115.13				:		1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.71	\$115.13	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.40	\$12.49	\$0.52
1	Quarterly Per Diem Add-on Amounts					!		:	· !			!
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00	! !
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.33	\$6.33	· -	1			1	:	**	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sivcs)	En 19 Col b x Stfng Add-on	\$3.45	\$3.45		1		:	!			! !
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		į.
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.88	\$9.78	\$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 + Lп 24	\$241.59	\$124.91	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.40	\$12.49	\$0.52
						i		<u> </u>		<u> </u>		

	ovider: Etowah Landing Care and Rehab		Add-on Dala and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0 Base Period	CMI) Data d Overall CMI		Facility Specific 1.3514	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score uality Incentive:		2.5% 2.0%	Ortrly Moaid	Quarterly I CMI w RUG !	Medicaid CMI: Wght Options:		1.6327 1.6631	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	d	е	f	g	. g	h	i
C	ASE MIX BASED RATE CALCULATIONS			!		7		!	:	! i		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1				
1	Type of Facility within Peer Group	(accional) (variation)		All Facilities	All Facilities		All Facilities	All Facilities	All Facilities	:		t i
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits	:										. !
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			·
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			,
	Base Period Per Diem Allowed Amounts			!		: :						
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,805,075.00	\$2,164,497	\$0	\$420,759	\$190,299	\$355,916	\$1,194,941	\$39,577	\$439,086	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$440,621)	(\$77,951)	\$0	(\$2,040)	\$1,774	(\$18,703)	(\$335,216)	) .	(\$35,715)	\$27,230
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,364,454	\$2,086,546	\$0	\$418,719	\$192,073	\$337,213	\$859,725	\$39,577	\$403,371	\$27,230
8	Total Nursing Facility Days As Filed Days = 32,895	FY12 Audited C/R Days	32,939	İ		1			:			
	Total Nursing Facility Days GL-Pt, Ins. Rpt As Filed Days = 24,674	FY 18 GL-PL Ins Rpt Days			:	1				24,674		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$132.91	\$63.35	\$0.00	\$12.71	\$16.07	(with L&H)	\$26.10	\$1.60	\$12.25	\$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3514		:			:	-		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.88						1		:
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.88	\$0.00	\$12.71	\$16.07		\$26.10	\$1.60	\$12.25	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.65	\$46.88	\$0.00	\$12.71	\$16.07	i I	\$20.56	\$1.60	8.00	\$0.83
	Quarterly Per Diem Rate Prior to Add-ons			:	1	r :			:	:	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.67	\$8.61	\$0.00	\$2.33	\$2.95	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Lπ 14 + Ln 15	\$124.32	\$55,49	\$0.00		\$19.02	\$0.00	\$24.34	\$1,60	\$8.00	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	*	1.6631	•		*	1			*	
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.29		1		i		İ		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$161.12	\$92.29	\$0.00	\$15.04	\$19.02	\$0.00	\$24.34	\$1.60	\$8.00	\$0.83
	Quarterly Per Diem Add-on Amounts	!		!		1		i		1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	:
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.31		φυ.υυ	30.22	<b>3</b> 0.41	\$0.00	φυ.υυ :	i	\$U.00	,
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvs)	Ln 19 Col b x Sling Add-on	\$1.85		1	1		:	:			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		1	1			\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.42	\$4,69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	1	\$0.00	\$0.00
<u>;                                    </u>	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.54	\$96,98	\$0.00		\$19,43	<del>!</del>	\$41.44	\$1.60	\$8.00	\$0.83
-	Quarterly Per Diem Rate for Bed Hold and Leave Days	{Ls 25 + Ln 23) * 0.75	\$124.83	;		1	* · · ·		<u> </u>	1 7	73,00	77.00
20	Quarterly Fer Diem Kate for Bed Hold and Leave Days	(LEI 25 + LEI 23)   9.75	\$124.83	j								

	rovider: Evergreen Health and Rehab rodr ID: 835154999A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 80.0% 3.95	Add-on <u>Percent</u> 18.37% 5.5% 4.0%			Overall CMI Medicaid CMI		Facility <u>Specific</u> 1.4147 1.6772 1.7080	State- wide 1.3617 1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,587,311.00	\$2,247,569	\$0	\$452,219	\$389,276	\$212,958	\$705,784	\$48,450	\$531,055	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$54,426)	(\$2,064)	\$0	(\$8,678)	\$2,075	(\$5,832)	(\$42,622)		(\$23,120)	\$25,815
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,532,885	\$2,245,505	\$0	\$443,541	\$391,351	\$207,126	\$663,162	\$48,450	\$507,935	\$25,815
8	Total Nursing Facility Days As Filed Days = 32,208	FY12 Audited C/R Days	32,208									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,173	FY 18 GL-PL Ins Rpt Days								33,173		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$140.69	\$69.72	\$0.00	\$13.77	\$18.58	(with L&H)	\$20.59	\$1.46	\$15.77	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4147</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$49.28	40.00	040.77	<b>#10.50</b>		#00 F0	04.40	045.77	<b>#0.00</b>
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	per Peer Group Limits		\$49.28	\$0.00	\$13.77	\$18.58		\$20.59	\$1.46	\$15.77 \$0.00	\$0.80
13 14	Per Diem Standards (After Statewide CMA for Routine Srvcs)  Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.30	\$71.51 \$49.28	\$0.00 \$0.00	\$18.41 \$13.77	\$23.09 \$18.58		\$20.56 \$20.56	\$0.00 \$1.46	6.85	\$0.80
14	Base Fellou Case Mix Aujusteu Alloweu Fel Dielli	EGGGG OF EN 12 OF EN 10	φ111.30	φ43.20	φυ.υυ	\$13.77	φ10.30		φ20.30	\$1.40	(FRV)	φυ.ου
	Quarterly Per Diem Rate Prior to Add-ons			4								
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$18.77	\$9.05	\$0.00	\$2.53	\$3.41	\$0.00	\$3.78	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	\$130.07	\$58.33 <b>1.7080</b>	\$0.00	\$16.30	\$21.99	\$0.00	\$24.34	\$1.46	\$6.85	\$0.80
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.37	\$99.63	\$0.00	\$16.30	\$21.99	\$0.00	\$24.34	\$1.46	\$6.85	\$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.48	\$5.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.99	\$3.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.73	\$10.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.10	\$109.63	\$0.00	\$16.52	\$22.40	\$0.00	\$41.44	\$1.46	\$6.85	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.50			. "				. "		

Provider: Prvdr ID:	Fairburn Health Care Center 00173071A Case Mix Per Diem Rate Effective Date:	4/1/2021		Percentages owth Allowance: trly BIMS score	Facility Score N/A 29.9%	Add-on <u>Percent</u> 18.37% 1.0%	Cas		CMI) Data d Overall CMI: Medicaid CMI		Facility Specific 1.2420 1.7462	State- wide 1.3617 1.5382
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		2.81	3.0%	Ortrly Meaid	CMI w RUG \			1.7805	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	ď	е	<u>f</u>	9	g	h	i
CASE M	IIX BASED RATE CALCULATIONS											!
1	Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)	:	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Peer 3 Peer	Group Standards & Efficiency Measure Limits Group Standards: Percentile Group Standards: Multiplier Jency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5 As F	Period Per Diem Allowed Amounts iled Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,376,038.00		\$0		\$269,487	\$315,406	\$762,754	\$131,033	\$180,417	\$0
7 Cost	t Adjustments and Reallocations to Cost Center Costs  Center Costs After Audit Adjustments otal Nursing Facility Days  As Filed Days = 34,518	FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	(\$192,745) \$4,183,293 34,518	(\$843) \$2,284,951	\$0 \$0		\$0 \$269,487	(\$1,191) \$314,215		\$131,033	(\$61,554) \$118,863	\$68,976 \$68,976
	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,265	FY 18 GL-PL ins Rpt Days	i							34,265		
9 Net 8	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$121.21	\$66.20	\$0.00	\$12.54	\$16.91	(with L&H)	\$16.30	\$3.82	\$3,44	\$2.00
10 Ba	ase Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2420					:	1		
11 R	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.30					1	i :		
12 Net 8	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	i I	\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	\$3.44	\$2.00
13 Per i	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	ı	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
	Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$113.55	\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	8.68 (FRV)	\$2.00
1	erly Per Diem Rate Prior to Add-ons with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.19	\$9.79	\$0.00	\$2.30	\$3.11	\$0.00	\$2.99	N/A	N/A	N/A
1	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.74	\$63.09	\$0.00		\$20.02	\$0.00	\$19.29	\$3.82	\$8.68	\$2.00
	uarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$151.74	1.7805	φ0.00	\$14.04	\$20.02	30.00	319.29	33.02	\$0.00	<b>φ2.00</b>
	trly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	in 16 x in 17		\$112.33					1			! !
	terly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.98	\$112.33	\$0.00	\$14.84	\$20.02	\$0.00	\$19.29	\$3.82	\$8.68	\$2.00
Quarte	erly Per Diem Add-on Amounts											
	iency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	· · · · · · · · · · · · · · · · · · ·	\$0.00	
i	S Add-on Per Diem = 1,0% (to Routine Srvs)	Ln 19 Cof b x CPS Add-on	\$1.12	\$1,12		1	<b>411</b>		,	1	42,40	
1	e Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.37	\$3.37		1			i	1		
1	ing Home Provider Fee	(Fixed Amount)	\$17.10			1		:	\$17.10			
î	I Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.12	\$5.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	erly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.10	\$117.35	\$0.00		\$20.43	\$0.00	\$36.76	\$3.82	\$8.68	\$2.00
26 Ouarte	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.25	<del></del>		1		<i>;</i>				<u> </u>

Pr	ovider. Fifth Avenue Health Care		Add-on Data and	Parcentanes	Facility Score	Add-on Percent	Car	e Mix Index (C	'AAI\ Data		Facility Specific	State- wide
	vdr ID: 00140984A			with Allowance:	N/A	18.37%			d Overall CMI	•	1.3973	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021		Irly BIMS score	36.5%	2.5%			Medicaid CMI		1.7072	1.5382
l	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Ho	urs per On-Site Day/Q	uality Incentive:	3.76	2.0%	Ortrly Mcaid	CMI w RUG \	Wght Options	:	1.7401	1.5656
Line		Sources /	Totals	Routine	Special	Dietary	Laundry &	Plant Operatos	Admin	A&G- GL-PL	Property and	Taxes and
; #	Description	Calculations	. rutais	Services	Services	Dietary	Houskpng	& Maint	General	Insurance	Related	Insurance
			а	ь	С	d	e	ſ	9	g	ħ	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS								1			
1	Cost Center Peer Groups	(see Policy Manual)	:	1	1	2	1	. 1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
ļ	Bed Size Range within Peer Group		:	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
1	Peer Group Standards & Efficiency Measure Limits		:					:		:		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	: }	50.0%	1	:	
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	: 1	:	
: 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	: !		
:	Base Period Per Diem Allowed Amounts	-	1	5		1				: 		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,048,574.00	\$2,647,153	\$0	\$457,599	\$275,979	\$314,879	\$649,728	\$138,654	\$564,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$37,896)	(\$7,167)	\$0	\$0	\$0	(\$1,149)	(\$38,246	)	(\$18,768)	\$27,434
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,010,678	\$2,639,986	\$0	\$457,599	\$275,979	\$313,730	\$611,482	\$138,654	\$545,814	\$27,434
8	Total Nursing Facility Days As Filed Days = 34,460	FY12 Audited C/R Days	34,460					:		1	1	
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,579	FY 18 GL-PL Ins Rpt Days		: i		:				32,579	į	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Col a	\$145.64	\$76.61	\$0.00	\$13.28	\$17,11	(with L&H)	\$17.74	\$4.26	\$15.84	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12	•	1.3973	; }			:		1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$54.83				:		1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$54.83	\$0.00	\$13.28	\$17.11	;	\$17.74	\$4.26	\$15.84	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	!	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.61	\$54.83	\$0.00	\$13.28	\$17.11		\$17.74	\$4.26	9.59 (FRV)	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons		•							i	(FAV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.91	\$10.07	\$0.00	\$2.44	\$3.14	\$0.00	\$3.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.52	\$64.90	\$0.00	\$15.72	\$20.25	\$0.00	\$21.00	\$4.26	\$9.59	\$0.80
: 17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		1.7401				:		1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	1	\$112.93		!				1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.55	\$112.93	\$0.00	\$15.72	\$20.25	\$0.00	\$21.00	\$4.26	\$9.59	\$0.80
1	Quarterly Per Diem Add-on Amounts	:	f.			· ;		:		1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82	:	!		f #		1 i		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.26	\$2.26		;		:		1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		:	\$17.10	1 1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.71	\$5.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.26	\$118.54	\$0.00	\$15.94	\$20.66	\$0.00	\$38.47	\$4.26	\$9.59	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.37	:	•	······································						
	-			j								

	rovider: Florence Hand Home			wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas		d Overali CMI:		Facility Specific 1.1859	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	29.2% 4.87	1.0% 3.0%	Ortrly Meald		Medicaid CMI: Wght Options:		1.2631 1.2819	1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	G	d	ее	f	g	9	h	i
C	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		. 1	1	1	4	1		1		
	Type of Facility within Peer Group	(Sas Folly Maridal)		All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	: All Facilities	1		
1	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes					
	Peer Group Standards & Efficiency Measure Limits								:	1	:	
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%	í		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts					: 1		:				
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,721,783.00	\$5,532,940	\$0	\$1,812,718	\$826,548	\$1,082,209	\$2,162,000	\$70,890	\$1,234,478	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$36,680)	\$0	\$0	\$0	\$0	\$0	(\$36,680)		(\$32,356)	\$32,356
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,685,103	\$5,532,940	\$0	\$1,812,718	\$826,548	\$1,082,209	\$2,125,320	\$70,890	\$1,202,122	\$32,356
8	Total Nursing Facility Days As Filed Days = 49,987	FY12 Audited C/R Days	49,987						1			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,766	FY 18 GL-PL Ins Rpt Days							i	49,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$253.78	\$110.69	\$0.00	\$36.26	\$38.19	(with L&H)	\$42.52	\$1.42	\$24.05	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1859</u>					:			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93,34					:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$93.34	\$0.00	\$36.26	\$38.19		\$42.52	\$1,42	\$24,05	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.46	\$71,51	\$0.00	\$29.15	\$23.09		\$20.56	\$1.42	14.08	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons					. !					(FRV)	
15	·	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$186.97	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	1	\$1,42	\$14.08	\$0.65
17	· ·	per Current Qtr End	*	1.2819	•••••		42.700		:	1	41	40.00
18	· · · · · · · · · · · · · · · · · · ·	Ln 16 x Ln 17		\$108.51		:		Ì	i			
19		RS = Ln 18, AllOthr = Ln 16	\$210.83	\$108.51	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$1.42	\$14.08	\$0.65
	Outstand Bas Blanck Add as A manufa					:		-				
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0]	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
20		Ln 19 Col b x CPS Add-on	\$0.00 \$1.09	\$0.00 \$1.09	au.00	φυ.υυ	<b>\$0.00</b>	\$0.00	\$0,00		φυ.υυ	
22	***************************************	Ln 19 Col b x Sting Add-on	\$3.26	\$3.26				1				
23		(Fixed Amount)	\$17.10	φ3.20					\$17.10	į į		
24		Sum of Lns 20 thru 23	\$21,45	\$4,35	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25		Ln 19 + ៤១ 24	\$232.28	\$112.86	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$1.42	\$14.08	\$0.65
			<del></del>	311E.00	30.00	\$34.30	\$21.33	\$0.00	341.44	\$1.42	\$14.00	40.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.39									

Pro	wider: Folkston Park Care and Rehab		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	:MI) Data		Facility Specific	State- wide
Prvi	dr ID: 00141006A		Gro	wth Allowance:	N/A	18.37%		Base Period	Overall CMI:		1.3444	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021	Q	Itrly BIMS score	38.3%	2.5%		Quarterly N	dedicaid CMI:		1.3836	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	ırs per On-Site Day/Q	uality Incentive:	2.88	2.0%	Ortrly Moaid	CMI w RUG V	Vght Options:		1.4067	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	С	d	е	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS		:									
1	Cost Center Peer Groups	(see Policy Manual)		i 1	1	2	1	1	1	:		
	Type of Facility within Peer Group	, , , , ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
1	Bed Size Range within Peer Group		:	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
.	Peer Group Standards & Efficiency Measure Limits		:			į į						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	ļ	50.0%	: !		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	!	105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37	1		
	Base Period Per Diem Allowed Amounts		:	:								•
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,950,013.00	\$1,887,048	\$0	\$402,098	\$148,179	\$248,504	\$872,198	\$17,564	\$374,422	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$410,109)	(\$74,049)	\$0	(\$6,453)	\$6,158	(\$13,614)	(\$325,940)		(\$16,427)	\$20,216
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,539,904	\$1,812,999	\$0	\$395,645	\$154,337	\$234,890	\$546,258	\$17,564	\$357,995	\$20,216
8	Total Nursing Facility Days As Filed Days = 28,686	FY12 Audited C/R Days	28,699	:		1						
.	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,433	FY 18 GL-PL Ins Rpt Days	•	}						27,433		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123,36	\$63,17	\$0.00	\$13.79	\$13.56	(with L&H)	\$19.03	\$0.64	\$12.47	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3444	** **	:						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.99		1			1			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.99	\$0.00	\$13.79	\$13.56		\$19.03	\$0.64	\$12.47	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$103.00	\$46.99	\$0.00	\$13.79	<b>\$</b> 13.56		\$19.03	\$0.64	8.29	\$0.70
	Quarterly Per Diem Rate Prior to Add-ons							l		1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.15	\$8.63	\$0.00	\$2.53	\$2,49	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.15	\$55.62	\$0.00	\$16.32	\$16.05	\$0.00	\$22.53	\$0.64	\$8.29	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4067				5	· !			l
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.24		i			:			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.77	\$78.24	\$0.00	\$16.32	\$16.05	\$0.00	\$22.53	\$0.64	\$8.29	\$0.70
	Quarterly Per Diem Add-on Amounts			[								
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96		1			i			
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$1.56	\$1.56				1	!			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.15	\$4.05	\$8.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.92	\$82.29	\$0.00	\$16.54	\$16.46	\$0.00	\$40.00	\$0.64	\$8.29	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.87	l								

	rovider: Fort Gaines Healthcare, LLC rvdr ID: 00140599A  Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			wth Allowance: trly BIMS score	Facility Score N/A 40.0% 3.07	Add-on <u>Percent</u> 18.37% 2.5% 4.0%	Case Qrtrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4652 2.0559 2.0965	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,803,511.75	\$1,241,089	\$0	\$300,008	\$170,994	\$176,340	\$443,880	\$17,360	\$453,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$156,302)	(\$90,555)	\$0	(\$7,170)	(\$4,452)	\$8,396	(\$33,119)	ψ17,300	(\$66,688)	\$37,286
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,647,210	\$1,150,534	\$0	\$292,838	\$166,542	\$184,736	\$410,761	\$17,360	\$387,153	\$37,286
8	Total Nursing Facility Days As Filed Days = 20,637	FY12 Audited C/R Days	20,637									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,990	FY 18 GL-PL Ins Rpt Days								18,990		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$128.34	\$55.75	\$0.00	\$14.19	\$17.02	(with L&H)	\$19.90	\$0.91	\$18.76	\$1.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4652								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$38.05	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	\$18.76	\$1.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.87	\$38.05	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	18.99 (FRV)	\$1.81
	Quarterly Per Diem Rate Prior to Add-ons										(//(//	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$16.39	\$6.99	\$0.00	\$2.61	\$3.13	\$0.00	\$3.66	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.26	\$45.04	\$0.00	\$16.80	\$20.15	\$0.00	\$23.56	\$0.91	\$18.99	\$1.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.0965								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.65	\$94.43	\$0.00	\$16.80	\$20.15	\$0.00	\$23.56	\$0.91	\$18.99	\$1.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.78	\$3.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.77	\$6.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.42	\$101.10	\$0.00	\$17.02	\$20.56	\$0.00	\$41.03	\$0.91	\$18.99	\$1.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.24			. "				,	<u> </u>	

Provider: Fort Valley Nursing Ctr. Prvdr ID: 00141028A  Case Mix Per Diem Rate Effective Date:	4/1/2021	Qt	wth Allowance: rly BIMS score	Score N/A 37.5%	Add-on <u>Percent</u> 18.37% 2.5%		Quarterly I	d Overall CMI: Medicaid CMI:		Facility Specific 1.5800 1.8323	State- wide 1.3617 1.5382
MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	ırs per On-Site Day/Qu	uality Incentive:	2.43	2.0%	Ortrly Mcaid	CMI w RUG	Wght Options:		1.8689	1.5656
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group	(see I only Mandal)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,307,173.12	\$1,561,186	\$0	\$319,664	\$185,942	\$191,225	\$538,287	\$21,740	\$489,129	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$180,708)	(\$115,773)	\$0	\$1,927	\$140	\$4,328	(\$31,738)		(\$70,637)	\$31,045
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,126,465	\$1,445,413	\$0	\$321,591	\$186,082	\$195,553	\$506,549	\$21,740	\$418,492	\$31,045
8 Total Nursing Facility Days As Filed Days = 25,374	FY12 Audited C/R Days	25,374									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,497	FY 18 GL-PL Ins Rpt Days								23,497		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.27	\$56.96	\$0.00	\$12.67	\$15.04	(with L&H)	\$19.96	\$0.93	\$16.49	\$1.22
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5800								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.05								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$36.05	\$0.00	\$12.67	\$15.04		\$19.96	\$0.93	\$16.49	\$1.22
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$93.94	\$36.05	\$0.00	\$12.67	\$15.04		\$19.96	\$0.93	8.07	\$1.22
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.38	\$6.62	\$0.00	\$2.33	\$2.76	\$0.00	\$3.67	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.32	\$42.67	\$0.00	\$15.00	\$17.80	\$0.00	\$23.63	\$0.93	\$8.07	\$1.22
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	Ψ100.02	1.8689	ψ0.00	ψ10.00	ψ17.00	ψ0.00	Ψ20.00	ψ0.00	ψο.σ7	Ψ1.22
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.75								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.40	\$79.75	\$0.00	\$15.00	\$17.80	\$0.00	\$23.63	\$0.93	\$8.07	\$1.22
		, , ,		***	, , , , ,	•	*****	,	,	***	•
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.99	\$1.99								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.60	\$1.60					047.10			
23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$22.22	\$4.12	\$0.00	<b>#0.00</b>	<b>#0.44</b>	<b>#0.00</b>	\$17.10 \$17.47	<b>#0.00</b>	<b>#0.00</b>	¢0.00
			•		\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.62	\$83.87	\$0.00	\$15.22	\$18.21	\$0.00	\$41.10	\$0.93	\$8.07	\$1.22
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.64									_

		er Diem Rate Effective Date:	4/1/2021 12/31/20 Nurse Hot		wth Allowance: rly BIMS score	Facility Score N/A 49.0% 3.45	Add-on <u>Percent</u> 18.37% 5.5% 4.0%		Quarterly N	MI) Data  d Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.4294 1.5715 1.5993	State- wide 1.3617 1.5382 1.5656
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS			a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	;	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs C	combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,426,946.06	\$1,730,353	\$0	\$380,321	\$199,882	\$225,155	\$457,422	\$81,486	\$352,327	\$0
6	Audit Adjustments and Reallocations to Cost Center 0	Costs	FY12 C/R Audit Adjstmts	(\$16,885)	\$0	\$0	(\$1,911)	\$0	\$0	(\$16,885)		(\$37,539)	\$39,450
7	Cost Center Costs After Audit Adjustments		FY12 Audited C/R	\$3,410,061	\$1,730,353	\$0	\$378,410	\$199,882	\$225,155	\$440,537	\$81,486	\$314,788	\$39,450
8		Filed Days = 26,251	FY12 Audited C/R Days	26,251									
	* * * * * * * * * * * * * * * * * * * *	Filed Days = 27,992	FY 18 GL-PL Ins Rpt Days								27,992		
9	Net Per Diems prior to Case Mix Adjstmt to Routine S		Ln 7 / Ln 8 Col a	\$129.71	\$65.92	\$0.00	\$14.42	\$16.19	(with L&H)	\$16.78	\$2.91	\$11.99	\$1.50
10	Base Period Facility <u>Case Mix Index</u> for All Residen		from 4 qtrs of FY12 Ln 9 / Ln 10		1.4294								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Dien		Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$46.12	40.00	04440	010.10		<b>040.70</b>	00.04	<b>#11.00</b>	<b>#</b> 4 F0
12	Net Per Diems after Case Mix Adjstmt to Routine Srve		per Peer Group Limits		\$46.12 \$71.51	\$0.00	\$14.42	\$16.19 \$23.09		\$16.78	\$2.91	\$11.99 N/A	\$1.50
13 14	Per Diem Standards (After Statewide CMA for Routine Sn Base Period Case Mix Adjusted Allowed Per Diem	VCS)	Lesser of Ln 12 or Ln 13	\$107.61	\$71.51 \$46.12	\$0.00 \$0.00	\$18.41 \$14.42	\$23.09 \$16.19		\$20.56 \$16.78	\$0.00 \$2.91	9.69	\$1.50
14	base reflod case Mix Adjusted Allowed ref Dieffi		Lesser of Eli 12 of Eli 13	\$107.61	<b>Ф40.12</b>	φυ.υυ	\$14.42	φ10.19		\$10.70	φ2.91	(FRV)	φ1.50
	Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%		Ln 14 x Grwth Allwnc %	\$17.17	\$8.47	\$0.00	\$2.65	\$2.97	\$0.00	\$3.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	dt-	Ln 14 + Ln 15 per Current Qtr End	\$124.78	\$54.59	\$0.00	\$17.07	\$19.16	\$0.00	\$19.86	\$2.91	\$9.69	\$1.50
17 18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Resid		Ln 16 x Ln 17		1.5993 \$87.31								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Pe Quarterly Medicaid CMA Allowed Per Diem	er Diem	RS = Ln 18, AllOthr = Ln 16	\$157.50	\$87.31 \$87.31	\$0.00	\$17.07	\$19.16	\$0.00	\$19.86	\$2.91	\$9.69	\$1.50
	Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to m	nax. or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.80	\$4.80	***	**	• •	*****	*		****	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%	<del></del> '	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	\$26.92	\$8.82	\$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	\$184.42	\$96.13	\$0.00	\$17.29	\$19.57	\$0.00	\$37.33	\$2.91	\$9.69	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Da	ays	(Ln 25 - Ln 23) * 0.75	\$125.49			·						

Provider Prvdr ID			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	······		Facility Specific	State- wide
PrvariD	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hot		owth Allowance: trly BIMS score uality Incentive:	N/A 34.5% 3.16	18.37% 2.5% 2.0%	Qrtrly Mcaid		l Overall CMI: Medicald CMI: Wght Options:		1.5814 1.9269 1.9641	1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	C	d	e	f	9	g	ħ	i
CASE	MIX BASED RATE CALCULATIONS			:		:			i			: :
1 Cost	t Center Peer Groups	(see Policy Manual)	:	. 1	1	2	1	1	. 1			
	Type of Facility within Peer Group	, , ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	i l		
·	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	r Group Standards & Efficiency Measure Limits			:	į							
2 Pe	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
	er Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%	:		
4 Eff	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	e Period Per Diem Allowed Amounts		:			:		! :	!			
5 As	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,028,377.00	\$2,738,111	\$0	\$508,161	\$213,847	\$380,194	\$1,348,813	\$322,292	\$516,959	\$0
6 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmls	(\$477,587)	(\$176,249)	\$0	(\$19,614)	(\$353)	(\$22,839)	(\$257,168)	)	(\$47,242)	\$45,878
7 Co	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,550,790	\$2,561,862	\$0	\$488,547	\$213,494	\$357,355	\$1,091,645	\$322,292	\$469,717	\$45,878
8	Total Nursing Facility Days As Filed Days = 36,744	FY12 Audited C/R Days	36,724						!			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,957	FY 18 GL-PL Ins Rpt Days						:	:	35,957		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$151.33	\$69.76	\$0.00	\$13.30	\$15.54	(with L&H)	\$29.73	\$8.96	\$12.79	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	•	1.5814	1			1	1			
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44,11	:					1 ;		!
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.11	\$0.00	\$13.30	\$15.54	1	\$29.73	\$8.96	\$12.79	\$1.25
1	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09	*	\$20.56	\$0.00	N/A	}
14 Ba	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.63	\$44.11	\$0.00	\$13.30	\$15,54	;	\$20.56	\$8.96	7.91	\$1.25
								! }	!		(FRV)	)
1	rterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %					***		20.70			
	owth Allowance Percentage = 18.37%	Ln 14 + En 15	\$17.17	\$8,10	\$0.00		\$2.85	\$0.00	\$3.78		N/A	N/A
	MA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$128.80	\$52,21	\$0.00	\$15,74	\$18.39	\$0.00	\$24.34	\$8.96	\$7.91	\$1.25
	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		1.9641		1				1 1		<u> </u>
1	Ontrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Jurterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOthr = Ln 16	\$179,14	\$102.55 \$102.55	\$0.00	\$15,74	\$18.39	\$0.00	\$24.34	\$8.96	\$7.91	: \$1.25
,,,	sartony Medicale Character of Diens		. 41,5,14	<b>\$102.00</b>	ψ0.00	\$10.74	Φ(0.03	, 40.00	Ψ24.54	\$0.50	Ψ1.51	Ψ1.23
	rterly Per Diem Add-on Amounts		:		:					1		
	ficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56		: 1				1 1		!
	rse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05		i						
. !	ursing Home Provider Fee	(Fixed Amount)	\$17.10		:				\$17.10			ı
24 To	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.87	\$5,14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qua	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.01	\$107.69	\$0.00	\$15.96	\$18.80	\$0.00	\$41.44	\$8.96	\$7.91	\$1.25
26 Ous	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.68	· .	<i>t</i>					·		

Provider:	Friendship Health and Rehab Center		Add-on Data and		Facility Score	Add-an Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID:	00141567A  Case Mix Per Diem Rate Effective Date:	4/1/2021		with Allowance: trlv BIMS score	N/A 37.1%	18.37% 2.5%			Overall CMI:		1,2454 1,6664	1.3617 1.5382
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		4.97	3.0%	Ontrly Meaid	CMI w RUG \	Medicaid CMI: Wght Options:		1.6965	1.5382
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f f	g		h	i
CASE	MIX BASED RATE CALCULATIONS					:			:			
1 Cost	Center Peer Groups	(see Policy Manual)		. 1	1	2	1		1			
	Type of Facility within Peer Group	, , , , , , , , , , , , , , , , , , , ,		All Facilities	All Facilities		All Facilities	All Facilities	All Facilities			į
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
Peer	Group Standards & Efficiency Measure Limits					1		!				
	r Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	: i		
	r Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		·
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	ļ		
Base	Period Per Diem Allowed Amounts							:	:			
5 As f	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,733,356.00	\$2,028,953	\$0	\$411,774	\$326,352	\$324,682	\$528,176	\$98,067	\$15,352	\$0
6 Aud	it Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$40,141)	(\$6,289)	\$0	\$0	\$0	(\$1,161)	(\$39,524)		(\$7,984)	\$14,817
7 Cos	t Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,693,215	\$2,022,664	\$0	\$411,774	\$326,352	\$323,521	\$488,652	\$98,067	\$7,368	\$14,817
8 T	otal Nursing Facility Days As Filed Days = 28,995	FY12 Audited C/R Days	28,995			1				1		
<u>'</u> T	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,896	FY 18 GL-PL Ins Rpt Days								28,896		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$127.37	\$69.76	\$0.00	\$14.20	\$22.41	(with L&H)	\$16.85	\$3.39	\$0.25	\$0.51
10 : B	ase Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2454				1				
11 R	toutine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.01					:			
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	\$0.25	\$0.51
13 Per	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.06	\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	7.69	\$0.51
Quart	erly Per Diem Rate Prior to Add-ons									:	(FRV)	:
	wth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.12	\$10,29	\$0.00	\$2.61	\$4.12	\$0.00	\$3.10	N/A	N/A	N/A
16 CM	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.18	\$66.30	\$0.00	\$16.81	\$26.53	\$0.00	\$19,95	\$3.39	\$7.69	\$0.51
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6965								
18 C	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112,48		:			i			
19 Qua	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.36	\$112.48	\$0.00	\$16.81	\$26.53	\$0.00	\$19.95	\$3,39	\$7.69	\$0.51
Quart	erly Per Diem Add-on Amounts				, 			i I	İ			
	ciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	IS Add-on Per Diem = 2.5% (to Routine Srvs)	Lл 19 Col b x CPS Add-on	\$2.81	\$2,81	<b>42.30</b>			1 45.50	. 40.01	: !	40.00	:
	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37					!			:
	sing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			:
	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.81	\$6,71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quart	erly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.17	\$119.19	\$0.00	\$17.03	\$26.94	\$0.00	\$37.42	\$3.39	\$7.69	\$0.51
26 Quart	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.30	!			·····		<u> </u>	<u>.                                    </u>		<u></u>

	rovider: Gateway Health and Rehab Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pr	rvdr ID: 00140786A			wth Allowance:	N/A	18.37%			d Overall CMI		1.3591	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021		trly BIMS score	32.3%	2.5%			Medicaid CMI		1.7715	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	4.09	3.0%	Ortrly Moaid	CMI w RUG 1	Nght Options:	:	1.8065	1.5656
Line #	Description	Sources / Calculations	Totaís	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	c	d	е	f	. 0	a	h	1
С	ASE MIX BASED RATE CALCULATIONS					;		f !	Ĭ	, ,		
1	Cast Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1	1			
•	Type of Facility within Peer Group	(see Folicy Manual)		All Facilities	•	Free Standing	All Facilities	,	. All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	f .	All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits								!	i i		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	4	50.0%	1 ,		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
-	Base Period Per Diem Allowed Amounts			<i>i</i> .		:		i.			,	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,672,213.00	\$1,449,766	\$0	\$295,579	\$197,632	\$192,022	\$456,762	\$67,243	\$13,209	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$25,792)	(\$4,437)	\$0	\$0	\$0	(\$197)	(\$26,122	ij t	(\$8,245)	\$13,209
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,646,421	\$1,445,329	\$0	\$295,579	\$197,632	\$191,825	\$430,640	\$67,243	\$4,964	\$13,209
8	Total Nursing Facility Days As Filed Days = 20,215	FY12 Audited C/R Days	20,215					i i		1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,906	FY 18 GL-PL Ins Rpt Days				1			1	19,906		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.97	\$71.50	\$0.00	\$14.62	\$19.27	(with L&H)	\$21.30	\$3.38	\$0.25	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.3591		1				1	·	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52,61		. :						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.61	\$0.00	\$14.62	\$19.27		\$21.30	\$3.38	\$0.25	\$0.65
13	Per Diem Standards (After Statewide CMA for Routino Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09	t .	\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.71	\$52.61	\$0.00	\$14.62	\$19.27	;	\$20.56		6.62	\$0.65
				ì :		1		ì			(FRV)	•
	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %								1		
15	· —		\$19.67	\$9.66	\$0.00	\$2.69	\$3.54	\$0.00	\$3.78	N/A	N/A	N/A
16	,	Ln 14 + Ln 15	\$137.38	\$62.27	\$0.00	\$17.31	\$22,81	\$0.00	\$24.34	\$3.38	\$6.62	\$0.65
17	,	per Current Qtr End		<u>1.8065</u>		: :		t .		1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112,49		1						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$187.60	\$112.49	\$0.00	\$17.31	\$22.81	\$0.00	\$24.34	\$3.38	\$6.62	\$0.65
	Quarterly Per Diem Add-on Amounts								1		1	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81						:		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37		1 1			į			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.44	\$6.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.04	\$119.20	\$0.00	\$17.53	\$23.22	\$0.00	\$41.44	\$3.38	\$6.62	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.21							··		
	<u> </u>	·	70121	j								

Provider: Gibson Health & Rehabilitation Center Prvdr ID: 00141116A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hours		owth Allowance: trly BIMS score	39.6%	Add-on <u>Percent</u> 18.37% 2.5% 3.0%			d Overall CMI: Medicald CMI:		Facility <u>Specific</u> 1.3210 1.6061 1.6332	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	<u> </u>	а	b	C	d	е	f	g	9 .	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 Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	:	50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts				İ			<u>)</u>	:			} [
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,366,988.65	\$2,406,999	\$0	\$463,905	\$255,790	\$294,003	\$579,783	\$99,223	\$267,286	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,499)	\$0	\$0	(\$1,960)	\$620	\$711	(\$20,399)		(\$23,380)	\$25,909
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,348,490	\$2,406,999	\$0	\$461,945	\$256,410	\$294,714	\$559,384	\$99,223	\$243,906	\$25,909
8 Total Nursing Facility Days As Filed Days = 33,226	FY12 Audited C/R Days	33,226									,
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,654	FY 18 GL-PL Ins Rpt Days								30,654		·
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$131.13	\$72.44	\$0.00	\$13.90	\$16.59	(with L&H)	\$16.84	\$3.24	\$7.34	\$0.78
10 Base Period Facility <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.3210				İ	:			:
	RS = Ln 11, AllOthr = Ln 9		\$54.84 \$54.84	\$0.00	\$13.90	\$16,59	!	: \$16,84	\$3,24	67.04	\$0.78
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	\$7.34 N/A	\$0.76
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.69	\$54.84	\$0.00		\$23,09 \$16,59		\$16.84	\$3.24	9.50	\$0.78
	203301 01 01 12 01 01 13	\$11J.0 <del>3</del>	: 334.04	. \$0.00	\$13.50	\$10.59		\$10.04	33.24	9.50 (FRV)	30.70
Quarterly Per Diem Rate Prior to Add-ons					ł						
15 Growth Allowance Percentage = 18.37%	Lri 14 x Grwth Allwine %	\$18.76	\$10.07	\$0.00	1	\$3.05	\$0.00	\$3.09	1	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.45	*	\$0.00	\$16.45	\$19.64	\$0.00	\$19.93	\$3.24	\$9.50	\$0.78
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x En 17		1.6332								ĺ
18 Ontrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.55	\$106.01 \$106.01	\$0.00	\$16.45	\$19,64	\$0.00	: \$19.93	\$3.24	\$9.50	\$0.78
		********								40.00	
Quarterly Per Diem Add-on Amounts		24.50			***						
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem ≂ 2.5% (to Routine Srvs)	(see Policy Manual) En 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	į
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.65 \$3.18	\$2.65 \$3,18		1			:			ł 
23 Nursing Home Provider Fee	(Fixed Amount)	\$3.16 \$17.10	\$3,18	1	\$			\$17,10			ì
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$24.46	\$6.36	\$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	\$200.01	\$112.37		\$16.67	\$20.05	\$0.00	\$37.40	\$3.24	\$9.50	\$0.78
			, VIIII	+2.00	710.01		1 40.00		1	<b>\$0.50</b>	40.70
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.18									

#### **FINAL**

Provider: Glen Eagle Healthcare and Rehab Prvdr ID: 003214231A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>04/01/21</b> 12/31/20 Nurse Ho		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 40.0% 2.89	Add-on Percent 18.37% 2.5% 2.0%	Qrtrly	Base Pe Quarte	ex (CMI) Data eriod Overall CMI: erly Medicaid CMI: JG Wght Options:		Facility Specific Use Stwd 1.6990 1.7314	State- wide 1.3617 1.5438 1.5713
ne Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options  Type of Facility within Peer Group  Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits  Peer Group Standards: Percentile  Peer Group Standards: Multiplier  Efficiency Measures (Maximums)			1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53	All Facilities All Bed Sizes 90.0% 100.0% \$0.00	Preestanding All Bed Sizes 90.0% 100.0% \$0.22	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37			
Per Diem Costs and Add-ons			\$0.53	\$0.00	\$0.22	\$0.47		\$0.37			
GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt								\$0.00		
Standard Per Diem (After CMA for Routine Srvcs)  Allowed @ 90% of Std  Growth Allowance 18.37%	FY 2012 Peer Group Limit	\$129.52 \$22.08	\$71.51 \$64.36 \$11.82		\$18.41 \$16.57 \$3.04	\$23.09 \$20.78 \$3.82		\$20.56 \$18.50 \$3.40		\$9.31 \$9.31	
CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$154.63	\$76.18 <u>1.7314</u> \$131.90		\$19.61	\$24.60		\$21.90	1.00	9.31 (FRV Rate)	\$0.00
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts  BIMS Add-on Per Diem = 2.5% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts		\$210.35 \$3.30 \$2.64 \$17.10 \$23.04	\$131.90 \$3.30 \$2.64		\$19.61	\$24.60		\$21.90 17.10	\$3.03	\$9.31	\$0.00
Quarterly Case Mix Based Per Diem Rate		\$233.39	\$137.84		\$19.61	\$24.60		\$39.00	\$3.03	\$9.31	\$0.0
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$162.22	Q200.00	\$107.04		\$13.01	324.00		\$33.00	\$5.05	\$3.51	\$0.00

Provid	3		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Prvdr			Gro	wth Allowance:	N/A	18.37%		Base Period	f Overall CMI:		1,4211	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021		trly BIMS score		2.5%			Medicaid CMI:		1.2608	1.5382
i i	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.87	3.0%	Ortrly Mcaid	CMI w RUG Y	Wght Options:		1.2807	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Refated	Taxes and Insurance
			a	b	С	d	е	f	9	g	h	í
CAS	E MIX BASED RATE CALCULATIONS											
1 C	ost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1	i :		
	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			
Pe	eer Group Standards & Efficiency Measure Limits					1				' :		
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 .	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
В;	ase Period Per Diem Allowed Amounts					1			!			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,369,934.00	\$1,788,739	\$0	\$812,926	\$197,837	\$336,653	\$786,198	\$12,901	\$434,680	\$0
6 .	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$34,753)	\$0	\$0	\$0	(\$2,626)	(\$4,469)	(\$21,977)		(\$12,352)	\$6,671
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,335,181	\$1,788,739	\$0	\$812,926	\$195,211	\$332,184	\$764,221	\$12,901	\$422,328	\$6,671
' 8	Total Nursing Facility Days As Filed Days = 22,464	FY12 Audited C/R Days	22,464							,		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,314	FY 18 GL-PL Ins Rpt Days			i i	:			1	21,314		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$193.03	\$79.63	\$0.00	\$36.19	\$23.48	(with L&H)	\$34.02	\$0.61	\$18.80	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4211</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	<b>Լո9/Լո10</b>		\$56.04					i			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.04	\$0.00	\$36.19	\$23.48		\$34.02	\$0.61	\$18.80	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.92	\$56.04	\$0.00	\$29,15	\$23.09		\$20.56	\$0.61	10.17 (FRV)	\$0.30
1 1	uarterly Per Diem Rate Prior to Add-ons							!				
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.66	\$10.29	\$0.00		\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.58	\$66.33	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.61	\$10.17	\$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2807		1			1			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.95		1 :			1			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AlfOthr = Ln 16	\$182.20	\$84.95	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.61	\$10.17	\$0.30
Qı	uarterly Per Diem Add-on Amounts								!			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	:	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.12	\$2.12		1				1		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.55	\$2.55	:	1			<i>i</i>			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 lhru 23	\$22.30	\$5.20	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Q	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.50	\$90.15	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.61	\$10.17	\$0.30
26 0	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.55		·		***			·		

}	Glenvue Nursing Home 00141171A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 15.9% 4.07	Add-on Percent 18.37% 0.0% 2.0%			i Overall CMI Medicaid CMI	•	Facility <u>Specific</u> 1.1177 1.6442 1.6766	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			3	Ь	С	d ,	е	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS									·		
	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Fecilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	!										!
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,418,731.99	\$3,856,931	\$0	\$1,166,738	\$342,378	\$393,106	\$936,768	\$90,989	\$631,822	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$2,096)	\$27,282	\$0	(\$418)	\$0	\$155	(\$29,115		(\$23,365)	\$23,365
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,636	\$3,884,213	\$0	\$1,166,320	\$342,378	\$393,261	\$907,653	\$90,989	\$608,457	\$23,365
8	Total Nursing Facility Days As Filed Days = 39,990	FY12 Audited C/R Days	39,990						1			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,858	FY 18 GL-PL Ins Rpt Days						:	:	40,858		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185.43	\$97.13	\$0.00	\$29.17	\$18.40	(with L&H)	\$22.70	\$2.23	\$15.22	\$0.58
10	Base Period Facility Case Mix Index for All Residents	from 4 ctrs of FY12	1	<u>1.1177</u>				!	:			
11 ;	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.90				1		i		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.90	\$0.00	\$29.17	\$18.40	ļ	\$22.70	\$2.23	\$15.22	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09	1	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.05	\$71.51	\$0.00	\$29.15	\$18.40		\$20.56	\$2.23	8.62 (FRV)	\$0.58
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.65	\$13.14	\$0.00	\$5.35	\$3.38	\$0.00			B1/A	hV/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176,70	\$84.65	\$0.00		\$3.36 \$21.78		\$3.78 \$24.34	N/A \$2.23	N/A \$8.62	N/A \$0.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$170.70	1.6766	\$0.00	\$34.30	\$21.76	\$0.00	\$24.54	32.23	\$0.02	\$U.56
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.92					1	:		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.97	\$141.92	\$0.00	\$34.50	\$21.78	\$0.00	\$24.34	\$2.23	\$8.62	\$0.58
	Quarterly Per Diem Add-on Amounts	;				1						
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	!
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00				! !		1		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routino Srvcs)	Ln 19 Col b x Sting 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	\$20.35	\$2.84	\$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	\$254.32	\$144.76	\$0.00	\$34.50	\$22.19	\$0.00	\$41.44	\$2.23	\$8.62	\$0.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.92		***************************************			•••••	•			

Provide Psydr IE				owth Allowance: Atrly BIMS score		Add-on Percent 18.37% 2.5% 3.0%			d Overail CMI Medicaid CMI	:	Facility <u>Specific</u> 1.4921 1.4039 1.4261	State- wide 1,3617 1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	ď	е	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS							:		1		
: -	st Center Peer Groups Type of Facility within Peer Group Bad Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 P	er Group Standards & Efficiency Measure Limits leer Group Standards: Percentile leer Group Standards: Multiplier Ifficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Bas	se Period Per Diem Allowed Amounts	•						:		:		
5 A	s Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,895,176.91	\$6,195,898	\$0	\$1,007,691	\$424,893	\$542,118	\$2,298,499	\$5,843	\$420,235	\$0
6 A	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$629,074)		1		\$0	\$21,826	(\$582,588)	• ;	(\$69,229)	\$84,328
7 C	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,266,103	\$6,112,487	\$0	\$1,007,691	\$424,893	\$563,944	\$1,715,911	\$5,843	\$351,006	\$84,328
8	Total Nursing Facility Days As Filed Days = 76,649	FY12 Audited C/R Days	76,649	1				i	:			İ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,164	FY 18 GL-PL Ins Rpt Days		i	!			i		77,164		}
	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$133.95	1	\$0.00	\$13.15	\$12.90	(with L&H)	\$22.39	\$0.08	\$4.58	\$1.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4921		!		:		1		[
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$53.45	i i	1		:		1		
1 (	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.45	\$0.00		\$12.90	i	\$22.39	1	\$4.58	\$1.10
	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	:	\$20.56	1	N/A	i
14 B	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.39	\$53.45	\$0.00	\$13.15	\$12.90	i.	\$20.56	\$0.08	7.15	\$1.10
Qua	arterly Per Diem Rate Prior to Add-ons		}	!	i					1	(FRV)	
1 1	Frowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.39	\$9.82	\$0.00	\$2.42	\$2.37	\$0.00	\$3.78	N/A	N/A	N/A
1 .	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126,78	1	\$0.00		\$15.27		\$24.34		\$7.15	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End	i	1.4261				1				1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	ì	\$90.23	i	!		i		:		•
19 Q	tuarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.74	\$90.23	\$0.00	\$15.57	\$15.27	\$0.00	\$24.34	\$0.08	\$7.15	\$1.10
0	arterly Per Diem Add-on Amounts		i		İ					i		(
1 .	fficiency Add-on Per Diem ([Stnd - Alvel] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	:	\$0.00	· i
	IMS Add-on Per Diem = 2.5% (to Routine Sivs		\$2.26		\$0.00	40.22	ψυ,41	30.00	. 40,00	1	Ψ0.00	:
1 .	turse Staff Hrs / Quality Add-on Per Diem: 3,0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$2.71	:	1	1		1				Į.
1 1	fursing Home Provider Fee	(Fixed Amount)	\$17.10	1		1		!	\$17.10	1		
1 :	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.23		\$0.00	\$0,22	\$0.41	\$0.00	\$17.10		\$0.00	\$0.00
				1	1 7-100	·			· · · · · · · · · · · · · · · · · · ·	+	+3100	+

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$176.97

\$119.90

\$95.73

\$0.00

\$15.79

\$15.68

\$0.00

\$41.44

\$0.08

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

\$7.15

\$1.10

Case Mk Re To Does Rate Efficiency Date   Mile S Name the To Date of Counter Counter Ending   2012/120   Name through price Counter Ending   15.0322   2015   Name through price Counter Ending   15.0322		rovider: Glenwood Healthcare		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
Miles & Nurse Info Date per Quarter Endings   1201/10   Nurse House per On-Site Conjugately Securities   2.59   2.016   Confurence   2.59   Conf	P		41412024			N/A	18.37%					1.4106	1.3617
Case Mix Base Part CALCULATIONS   Sources   Totals   Sources   S								Ortrly Mcaid					1.5656
CASE MIX BASED RATE CALCULATIONS   1		Description		Totals			Dietary	,	Operatns	and		and	Taxes and Insurance
Cost Center Pear Croup:   Foot Course   Feed States   Feed States   Feed States   Feed States   Feed States   Feed States   All Read Sta			· · · · · · · · · · · · · · · · · · ·	а	b	c	đ	е	f	9	g	h	i
Cost Center Park Crouge   Cost Decision   Co	C	ASE MIX BASED RATE CALCULATIONS											! !
Proc Group Standards & Efficiency Measure Limits   Proc Group Standards & Efficiency Measure Limits   Proc Group Standards & Efficiency Measure Limits   Proc Group Standards & Efficiency Measure Limits   Proc Group Standards & Efficiency Measure Limits   Proc Group Standards & Efficiency Measure Limits   Proc Group Standards & Efficiency Measure Limits   Proc Group Standards & Efficiency Measure Maximums (see ine 70 for actual)   (see Poley Mennal)   100.0%   100.0		Cost Center Peer Groups	(see Policy Manual)		1	1	,	1	: 1	1			:
Pres Group Standards & Efficiency Measure Limits   See Pelay Manual)   100.0%   10		•	. (662 - 250) (15122)		All Facilities			•	All Facilities	•	i i		ĺ
Peer Group Standards: Forcenible   Gee Policy Manual)   90.0%   90.0		Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes	;		!
See Period Per Diem Allowed Amounts   100.07%   100.07		Peer Group Standards & Efficiency Measure Limits	)				i ,				1		
Base Period Per Diem Allowed Amounts   Society Register Mission Mission Mission Mission Mission Mission Mission Mission Mission Register Mission Mission Mission Register Mission Register Mission Register Mission Register Mission Register Mission Register Mission Register Mission Register Mission Register Mission Register Mission Register Mission Register Mission Register Mission Register Mission Register Mission Register Mission Register Register Mission Register R	2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	i i		i '
Base Period Per Diem Allowed Amounts   As Field PY12 CR - PY218 GL-PL Rel   \$2,182,811.00   \$1,010,543   \$50   \$527,833   \$147,342   \$128,843   \$355,455   \$10,455   \$274,400   \$6   Audit Adjustments and Realizable Circle Costs (Routine & Special Syres Cembrined)   FY12 Audited CIR   \$712 Audited CIR   \$1,010,543   \$50	3									i	: }		
5 As Filed Cost Center Costs (Routine & Special Sives Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs Affer Audit Adjustments 7 Total Nursing Facility Days GL-PL Ins. Rpt 7 Total Nursing Facility Days GL-PL Ins. Rpt 7 Total Nursing Facility Days GL-PL Ins. Rpt 8 Total Nursing Facility Days GL-PL Ins. Rpt 8 Total Nursing Facility Days GL-PL Ins. Rpt 9 Net Per Diems prior to Case Mix Adjustm to Routine Sives 9 Net Per Diems prior to Case Mix Adjustm to Routine Sives 9 Net Per Diems prior to Case Mix Adjust (CMA) Net Per Diem 1	: 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	i :		l
6 Audit Adjustments and Reallocations to Cost Center Costs   PY12 CIR Audit Adjustments   S116,048   S0   S0   S0   S0   S0   S0   S0   S		Base Period Per Diem Allowed Amounts	· ·		:								:
7 Cost Center Costs After Audit Adjustments	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt ,	\$2,182,871.00	\$1,010,543	\$0	\$257,833	\$147,342	\$126,843	\$355,455	\$10,455	\$274,400	\$0
Total Nursing Facility Days   As Field Days   17,349   FY12 Audited CR Days   17,349   Total Nursing Facility Days GLPL Ins. Rpt   As Field Days   16,109   FY18 GLPL Ins Rpt Days   16,109   Total Nursing Facility Days GLPL Ins. Rpt   As Field Days   16,109   Total Nursing Facility Days GLPL Ins. Rpt   As Field Days   16,109   Total Nursing Facility Days GLPL Ins. Rpt   As Field Days   16,109   Total Nursing Facility Days GLPL Ins. Rpt   As Field Days   16,109   Total Nursing Facility Days   MRT Per Diems prior to Lagas Mix Adjattin to Routine Sives   Long First   L4108   Total Nursing Facility Case Mix Index for Notice Sives   L7,148 Cdl   S24,47   S0,65   S15,57   S2   S2,000   S14,86   S15,80   S24,47   S0,65   S15,57   S2   S2,000   S14,86   S15,80   S24,47   S0,65   S15,57   S2   S2,000   S14,86   S15,80   S24,47   S0,65   S15,57   S2   S2,000   S14,86   S15,80   S24,47   S0,65   S15,57   S2   S2,000   S14,86   S15,80   S24,47   S0,65   S15,57   S2   S2,000   S14,86   S15,80   S24,47   S0,65   S15,57   S2   S2,000   S14,86   S15,80   S20,56   S0,000   NA   S20,56   S0,000   S0,000   S0,000   S0,000   S0,000   S0,000   S0,000   S0,000   S0,000   S0,000   S0,000   S0,000   S0,0	6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$116,046	\$0	\$0	\$0	\$0	\$0	\$69,122	1	(\$4,323)	\$51,247
Total Nursing Facility Days GL-PL Ins. Rp1	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,298,917	\$1,010,543	\$0	\$257,833	\$147,342	\$126,843	\$424,577	\$10,455	\$270,077	\$51,247
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 17,349	FY12 Audited C/R Days	17,349			1				1		
Base Period Facility Case Mix Index for All Residents		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,109	FY 18 GL-PL Ins Rpt Days				1				16,109		
11 Routine Srvcs Case Mix Adjstrd (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/Ln8Cola	\$132.55	\$58.25	\$0.00	\$14.86	\$15.80	(with L&H)	\$24.47	\$0.65	\$15.57	\$2.95
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4106</u>		1						
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$41.29						1		!
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 Lesser of Ln 12 or Ln 13 Lesser of Ln 12 or Ln 13 Lesser of Ln 12 or Ln 13 Lesser of Ln 12 or Ln 13 Ln 14 x Grwth Allowa Ce Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37% Ln 14 x Grwth Allowance S 46.89 Ln 14 x Grwth Allowance Madd-on Ln 14 x Grwth Allowance Percentage = 18.37% Ln 14 x Grwth Allowance Madd-on States Stat	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = Ln 9		\$41.29	\$0.00	\$14.86	\$15.80	:	\$24.47	\$0.65	\$15.57	\$2.95
Cuarterly Per Diem Rate Prior to Add-ons   Circuity   Case Mix Index for Mallowance Percentage = 18.37%   Ln 14 x Grwth Allown % \$16.99 \$7.58 \$0.00 \$2.73 \$2.90 \$0.00 \$3.78 N/A N/A N/A N/A N/A N/A N/A N/A Allowed Per Diem (After Growth Allowance Add-on)   Ln 14 + Ln 15 \$127.95 \$48.87 \$0.00 \$17.59 \$18.70 \$0.00 \$24.34 \$0.65 \$14.85 \$2 \$17	: 13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15   Growth Allowance Percentage =   18.37%	14		Lesser of Ln 12 or Ln 13	\$110.96	\$41.29	\$0.00	\$14.86	\$15.80		\$20.56	\$0.65		\$2.95
16   CMA Allowed Per Diem (After Growth Allowance Add-on)	:	•	:										
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.4887 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 1.0 Quarterly Medicaid CMA Allowed Per Diem 1.0 Quarterly Medicaid CMA Allowed Per Diem 1.0 Quarterly Medicaid CMA Allowed Per Diem 1.0 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ((Stnd - Alwd) x 75. up to max, or 0) 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) 22 Nurse Staff His / Quality Add-on Per Diem: 2.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Per Diem Add-on Amounts 26 Quarterly Per Diem Add-on Amounts 27 Ln 19 Col bx Sting Add-on 28 Sting Add-on 29 Sting Add-on 20 Sting Add-on 20 Sting Add-on 21 Sting Add-on 22 Sting Add-on 23 Sting Add-on 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Case Mix Based Per Diem Rate 26 Ln 19 + Ln 24 Sting 3.576.56 Sting		• —	:	*							and the second second		N/A
18				\$127.95		\$0.00	\$17.59	\$18.70	\$0.00	\$24.34	\$0.65	\$14.85	\$2.95
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$151.83 \$72.75 \$0.00 \$17.59 \$18.70 \$0.00 \$24.34 \$0.65 \$14.85 \$2 \$2 \$2 \$2.50 \$2.							1				1		
Quarterly Per Diem Add-on Amounts       Company of the problem (Sind - Alwd) x.75, up to max, or 0)       (see 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% (Io Routine Srvs)       Ln 19 Col b x CPS Add-on S1.82       \$1.82										1			:
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$	: 19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$151.83	\$72.75	\$0.00	\$17.59	\$18.70	\$0.00	\$24.34	\$0.65	\$14.85	\$2.95
BIMS Add-on Per Diem =   2.5% (to Routine Srvs)   Ln 19 Col b x CPS Add-on   \$1.82   \$1.82		Quarterly Per Diem Add-on Amounts	;		:		: 1				1		! !
21   BIMS Add-on Per Diem =   2.5% (lo Routine Srvs)   Ln 19 Col b x CPS Add-on   \$1.82   \$1	20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	!
23         Nursing Home Provider Fee         (Fixed Amount)         \$17.10 </td <td>21</td> <td>BIMS Add-on Per Diem = 2.5% (to Routine Srvs)</td> <td>Ln 19 Col b x CPS Add-on</td> <td>\$1.82</td> <td>\$1,82</td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>i</td>	21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.82	\$1,82		1						i
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$21.54     \$3.81     \$0.00     \$0.22     \$0.41     \$0.00     \$17.10     \$0.00     \$0.00     \$0.00     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$173.37     \$76.56     \$0.00     \$17.81     \$19.11     \$0.00     \$41.44     \$0.65     \$14.85     \$2.	22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.46	\$1.46		· · · · · · · · · · · · · · · · · · ·				:		
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$173.37 \$76.56 \$0.00 \$17.81 \$19.11 \$0.00 \$41.44 \$0.65 \$14.85 \$2	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			!		:	\$17.10	: :		
	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.54	\$3.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Lp 25 - Lp 23)* 0.75 \$117.20	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.37	\$76.56	\$0.00	\$17.81	\$19.11	\$0.00	\$41.44	\$0.65	\$14.85	\$2.95
	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.20						·			1

Provider: Gold City Health and Rehabilitation Ctr Prvdr ID: 00142975A		Add-on Data and Gro	Percentages owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0 Base Perio	CMI) Data d Overall CMI	<u>.</u>	Facility Specific 1.5030	State- wide 1,3617
Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending		Q rs per On-Site Day/Q	trly BIMS score uality Incentive:		2.5% 3.0%	Ortrly Moaid	Quarterly CMI w RUG	Medicaid CMI Wght Options		1.7790 1.8103	1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	ſ	g	g	ħ	<u> </u>
CASE MIX BASED RATE CALCULATIONS									:		i :
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	! 1	: !		:
Type of Facility within Peer Group	(ese i ens, manas)		All Facilities	All Facilities		All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group	i		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	;		
Peer Group Standards & Efficiency Measure Limits	1			1			İ	1			1
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	i	\$0.37			i
Base Period Per Diem Allowed Amounts							}				
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,352,187.00	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723	\$521,161	\$19,687	\$204,149	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$72,395)	\$0	\$0	\$0	\$0	\$0	(\$72,395	);	(\$25,679)	\$25,679
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,279,792	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723	\$448,766	\$19,687	\$178,470	\$25,679
8 Total Nursing Facility Days As Filed Days = 31,811	FY12 Audited C/R Days	31,811		į					:		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,993	FY 18 GL-PL Ins Rpt Days			1					33,993		1
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a	\$103.06	\$60,54	\$0.00	\$9.96	\$11.45	(with L&H)	\$14.11	\$0.58	\$5.61	\$0.81
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5030</u>		1		;				
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.28				)		1		i I
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$40.28	\$0.00	\$9.96	\$11.45	:	\$14.11	\$0.58	\$5.61	\$0.81
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	:	\$20.56	4 1	N/A	1.4
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$85.88	\$40.28	\$0.00	\$9.96	\$11,45	1	\$14.11	\$0.58	8.69	\$0.81
Quarterly Per Diem Rate Prior to Add-ons			1	:	! [			1		(FRV)	!
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwlh Allwnc %	\$13.92	\$7.40	\$0.00	\$1.83	\$2.10	\$0.00	\$2.59	N/A	N/A	N/A
16 CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + ln 15	\$99.80	\$47.68	\$0.00	\$11.79	\$13.55	\$0.00	\$16.70	\$0.58	\$8.69	\$0.81
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8103		1						1
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£л 16 x Ln 17		\$86.32		1		:				1
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$138.44	\$86.32	\$0.00	\$11,79	\$13.55	\$0.00	\$16.70	\$0.58	\$8.69	\$0.81
Quarterly Per Diem Add-on Amounts			į.				1		1		
20 Efficiency Add-on Per Diem {{Stnd - Alwd} x .75, up to max, or 0}	(see Policy Manual)	\$1,53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs		\$2.16	\$2.16	. 50.00	40.22	Ψ.41	. 40.00	10.01	:	φυ.υu	i I
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	En 19 Col b x Sting Add-on	\$2.59	\$2.59		. 3		:	-	1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		:	\$17,10	1		į.
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.38	\$5.28	\$0.00	\$0,22	\$0,41	\$0.00	\$17.47		\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$161.82	\$91.60	\$0.00	\$12.01	\$13.96	<del></del>	\$34.17		\$8.69	\$0.81
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$108.54			Jk.		1	1			

	ovider: Gordon Health Care Center  vdr ID: 00202848A  Case Mix Per Diem Rate Effective Date:	4/1/2021	Q	wth Allowance: trly BIMS score	Facility Score N/A 33.8%	Add-on <u>Percent</u> 18.37% 2.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1.3364 1.5296	State- wide 1.3617 1.5382
:	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.40	3.0%	Ortrly Moaid	CMI w RUG	Wght Options:		1.5559	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS				İ	;			i			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bod Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	•						:		:		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,100,809.08	\$3,284,919	\$0	\$635,668	\$334,242	\$331,994	\$726,760	\$111,666	\$675,560	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$27,871)	(\$691)	\$0	\$0	\$0	\$0	(\$27,180)		(\$28,457)	\$28,457
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,072,938	\$3,284,228	\$0	\$635,668	\$334,242	\$331,994	\$699,580	\$111,666	\$647,103	\$28,457
8	Total Nursing Facility Days As Filed Days = 41,699	FY12 Audited C/R Days	41,699			1		:		:		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,095	FY 18 GL-PL Ins Rpt Days			:			:		40,095		i
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.75	\$78.76	\$0.00	\$15,24	\$15.98	(with L&H)	\$16.78	\$2.79	\$15.52	\$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3364</u>								1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.94		1						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.94	\$0.00	\$15,24	\$15.98	1	\$16.78	\$2.79	\$15.52	\$0.68
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	1	\$20.56	\$0.00	N/A	İ
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.53	\$58.94	\$0.00	\$15.24	\$15.98	i	\$16.78	\$2.79	9.12 (FRV)	\$0.68
	Quarterly Per Diem Rate Prior to Add-ons		·							***	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.65	\$10.83	\$0.00	\$2.80	\$2.94	\$0.00	\$3.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + էռ 15	\$139.18	\$69.77	\$0.00	\$18.04	\$18.92	\$0.00	\$19.86	\$2.79	\$9.12	\$0.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5559</u>								į
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.56	i			i				ì
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = En 16	\$177.97	\$108.56	\$0.00	\$18.04	\$18.92	\$0.00	\$19.86	\$2.79	\$9.12	\$0.68
-	Quarterly Per Diem Add-on Amounts					!						)
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x ,75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	i i
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71	1						*****	1
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26	;			1				1
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.60	\$6.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.57	\$115.06	\$0.00	\$18.26	\$19.33	\$0.00	\$37.33	\$2.79	\$9.12	\$0.68
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.10		I	<u></u>		!	1			<u>:</u>

Provider: Grace Health Care of Tucker Prvdr ID: 00083267A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Ho		wth Allowance: trly BIMS score	Facility Score N/A 27.3% 3.35	Add-on <u>Percent</u> 18.37% 1.0% 2.0%			i Overali CMI: Medicaid CMI:		Facility <u>Specific</u> 1,5096 1,5566 1,5841	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	9	g	h	i
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			: 1 ;
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37		:	; ; ; ;
Base Period Per Diem Allowed Amounts	! !		!				: i	:	:		
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	40,010,000	\$3,263,393	\$0	\$664,916	\$427,723	\$331,978	\$1,156,191	\$91,936	\$613,772	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$60,625)	(\$782)	\$0	(\$183)	\$9,124	\$5,837	(\$88,759)	1	(\$45,919)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,489,284	\$3,262,611	\$0	\$664,733	\$436,847	\$337,815	\$1,067,432	\$91,936	\$567,853	\$60,057
8 Total Nursing Facility Days As Filed Days = 43,235 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,467	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	43,235	:						40.407	,	
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.23	\$75.46	\$0.00	\$15.37	\$17.92	(with L&H)	\$24.69	40,467 \$2.27	\$13.13	\$1.39
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$150.25	1.5096	φ0.00	\$10.07	\$17.52	(water COLD)	. 924.03	\$2.21	\$13.13	\$1.35
11 Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	!	\$49.99		1		:			!	
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 9		\$49.99	\$0.00	\$15.37	\$17.92	· I	\$24.69	\$2.27	\$13.13	\$1.39
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$ 1.00 h
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.67	\$49.99	\$0.00	\$15.37	\$17.92	· :	\$20.56	\$2.27	10.17 (FRV)	\$1.39
Quarterly Per Diem Rate Prior to Add-ons							: *			(PRV) :	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.07	\$9.18	\$0.00	\$2.82	\$3.29	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	£л 14 + Ln 15	\$136.74	\$59.17	\$0.00	\$18.19	\$21.21	\$0.00	\$24.34	\$2.27	\$10.17	\$1.39
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	!	<u>1.5841</u>				1	;			:
18 Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	i	\$93.73							1	
19 Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AliOthr = Ln 16	\$171.30	\$93.73	\$0.00	\$18.19	\$21.21	\$0,00	\$24,34	\$2.27	\$10.17	\$1.39
Quarterly Per Diem Add-on Amounts	!		!		:				1	!	ï
20 Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94		1		:				1
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.87	\$1.87				!		1 :		:
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	)		1		1	\$17.10		1	!
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.07	\$3.34	\$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	\$192.37	\$97.07	\$0.00	\$18.41	\$21.62	\$0.00	\$41.44	\$2.27	\$10.17	\$1.39
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131,45								······································	

	rovider: Gracemore Nursing Center out ID: 00141182A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Ho		owth Allowance: etrly BIMS score	Score N/A 23.1% 5.20	Add-on <u>Percent</u> 18.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1896 1.6957 1.7270	State- wide 1.3617 1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,277,350.00	\$1,215,491	\$0	\$340,908	\$140,736	\$148,874	\$323,363	\$38,187	\$69,791	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$34,124) \$2,243,226	\$0 \$1,215,491	\$0 \$0	\$0 \$340,908	\$0 \$140,736	\$560 \$149,434	(\$34,137) \$289,226	\$38,187	(\$24,197) \$45,594	\$23,650 \$23,650
8	Total Nursing Facility Days As Filed Days = 17,282 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,700	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	17,282	470.00	**	<b>*</b> 4.0 <b>T</b> 0	440.70		<b>*</b>	15,700	20.04	<b>*</b> • • • •
9 10 11	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  Base Period Facility <u>Case Mix Index</u> for All Residents  Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12 Ln 9 / Ln 10	\$130.03	\$70.33 <u>1.1896</u> \$59.12	\$0.00	\$19.73	\$16.79	(with L&H)	\$16.74	\$2.43	\$2.64	\$1.37
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$59.12 \$71.51	\$0.00 \$0.00	\$19.73 \$18.41	\$16.79 \$23.09		\$16.74 \$20.56	\$2.43 \$0.00	\$2.64 N/A	\$1.37
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.43	\$59.12	\$0.00	\$18.41	\$16.79		\$16.74	\$2.43	7.57 (FRV)	\$1.37
15 16	Quarterly Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 18.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$20.40 \$142.83	\$10.86 \$69.98	\$0.00 \$0.00	\$3.38 \$21.79	\$3.08 \$19.87	\$0.00 \$0.00	\$3.08 \$19.82	N/A \$2.43	N/A \$7.57	N/A \$1.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Ortry Routine Srycs Case Mix Adistd (CMA) Net Per Diem	per Current Qtr End Ln 16 x Ln 17	ψ172.03	1.7270 \$120.86	ψ0.00	Ψ21.79	ψ13.07	ψ0.00	ψ13.02	ΨΔ.+3	ψ1.57	ψ1.37
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.71	\$120.86	\$0.00	\$21.79	\$19.87	\$0.00	\$19.82	\$2.43	\$7.57	\$1.37
20 21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.31 \$1.21	\$0.53 \$1.21	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
22 23 24	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)  Nursing Home Provider Fee  Total Quarterly Per Diem Add-on Amounts	Ln 19 Col b x Stfng Add-on (Fixed Amount) Sum of Lns 20 thru 23	\$3.63 \$17.10 \$23.25	\$3.63 \$5.37	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.96	\$126.23	\$0.00	\$21.79	\$20.28	\$0.00	\$37.29	\$2.43	\$7.57	\$1.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.90									

Provider: Grandview Health Care Center Prvdr ID: 00141226A		Add-on Data and	Percentages owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C Base Period	CMI) Data d Overall CMI:	• :	Facility Specific 1.2061	State- wide 1,3617
Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending		Q rs per On-Site Day/Q	trly BIMS score tuality Incentive:	33.3% 3.30	2.5% 3.0%	Ortrly Meaid	Quarterly I I CMI w RUG \	Medicaid CMI: Wght Options:		1.6945 1.7276	1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	С	d	е	f	g	g	h	ĺ
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		2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts					! !		:	1			
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,271,753.00	\$1,692,297	\$0	\$412,181	\$166,691	\$227,537	\$518,071	\$65,910	\$189,066	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$56,977)	\$129	\$0	\$0	\$0	(\$2,824)	(\$100,713)	)	\$10,190	\$36,241
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,214,776	\$1,692,426	\$0	\$412,181	\$166,691	\$224,713	\$417,358	\$65,910	\$199,256	\$36,241
8 Total Nursing Facility Days As Filed Days = 21,651	FY12 Audited C/R Days	21,651			1		1	i			!
Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 20,923	FY 18 GL-PL Ins Rpt Days		;		1				20,923		T 
9 , Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$148.59	\$78.17	\$0.00	\$19.04	\$18.08	(with L&H)	\$19.28	\$3.15	\$9.20	\$1.67
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2061				:				! 
11 \ Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.81		1		-				
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 9		\$64.81	\$0.00	\$19.04	\$18.08		\$19.28	\$3.15	\$9.20	\$1.67
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	!
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.30	\$64.81	\$0.00	\$18,41	\$18.08		\$19.28	\$3.15	9.90	\$1.67
Quarterly Per Diem Rate Prior to Add-ons							:	(		(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$22.15	\$11.91	\$0.00	\$3.38	\$3.32	\$0.00	\$3.54	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.45	\$76.72	\$0.00	\$21,79	\$21.40	\$0.00	\$22.82	\$3.15	\$9.90	\$1.67
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7276</u>		İ :						
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.54		1						
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.27	\$132.54	\$0.00	\$21.79	\$21.40	\$0.00	\$22.82	\$3.15	\$9.90	\$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)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	<b>\$</b> 3.31	\$3.31								
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.98	\$3.98		1						! !
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		l
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 lhru 23	\$25.70	\$7.82	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.97	\$140.36	\$0.00	\$21.79	\$21.81	\$0.00	\$40.29	\$3.15	\$9.90	\$1.67
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166,40									

	ovider: Green Acres Health & Rehab		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	:MI) Data I Overail CMI:		Facility Specific 1.1607	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		trly BIMS score	37.7%	2.5% 3.0%	Ortrly Moaid		Medicaid CMI:		1.3660 1.3898	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	ь	С С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS			:				ì				:
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	·	2 Free Standing	1 All Facilities		1 All Facilities	-		
	Bed Size Range within Peer Group	;		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	i	50.0% 105.0% \$0.37			
:	Base Period Per Diem Allowed Amounts				:	·						İ
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,732,590,52	\$2,447,155	\$0	\$499,497	\$276,128	\$300,060	\$614.138	\$93,995	\$501,618	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$24,372)		\$0	1	\$0	\$0	(\$24,372)		(\$23,606)	\$25,342
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,708,219	\$2,447,155	\$0	\$497.761	\$276,128	\$300,060	\$589,766	\$93,995	\$478,012	\$25,342
8	Total Nursing Facility Days As Filed Days = 34,016	FY12 Audited C/R Days	34,016				*				*,	71-
÷	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,313	FY 18 GL-PL Ins Rpt Days				1			 	33,313		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.47	\$71.94	\$0.00	\$14.63	\$16.94	(with L&H)	\$17.34	\$2.82	\$14.05	\$0.75
: 10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1607		i i		:		1		Y
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$61.98								1
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.98	\$0.00	\$14.63	\$16.94	:	\$17.34	\$2.82	\$14.05	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$123.48	\$61.98	\$0.00	\$14.63	\$16,94	ĺ :	\$17,34	\$2.82	9.02 · (FRV)	\$0.75
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$20.38		\$0.00	\$2.69						: :
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$20.38 \$143.86	\$11.39 \$73.37	\$0.00	\$17.32	\$3.11	\$0.00 \$0.00	\$3.19	N/A	N/A	N/A \$0.75
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Ofr End	\$143.00	1.3898	\$0.00	\$17,32	\$20.05	\$0.00	\$20.53	\$2.82	\$9.02	\$0.75
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$101.97	:			\$ :	!	1		ì
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = £n 16	\$172.46	\$101.97	\$0.00	\$17.32	\$20.05	\$0.00	\$20.53	\$2.82	\$9.02	\$0.75
:	Quarterly Per Diem Add-on Amounts			; }	!							Ì
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	} }
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,55	\$2.55	i			t				i
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$3.06	\$3.06		1						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	5	}				\$17.10			· }
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.24	\$6.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Dlem Rate	Ln 19 + Ln 24	\$196.70	\$108.11	\$0.00	\$17.54	\$20.46	\$0.00	\$38.00	\$2.82	\$9.02	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.70		***************************************	······································		***************************************	A			*****

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID	D: 00142634A  Case Mix Per Diem Rate Effective Date:	4/1/2021		wth Allowance: trly BIMS score	N/A 50.0%	18.37%			i Overali CMI:		1.2987	1,3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		3.34	5.5% 3.0%	Ortrly Moaid	CMI w RUG \	Medicaid CMI; Nght Options:		1.4221 1.4458	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:			а	ь	C	d	е	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS			1				1				
1 Cos	st Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	,,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bod Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Pee	er Group Standards & Efficiency Measure Limits							! :	1			
2 Pe	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%			
4 ! El	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	Ì	\$0.37	1		
Bas	se Period Per Diem Allowed Amounts					1				:		
5 As	s Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,236,305.94	\$1,726,719	\$0	\$362,291	\$192,080	\$227,744	\$421,381	\$60,880	\$245,211	\$0
6 At	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$13,461)	\$0	\$0	(\$1,819)	\$168	\$0	(\$13,629)		(\$11,992)	\$13,811
7 C	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,222,845	\$1,726,719	\$0	\$360,472	\$192,248	\$227,744	\$407,752	\$60,880	\$233,219	\$13,811
8	Total Nursing Facility Days As Filed Days = 22,060	FY12 Audited C/R Days	22,060						į.			
	Total Nursing Facility Days GL-Pt Ins. Rpt As Filed Days = 21,118	FY 18 GL-PL Ins Rpt Days		! !				1		21,118		
9 , Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.21	\$78.27	\$0.00	\$16.34	\$19.04	(with L&H)	\$18.48	\$2.88	\$10.57	\$0.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987				1				<i>i</i>
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.27		; I			1	1		,
12 No	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.27	\$0.00	\$16.34	\$19.04	:	\$18.48	\$2.88	\$10.57	\$0.63
13 Pe	er Diem Standards (Afler Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	i	\$20.56	\$0.00	N/A	
1	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.71	\$60.27	\$0.00	\$16.34	\$19.04	:	\$18,48	\$2.88	12.07	\$0.63
	·					1				1	(FRV)	
	arterly Per Diem Rate Prior to Add-ons									;		
	frowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.96	\$11.07	\$0.00	\$3.00	\$3.50	\$0.00	\$3.39	N/A	N/A	N/A
!	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.67	\$71.34	\$0.00	\$19.34	\$22.54	\$0.00	\$21.87	\$2.88	\$12.07	\$0.63
,	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Olr End		1.4458		1			1			
1 .	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.14								
19   Q	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.47	\$103.14	\$0.00	\$19.34	\$22.54	\$0.00	\$21.87	\$2.88	\$12.07	\$0.63
Qua	arterly Per Diem Add-on Amounts			l i		:						5
20 Ef	fliciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BI	IMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.67	\$5.67				1	1	1		
22 No	urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sivcs)	Ln 19 Col b x Sting Add-on	\$3.09	\$3.09				(	:	:		
23 Nu	ursing Home Provider Fee	(Fixed Amount)	\$17.10	1	!	1		4	\$17.10	1		
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.39	\$9.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.86	\$112.43	\$0.00	\$19.56	\$22.95	\$0.00	\$39.34	\$2.88	\$12.07	\$0.63
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.57	<del>i</del>					·	.1		
		(	<b>4.14.0</b> 1	:								

	rovider: Gwinnett Extended Care Center rodr ID: 00781382A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 42.9% 6.76	Add-on <u>Percent</u> 18.37% 2.5% 4.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4525 1.4872 1.5155	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,066,530.09	\$4,469,050	\$0	\$1,039,911	\$429,533	\$796,742	\$1,142,544	\$9,921	\$1,178,829	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$9,017)	\$0	\$0	\$0	\$997	\$1,850	(\$14,601)	, , , ,	\$2,737	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,057,514	\$4,469,050	\$0	\$1,039,911	\$430,530	\$798,592	\$1,127,943	\$9,921	\$1,181,566	\$0
8	Total Nursing Facility Days As Filed Days = 31,822	FY12 Audited C/R Days	31,822									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,727	FY 18 GL-PL Ins Rpt Days								29,727		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$284.65	\$140.44	\$0.00	\$32.68	\$38.62	(with L&H)	\$35.45	\$0.33	\$37.13	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4525								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.69	\$0.00	\$32.68	\$38.62		\$35.45	\$0.33	\$37.13	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.30	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.33	13.66 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(/ /(V)	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.81	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.33	\$13.66	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5155</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.45	\$128.29	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.33	\$13.66	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.21	\$3.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.13	\$5.13								
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	\$25.44	\$8.34	\$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	\$253.89	\$136.63	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.33	\$13.66	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.59			,				,		

	vider: Habersham Home dr ID: 00141292A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C Base Period	CMI) Data d Overali CMI:		Facility Specific 1.1936	State- <u>wide</u> 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score pality Incentive:	46.0% 3.97	5.5% 3.0%	Qrlrly Mcaid	Quarterly I CMI w RUG \	Medicaid CMI: Wght Options:		1.2401 1.2 <del>6</del> 12	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	c	d	е	f	9	g	h	ı
C/	SE MIX BASED RATE CALCULATIONS			1				1				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	1 Hosp Based	1 All Facilities	1 All Facilities	1 All Facilities			
1	Bed Size Range wilhin Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	!		
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Precentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
,	Base Period Per Diem Allowed Amounts								1 2			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-Pt Rpt	\$5,494,717,33	\$3,058,555	\$0	\$368,081	\$580,732	\$410.151	\$505,120	\$78,219	\$493,859	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$440,211)	(\$480,948)	\$0	\$0	\$0	\$60	\$40,677	,,	\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,054,506	\$2,577,607	\$0	\$368,081	\$580,732	\$410,211	\$545,797	\$78,219	\$493,859	\$0
8 -	Total Nursing Facility Days As Filed Days = 30,201	FY12 Audited C/R Days	30,201								,	
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,884	FY 18 GL-PL Ins Rpt Days	•						1	27,884		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.58	\$85.35	\$0.00	\$12.19	\$32.81	(with L&H)	\$18.07		\$16.35	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1936		:		l .	1			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.51				t .	1	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Stycs	RS = Ln 11, AllOlhr = Ln 9		\$71,51	\$0.00	\$12.19	\$32.81		\$18.07	\$2.81	\$16.35	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.72	\$71.51	\$0.00	\$12.19	\$23.09		\$18.07	\$2.81	8.05	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons								i	1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.94	\$13.14	\$0.00	\$2.24	\$4.24	\$0.00	\$3.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.66	\$84.65	\$0.00	\$14.43	\$27.33	\$0.00	\$21.39	1	\$8.05	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	4100700	1.2612			421.00		1200	<b>J</b>	40.00	1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.76					!			1
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.77	\$106.76	\$0.00	\$14.43	\$27.33	\$0.00	\$21.39	\$2.81	\$8.05	\$0.00
	Quarterly Per Diem Add-on Amounts					:		i	1	1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0]	(see Policy Manual)	\$0,59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	1	\$0.00	,
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.87		. 45.00		45.00	\$5.00			<b>\$0.00</b>	1
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$3.20	\$3.20		:				!		1 :
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	}				1	\$17,10	:		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.76	\$9.07	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	1 1	\$0.00	\$0.00
-	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.53	\$115.83	\$0.00	\$14.65	\$27.33	\$0.00	\$38.86	·	\$8.05	-
-	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.82			1		<u>1 </u>	1			1
	and the same of the same of the same bays	(m. no m. 20) 0.10	3142.02									

1	ovider: Haralson Nursing and Rehab Center ovdr ID: 00141325A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	rth Altowance: ly BIMS score	27.6%	Add-on Percent 18.37% 1.0% 2.0%			f Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5429 1.5824 1.6105	State- wide 1.4014 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
			а	b	С	d	е	1	g		h	i
Lo	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,857,633	\$1,304,386	\$0	\$245.183	\$123,691	\$120,759	\$458,508	\$210,807	\$394,299	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$43,057	\$0	\$0	\$0	\$274	(\$6,813)	\$48,762	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(\$15,211)	\$16,045
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,900,690	\$1,304,386	\$0	\$245,183	\$123,965	\$113,946	\$507,270	\$210,807	\$379,088	\$16,045
8	Total Nursing Facility Days As Filed Days = 19,418	FY14 Audited C/R Days	19,418	' '	,	, ,		, ,,,,	, ,			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,231	FY 18 GL-PL Ins Rpt Days		<u> </u>						36,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Łn 7 / Ln 8 Col a	\$144.34	\$67,17	\$0.00	\$12.63	\$12.25	(with L&H)	\$26.12	\$5.82	\$19.52	\$0,83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10	,	1,5429								, , , ,
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$43.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.53	\$0.00	\$12.63	\$12,25		\$26,12	\$5.82	\$19,52	\$0,83
13	Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$73,31	\$0.00	\$19,52	\$23,55		\$24.02	\$0.00	N/A	'
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107,24	\$43,53	\$0,00	\$12.63	\$12.25		\$24.02	\$5.82	8,16	\$0.83
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$16.98	\$8.00	\$0.00	\$2,32	\$2,25	\$0,00	\$4,41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124,22	\$51,53	\$0.00	\$14.95	\$14,50	\$0,00	\$28,43	\$5.82	S8.16	\$0,83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	<b>₩16-1,6E</b>	1,6105	40,00	717,50	φ1-1,00	Ψ0.00	3,20,40	Q3.02	\$5.10	\$5,60
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.99								]
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.68	\$82.99	\$0.00	\$14.95	\$14.50	\$0.00	\$28.43	\$5.82	\$8.16	\$0.83
	Countario Day Diago Add an Amanusta											
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	61.40	\$0.53	\$0.00	en 22	¢0.44	60.00	60.00		60.00	İ
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 1.0% (to Routine Srys)	Ln 19 Col b x CPS Add-on	\$1.16 \$0.83	\$0.53	\$0.00	\$0.22	\$0,41	\$0,00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$0.63 \$1.66	\$1.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$1.00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20,75	\$3.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176,43	\$86,01	\$0.00	\$15,17	\$14,91	\$0.00	\$45.53	\$5.82	\$8.16	\$0.83
-				\$40,01	\$0.00	\$15.17	\$14.91	\$0.00	\$45,53	\$5,82	\$8,16	\$0,83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.50									

	order: Harborview Health Systems of Jesup		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
Prvd	dr ID: 00141611A Case Mix Per Diem Rate Effective Date:	4/1/2021		with Allowance: trly BIMS score	N/A 20.0%	18.37%			d Overall CMI:		1.4862	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		ırs per On-Site Day/Q		5.01	1.0% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.4586 1.4829	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C	d	е	f	g	9	h	i i
CA	SE MIX BASED RATE CALCULATIONS							:				
1 7	Cost Center Peer Groups	(see Policy Manual)		1	. 1	. 2	1	1	4			
- 1	Type of Facility within Peer Group	(,,		All Facilities	. All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
1	Peer Group Standards & Efficiency Measure Limits		•			: (			'	1		
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	i	\$0.37			
E	Base Period Per Diem Allowed Amounts		1			1		:				
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,601,458.00	\$2,276,415	S0	\$459,292	\$156,672	\$212,178	\$776,363	\$45,181	\$675,357	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$36,467)	\$0	\$0	\$0	\$0	\$0	(\$36,467)		(\$31,133)	\$31,133
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,564,991	\$2,276,415	\$0	\$459,292	\$156,672	\$212,178	\$739,896	\$45,181	\$644,224	\$31,133
8	Total Nursing Facility Days As Filed Days = 32,014	FY12 Audited C/R Days	32,014		:			:		1		
1	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 30,579	FY 18 GL-PL Ins Rpt Days						1		30,579		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.66	\$71.11	\$0.00	\$14.35	\$11.52	(with L&H)	\$23.11	\$1.48	\$20.12	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4862</u>	:	1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$47,85		1 (				!		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	I	\$47.85	\$0.00	\$14.35	\$11.52	:	\$23.11	\$1.48	\$20.12	\$0.97
13	Per Diem Standards (Alter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.91	\$47.85	\$0.00	\$14.35	\$11.52		\$20.56	\$1,48	7.18	\$0.97
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwinc %	\$17.33	\$8,79	\$0.00	\$2.64	\$2.12	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.24	\$56.64	\$0.00	\$16.99	\$13.64	\$0.00		\$1.48	\$7.18	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4829	,						• • • • • • • • • • • • • • • • • • • •	*
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	โก 16 x Ln 17		\$83.99	:							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.59	\$83.99	\$0.00	\$16.99	\$13.64	\$0.00	\$24.34	\$1.48	\$7.18	\$0.97
	Quarterly Per Diem Add-on Amounts			:	1							
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1,0% (to Routine Srvs)	Ln 19 Col b x CPS Add-an	\$0.84	\$0.84	15.00	70,	40.41	\$0.00	, ,,,,,,		Q0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,52	\$2.52					1	:		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.62	\$3.89	\$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	\$170.21	\$87.88	\$0.00	\$17.21	\$14.05	\$0.00	<del></del>	\$1.48	\$7.18	\$0.97
26 6	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75			ì			1	1			
20 (	adalterry net pretti Kate for bed Hold and Leave Days	(LR 25 - LR 23) U.75	\$114.83									

	rovider: Harborview Health Systems - Pierce		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C			Facility Specific	State- wide
*	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	4/1/2021 12/31/20 Nurse Hou		trly BIMS score	34.0% 6.17	2.5% 3.0%	Ortriu Meziri		d Overall CMI: Medicaid CMI: Wast Ontions:		1.2039 1.6748 1.7067	1.3617 1.5382 1.5656
<u> </u>	HIDO & HARSE THE DATE PER GOUNCE CHANGE.	1257720 1100	na per on one payre	dully mochilec.		0.070	Citity Incard	7				
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	Ъ	С	, d	е	f	g	g	ħ	ì
C	ASE MIX BASED RATE CALCULATIONS		,		!				:	ļ į		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	4	1			;
	Type of Facility within Peer Group	(300) oney manualy		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	i		
!	Peer Group Standards & Efficiency Measure Limits					: 1			1	1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	Ė		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	;		
	Base Period Per Diem Allowed Amounts											•
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,088,551.00	\$3,155,485	\$0	\$784,196	\$36,621	\$528,430	\$1,268,859	\$45,310	\$269,650	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit AdjsImIs	(\$156,005)	(\$186,194)	\$0	\$56,684	\$30,740	\$12,924	(\$70,159)		(\$16,096)	\$16,096
. <b>7</b>	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,932,546	\$2,969,291	\$0	\$840,880	\$67,361	\$541,354	\$1,198,700	\$45,310	\$253,554	\$16,096
8	Total Nursing Facility Days As Filed Days = 26,836	FY12 Audited C/R Days	26,836		:	1				1		:
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,258	FY 18 GL-PL Ins Rpt Days							1	17,258		:
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$222.01	\$110.65	\$0.00	\$31.33	\$22.68	(with L&H)	\$44,67	\$2.63	\$9.45	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2039</u>		. !			7 1			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.91	!	1			i i			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$91.91	\$0.00	\$31.33	\$22.68		\$44.67	\$2.63	\$9.45	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or En 13	\$161.74	\$71.51	\$0.00	\$29.15	\$22.68		\$20.56	\$2.63	14.61 (FRV)	\$0.60
1	Quarterly Per Diem Rate Prior to Add-ons					: [						
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Aliwnc %	\$26.44	\$13.14	\$0.00	\$5.35	\$4.17	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.18	\$84.65	\$0.00	\$34.50	\$26.85	\$0.00	\$24.34	\$2.63	\$14.61	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	:	1.7067								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17 RS = En 18, AllOthr = En 16	£0.40.00	\$144,47			***	40.00	80404		21121	
19	Quarterly Medicaid CMA Allowed Per Diem	KS - Lit 18, AllOlit - En 16	\$248.00	\$144.47	\$0.00	\$34.50	\$26.85	\$0.00	\$24.34	\$2.63	\$14.61	\$0.60
ĺ	Quarterly Per Diem Add-on Amounts				:	:		!				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0}	(see Policy Manual)	\$0.31	\$0.00	\$0.00	\$0.00	\$0.31	\$0.00	\$0.00		\$0.00	:
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.61	\$3,61	:							
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.33	\$4.33	<u> </u>	: !			i	:		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10	1		:
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.35	\$7.94	\$0.00	\$0.00	\$0.31	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$273.35	\$152.41	\$0.00	\$34.50	\$27.16	\$0.00	\$41.44	\$2.63	\$14.61	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.19			·				ł		
	· · · · · · · · · · · · · · · · · · ·	•										

Provide	··· ······ · · · · · · · · · · · · · ·		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr II				wth Allowance:	N/A	18.37%			d Overali CMI:		1.3231	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hot	ں urs per On-Sile Day/Q	trly BIMS score uality Incentive:	10.8% 6.14	0.0% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1,6147 1.6436	1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
" :		Calculations	a	ь	C	d ·	e	ga IVIaliit	General	-	h	insurance
CASE	MIX BASED RATE CALCULATIONS	***************************************		<u>~</u>	-			<u>.</u> !	<u> </u>	9		· ·
-							_	1		i		
1 Cos	st Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bod Sizes		All Facilities All Bed Sizes			
	•			All Ded Sizes	All Dea Sizes	All Det Sizes	All Dod 31283	All Ded Gizes	An Ded Sizes	1		
	er Group Standards & Efficiency Measure Limits leer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			
	eer Group Standards: Multiplier	(see Policy Manual)	İ	100.0%	100.0%	100.0%	100.0%	į	105.0%	I :		
	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	į	\$0.37			
Rac	se Period Per Diem Allowed Amounts			! !	: :			i i	; 1			
	s Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,325,269,00	\$4,064,367	\$0	\$876,299	\$26,317	\$611 920	\$1,498,239	\$47,490	\$200.637	\$0
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$243,571)	(\$268,365)	\$0		\$40,146	\$18,277	(\$92,677)	V.1.100	(\$16,117)	\$16,117
- 1	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,081,698	\$3,796,002	\$0		\$66.463		\$1,405,562	\$47,490	\$184,520	\$16,117
8	Total Nursing Facility Days As Filed Days = 32,718	FY12 Audited C/R Days	32,718	40,100,002		1,00000	\$00,400	. 4030,137	, <b>41,403,302</b>	\$41,430	Ψ104,320	<b>\$10,111</b>
•	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,515	FY 18 GL-PL Ins Rpt Days	32,710			1		i Y	ţ	22,515		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$217.10	\$116.02	\$0.00	\$28.59	\$21.29	(with L&H)	\$42.96	\$2.11	\$5.64	\$0.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	ΨΕ11.10	1,3231		<b>J20.33</b>	Ψ21.E3	(,,,,,,,	\$42.50	92.11	Ψ0.04	40.40
11	Routine Srvcs Case Mix Adistd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.69		1 :		{				
	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.69	\$0.00	\$28.59	\$21.29	í	\$42.96	\$2.11	\$5.64	\$0.49
	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	1	\$71,51	\$0.00	1	\$23.09	i !	\$20.56	\$0.00	N/A	<b>40</b> 2.10
7 1 1	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.76	\$71.51		1 1	\$21.29	!	\$20.56	\$2.11	11.21	\$0.49
	•						4-1-1-1-1		;		(FRV)	
	arterly Per Diem Rate Prior to Add-ons					1			i	1		
	Frowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.08	\$13.14	\$0.00	1	\$3.91	\$0.00	\$3.78	N/A	N/A	N/A
	MA Allowed Per Diem (After Growth Allowance Add-on)	1.n 14 + Ln 15 per Current Otr End	\$181.84	\$84.65	\$0.00	\$33.84	\$25.20	\$0.00	\$24.34	\$2.11	\$11.21	\$0.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		<u>1.6436</u>					i	i i		
18 : 19 : Q	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	LB 16 X LB 17 RS = £a 18, AliOthr = Ln 16	6000.00	\$139.13		****	***			20.44		
19 0	tuarterly Medicaid CMA Allowed Per Diem	RS - E11 18, AllOttir - En 16	\$236.32	\$139.13	\$0.00	\$33.84	\$25.20	\$0.00	\$24.34	\$2.11	\$11.21	\$0.49
Qua	arterly Per Diem Add-on Amounts							i		1		
20 E	fficiency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
	IMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00				:	•	:		
	(urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sivcs)	Ln 19 Col b x Sting Add-on	\$4.17	\$4.17					\$			
	ursing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10	1		
24 T	otal 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 Qu	arterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$258.22	\$143.30	\$0.00	\$34.06	\$25.61	\$0.00	\$41.44	\$2.11	\$11.21	\$0.49
26 Qu:	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.84			***************************************			••			
	-		1									

	ovider: Harborview Health Systems - Thomaston  vdr ID: 00140621A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Ho		owth Allowance: trly BIMS score	Facility Score N/A 30.4% 4.63	Add-on Percent 18.37% 2.5% 2.0%	***************************************		d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2365 1.5419 1.5692	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			a	b	С	: d	e	f	g	g	h	i
{ <u>C</u>	ASE MIX BASED RATE CALCULATIONS	· }			1			:				
1	Cost Center Peer Groups Type of Facility wilhin Peer Group Bed Sizo Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	* Transportion of the advisor of	50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Rouline & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$4,879,521.00 (\$51,686)	\$2,542,032 \$0	\$0 \$0	\$548,554 \$0	\$198,378 \$0	\$213,772 \$0	\$895,255 (\$51,686)	\$59,739	\$421,791 (\$33,092)	\$0 \$33,092
7 8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 36,047 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,871	FY12 Audited C/R FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	\$4,827,835 36,047	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772		\$59,739 39,871	\$388,699	\$33,092
9 10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  Base Period Facility <u>Case Mix Index</u> for All Residents  Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 7 / En 8 Col a from 4 qfrs of FY12 En 9 / En 10	\$133.77	\$70.52 <u>1.2365</u> \$57.03	\$0.00	\$15.22	\$11.43	(with L&H)	\$23,40	\$1,50	\$10.78	\$0.92
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$57.03 \$71.51	\$0.00 \$0.00	\$15.22 \$18.41	\$11.43 \$23.09		\$23,40 \$20.56	\$1.50 \$0.00	\$10.78 N/A	\$0.92
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.39	\$57.03	\$0.00	\$15.22	\$11.43		\$20.56	\$1.50	8.73 (FRV)	\$0.92
15 16 17	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Olf End	\$19,16 \$134.55	\$10.48 \$67.51 <u>1.5692</u>	\$0.00 \$0.00	\$2.80 \$18.02	\$2.10 \$13.53	\$0.00 \$0.00	\$3.78 \$24.34	N/A \$1.50	N/A \$8.73	N/A \$0.92
18 19	Ortry Routine Sros Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x En 17 RS = Ln 18, AllOthr = Ln 16	\$172.98	\$105.94 \$105.94	\$0.00	\$18.02	\$13.53	\$0.00	\$24.34	\$1,50	\$8.73	\$0.92
	Quarterly Per Diem Add-on Amounts				12.00	1.5.52	4.5.55	1 45.00	1		40.70	40,02
20 21 22 23	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 2.5% (to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvs)  Nursing Home Provider Fee	(see Policy Manual) Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on {Fixed Amount}	\$1.16 \$2.65 \$2.12 \$17.10	\$0.53 \$2.65 \$2.12	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00 \$17.10		\$0.00	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.03	\$5.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.01	\$111.24	\$0.00	\$18.24	\$13.94	\$0.00	\$41.44	\$1.50	\$8.73	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + En 23) * 0.75	\$134.18		J			I .	;	<u>                                     </u>		L

#### FINAL

Calculations   Totals   Services   Services   Services   Services   Dietary   Laurdry & Houskpright   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Bed Sizes	State- wide 1,3617 1,5438 1,5713	Facility Specific Use Stwd 1.4984 1.5261		(CMI) Data od Overall CMI: v Medicaid CMI: b Wght Options:	Quarterl		Add-on Percent 18,37% 0.0% 2.0%	Facility Score N/A 13.0% 3.61	ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:				Provider: <b>Hamington Park</b> Prvdr ID: <b>003165726A</b> H/B ?: No Case Mix Per Diem R. MDS & Nurse Hrs Data po	Pi
Case Mix Based Rate Calculations   1	Taxes and rsurance	and		and '	Operatns				Services	Totals			ne Description	Line #
Cost Center Peer Groups per Selected Options   Type of Facility within Peer Group   All Facilities   All Bed Sizes   All	i]	h		9	f	e	d	C .	<u> </u>	<u>i</u> a	<u> </u>			
Bed Size Range within Peer Group   All Bed Sizes   All Bed S				1	1	1	2	1 All Facilities	1				Cost Center Peer Groups per Selected Options	CA
Peer Group Standards: Percentile   90.0%   90.0%   90.0%   85.0%   50.0%   105.0%		i i i i i i i i i i i i i i i i i i i											Bed Size Range within Peer Group	
Per Diem Costs and Add-ons			**************************************	105.0%	- Andreadel - Carlotte	100.0%	100.0%	100.0%	100.0%				Peer Group Standards: Percentile Peer Group Standards: Multiplier	
GL-PL-Insurance Costs		1	-	\$0.37	-	\$0.41	\$0.22	\$0.00	\$0.53					
													GL-PL- Insurance Costs	
Growth Allowance 18,4% \$23,31 \$12,48 \$3,21 \$4,03 \$3,59	\$7.37 \$7.37	\$37.80 \$37.80	10. A 10. A	\$19.53		\$21,94	\$17.49		\$67.93	\$172.06	FY 2012 Peer Group Limit		Allowed @ 95% of Std	
CMA Allowed Per Diem (After Growth Atowance)   \$198.13   \$80.41   \$20.70   \$25.97   \$23.12   \$2.76   \$37.80     Quarterly Facility Case Mix Index for Medicaid Residents   1.5261   (FRV Rate)     Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem   \$122.71	\$7.37		\$ 2.76		A A A A A A A A A A A A A A A A A A A		1		\$80.41 <u>1.5261</u>	1			CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents	
Quarterly Medicaid CMA Allowed Per Diem   \$240.43   \$122.71   \$20.70   \$25.97   \$23.12   \$2,76   \$37.80	\$7.37	\$37,80	\$2,76	\$23,12		\$25.97	\$20.70				**Control of the Cont	(to Routing Spe)	Quarterly Per Diem Add-On Amounts	
Nurse Staff Hrs / Quality Add-on Per Diem =         2.0%         \$2.45         \$2.45           Nursing Home Provider Fee         \$17.10         17.10				17.10	***************************************	Verilla de la constanta de la				\$2.45 \$17.10			Nurse Staff Hrs / Quality Add-on Per Diem = Nursing Home Provider Fee	
Total Quarterly Per Diem Add-On Amounts   \$19.55		627.00	63.76	640.33	<u> </u>	625.67	620.70		6435 47					
Quarterly Case Mix Based Per Diem Rate         \$259.99         \$125.17         \$20.70         \$25.97         \$40.22         \$2.76         \$37.80           Leave/Bed Hold Per Diem Rate (Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%         \$182.17         \$182.17         \$25.97         \$25.97         \$40.22         \$2.76         \$37.80	\$7.37	\$37.80	\$2.76	\$40,22		\$25.97	\$20,70		\$125.17	3253.33	\$182.17			

1					Facility	Add-on		Facility	State-
1	Provider: Hart Care Center			Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific	<u>wide</u>
-	Prvdr ID: 00167857A			Growth Allowance:	N/A	18,37%	Base Period Overall CMI:	1,5289	1.3699
-		Case Mix Per Diem Rate Effective Date:	04/01/21	Qtrly BIMS score	36.7%	2.5%	Quarterly Medicaid CMI:	1.6062	1,5382
1		MDS & Nurse Hrs Data per Quarter Ending:	12/31/20	Nurse Hours per On-Site Day/Quality Incentive:	3,87	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1,6332	1.5656
-									
	1 1			I I					

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
$\vdash$			а	b	С	d	е	f	g	g	h	ı
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
1	Type of Facility within Peer Group	(See Fulley Marion)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Timothey (Household Institution   See line 20 for actual)	(see roley mailiar)		\$0.55	\$0.00	φυ.εε	\$0.41		30.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$5,017,280	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$820,320	\$48,943	\$22,046	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$78,118)	\$0	\$0	\$0	\$0	\$0	(\$78,118)		(\$20,545)	\$20,545
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,939,162	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$742,202	\$48,943	\$1,501	\$20,545
8	Total Nursing Facility Days As Filed Days = 40,897	FY13 Audited C/R Days	40,897									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,122	FY 18 GL-PL Ins Rpt Days								37,122		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$120.90	\$75.59	\$0.00	\$13.62	\$11.68	(with L&H)	\$18,15	\$1.32	\$0.04	\$0.50
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<u>1,5289</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$49,44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.44	\$0.00	\$13.62	\$11,68		\$18,15	\$1,32	\$0.04	\$0.50
13	Per Diem Standards (Alter Statewide CMA for Routine Stress)	per Peer Group Limits		\$73, <del>9</del> 0	\$0.00	\$19,14	\$23,27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.84	\$49.44	\$0.00	\$13.62	\$11.68		\$18,15	\$1,32	7.13	\$0.50
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwinc %	\$17,06	\$9,08	\$0.00	\$2,50	\$2,15	\$0,00	\$3.33	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ļn 14 + Ļn 15	\$118,90	\$58,52	\$0.00	\$16,12	\$13.83	\$0.00	\$21,48	\$1,32	\$7.13	\$0,50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	<b>V</b>	1,6332	*****	* 11.7.	V.0.00	44,54	42111.5		4.1.0	40,00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17		\$95.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.95	\$95.57	\$0,00	\$16.12	\$13.83	\$0.00	\$21,48	\$1.32	\$7.13	\$0.50
				•				•	,		****	****
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diern ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.87	\$2,87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$5.79	\$0.00	\$0.22	\$0.41	\$0,00	\$17,47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.84	\$101.36	\$0.00	\$16,34	\$14,24	\$0.00	\$38.95	\$1.32	\$7.13	\$0,50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122,06									

	ovider: Hartwell Health and Rehabilitation vdr ID: 00141413A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 31.2% 3.11	Add-on <u>Percent</u> 18.37% 2.5% 4.0%		Quarterly N	:MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3222 1.4908 1.5172	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,839,275.00	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$363,233	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		(\$2,229)	\$2,229
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,839,275	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$361,004	\$2,229
8	Total Nursing Facility Days As Filed Days = 32,055	FY12 Audited C/R Days	32,055									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,303	FY 18 GL-PL Ins Rpt Days								31,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.23	\$80.76	\$0.00	\$30.40	\$14.06	(with L&H)	\$42.87	\$2.81	\$11.26	\$0.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3222								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.08	\$0.00	\$30.40	\$14.06		\$42.87	\$2.81	\$11.26	\$0.07
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.91	\$61.08	\$0.00	\$29.15	\$14.06		\$20.56	\$2.81	8.18 (FRV)	\$0.07
	Quarterly Per Diem Rate Prior to Add-ons										(1710)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.93	\$11.22	\$0.00	\$5.35	\$2.58	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.84	\$72.30	\$0.00	\$34.50	\$16.64	\$0.00	\$24.34	\$2.81	\$8.18	\$0.07
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5172</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.23	\$109.69	\$0.00	\$34.50	\$16.64	\$0.00	\$24.34	\$2.81	\$8.18	\$0.07
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.39	\$4.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.17	\$7.66	\$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	\$221.40	\$117.35	\$0.00	\$34.50	\$17.05	\$0.00	\$41.44	\$2.81	\$8.18	\$0.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.23									

Provider. Hazlehurst Court Care and Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00059705A  Case Mix Per Diem Rate Effective Date  MDS & Nurse Hrs Data per Quarter Ending			owth Allowance: driy BIMS score		18.37% 1.0% 2.0%	Ortrly Meald		l Overall CMI: Vedicaid CMI: Vobt Ontions:		1.4494. 1.4411 1.4662	1.3617 1.5382 1.5656
				!		u.u.,	Plant	Admin		Property	Taxes
ine Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	A&G- GL-PL Insurance	and Related	and Insurance
		. а	b	С	d	е	f	. g	g	h	i
CASE MIX BASED RATE CALCULATIONS			: :		! 1		!				ļ
1 Cost Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			i
Peer Group Standards & Efficiency Measure Limits				!	1		i i		:		1
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	İ	50.0%			I .
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			(
Base Period Per Diem Allowed Amounts			i :		1						i :
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,073,423.00	\$1,404,920	\$0	\$314,016	\$112,585	\$178,967	\$808,389	\$15,264	\$239,282	. \$
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$20,163	(\$30,996)	\$0	\$2,299	\$7,959	(\$18,391)	\$56,501	!	(\$8,960)	\$11,75
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,093,586	\$1,373,924	\$0	\$316,315	\$120,544	\$160,576	\$864,890	\$15,264	\$230,322	\$11,75
8 Total Nursing Facility Days As Filed Days = 21,818	FY12 Audited C/R Days	21,818									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,682	FY 18 GL-PL Ins Rpt Days				;		!		24,682		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.71	\$62.97	\$0.00	\$14.50	\$12.88	(with L&H)	\$39.64	\$0.62	\$10.56	\$0.5
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4494	!	1		1				i
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$43.45	I	•		!				
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.45	\$0.00	\$14.50	\$12.88	•	\$39.64	\$0.62	\$10.56	\$0.5
13 Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	ì	\$20.56	\$0.00	N/A	1
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.33	\$43.45	\$0.00	\$14.50	\$12.88		\$20.56	\$0.62	6.78	\$0.5
Quarterly Per Diem Rate Prior to Add-ons	!		:	i	:		!		;	(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16,79	\$7.98	\$0.00	\$2.66	\$2.37	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.12	\$51.43	\$0.00	\$17.16	\$15.25	\$0.00	\$24.34	\$0.62	\$6.78	\$0.5
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.4662	!	1	*				•	40.0
18 Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.41				ī				!
19 Quarterly Medicaid CMA Allowed Per Diem	RS = t.n 18, AllOthr = Ln 16	\$140.10	\$75.41	\$0.00	\$17.16	\$15.25	\$0.00	\$24.34	\$0.62	\$6.78	\$0.5
Quarterly Per Diem Add-on Amounts			:		1		İ	:			!
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.00	i	\$0.00	}
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.75	\$0.75			<b>.</b>				+3.00	!
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.51	\$1.51	1			÷				!
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:	i				\$17,10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.52	\$2.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25 Quarterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$160.62	\$78.20	\$0.00	\$17.38	\$15.66	\$0.00	\$41.44	\$0.62	\$6.78	\$0.5
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.64	:	·	<u> </u>		<u> </u>	<del></del>	i		

Provider: Heardmont Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00082981A Case Mix Per Diem Rate MDS & Nurse Hrs Data per G			owth Allowance: htrly BIMS score huality Incentive:	N/A 40,0% 3.07	18.37% 2.5% 3.0%	Ortrly Moaid		d Overall CMI Medicaid CMI Wght Options:		1.1433 1.7411 1.7746	1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	ь	C	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS		i	:	:			ì			•	
1 Cost Center Peer Groups	(see Policy Manual)	:	1	. 1	2	4	1	1			1
Type of Facility within Peer Group	(See Fally Manual)	1	All Facilities		Free Standing	All Facilities	All Facilities		1		
Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes					i
Peer Group Standards & Efficiency Measure Limits	1										
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	;	\$0.37			
Base Period Per Diem Allowed Amounts	•	•	1		: '			:	:		
5 As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$2,723,340.00	\$1,179,431	\$0	\$331,227	\$218,788	\$290,998	\$441,425	\$51,622	\$209,849	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,465)	\$0	\$0	\$486	(\$3,199)	(\$17,639)	1	1 1	(\$33,466)	\$27,826
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,659,875	1	\$0	\$331,713	\$215,589	\$273,359	\$403,952	\$51,622	\$176,383	\$27.826
8 Total Nursing Facility Days As Filed Days =	20,589 FY12 Audited C/R Days	20,589						]		**********	,
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days =	14,740 FY 18 GL-PL Ins Rpt Days								14,740		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7/En 8 Col a	\$130,18	\$57.28	\$0.00	\$16.11	\$23.75	(with L&H)	\$19.62	\$3,50	\$8.57	\$1.35
10 Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.1433			7-41-	,		1	<b>42.12</b> .	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.10	<i>(</i> :					: 1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$50.10	\$0.00	\$16,11	\$23.75		\$19.62	\$3.50	\$8,57	\$1.35
13 Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits	1	\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	1 1	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.33		\$0.00	\$16.11	\$23.09		\$19.62	1 1	7.56	\$1.35
			450.10	. 00.00	\$10.11	Ψ20.00		\$15.02	\$5.50	(FRV)	Ψ1.55
Quarterly Per Diem Rate Prior to Add-ons	1	:		}.	:			1	1		
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.00	\$9.20	\$0.00	\$2.96	\$4.24	\$0.00	\$3.60	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.33	\$59.30	\$0.00	\$19.07	\$27.33	\$0.00	\$23.22	\$3.50	\$7.56	\$1.35
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7746		1			:			
18 Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.23						i i		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.26	\$105.23	\$0.00	\$19.07	\$27.33	\$0.00	\$23.22	\$3.50	\$7.56	\$1.35
Quarterly Per Diem Add-on Amounts					1			:	i		
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	!
	(to Routine Srvs) Ln 19 Col b x CPS Add-on	\$2.63	\$2.63				1		1	45,00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Si		\$3,16	\$3.16				i !		i		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10					!	\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.01	\$6.32	\$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	\$211.27	\$111.55	\$0.00	\$19.29	\$27.33	\$0.00	\$40.69	\$3,50	\$7.56	\$1.35
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.63	<u> </u>			7			1 10.00	4,,50	¥ ,

#### FINAL

Pr	ovider: Heart of Georgia vdr ID: 00141358A H/B ?: No Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 30.9% 5.23	Add-on Percent 18.37% 2.5% 3.0%			od Overall CMI: Medicaid CMI:		Facility Specific 1.2133 1.9271 1.9657	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-		·	a	b	<u> </u>	<u> </u> d	е	<u> </u>	9	<u> </u>	<u> </u>	
CA	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Index for Medicaid Residents	FY2018 GL-PL Ins. Rpl FY2018 GL-PL Ins. Rpl FY 2012 Peer Group Limit	\$140.45 \$23.31 \$164.55	1 Ali Facililies Ali Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$12.48 \$80.41 1.9657 \$158.06	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$13.41 \$13.41 \$13.41 (FRV Rale)	
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% (to Routine Srvs Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$242.20 \$3.95 \$4.74 \$17.10 \$25.79	\$158.06 \$3.95 \$4.74		\$20.70	\$25.97		\$23.12 17.10	\$0.79	\$13.41	\$0.15
	Quarterly Case Mix Based Per Diem Rate		\$267.99	\$166.75		\$20.70	\$25.97		\$40.22	\$0.79	\$13.41	\$0.15
L	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$188.17				1		<u>{</u>			***************************************	<u> </u>

	rovider: Heritage Healthcare -Forsyth, LLC rvdr ID: 00141017A  Case Mix Per Diem Rate Effective Da MDS & Nurse Hrs Data per Quarter Endi			wth Allowance:	Score N/A 34.2% 3.98	Add-on Percent 18.37% 2.5% 3.0%		Quarterly N	MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3861 1.3779 1.4031	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,583,363.00	\$1,946,823	\$0	\$323,156	\$284,356	\$217,553	\$503,832	\$173,285	\$134,358	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$72,535)	(\$8,653)	\$0	\$0	(\$324)	(\$893)	(\$62,665)		(\$31,328)	\$31,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,510,828	\$1,938,170	\$0	\$323,156	\$284,032	\$216,660	\$441,167	\$173,285	\$103,030	\$31,328
8	Total Nursing Facility Days As Filed Days = 25,359	FY12 Audited C/R Days	25,359									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,586	FY 18 GL-PL Ins Rpt Days	****	<b>*</b> 70.40	***	210 71	440.74		A 4 7 4 0	24,586	24.00	24.24
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$138.66	\$76.43	\$0.00	\$12.74	\$19.74	(with L&H)	\$17.40	\$7.05	\$4.06	\$1.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents  Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.3861 \$55.14								
12	* ` ` `	RS = Ln 11, AllOthr = Ln 9		\$55.14 \$55.14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	\$4.06	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$12.74	\$23.09		\$20.56	\$0.00	94.00 N/A	φ1.24
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.56	\$55.14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	7.25	\$1.24
	·		<b>\$120.00</b>	ψου	ψ0.00	Ų.Z	Ų		Ųo	Ų	(FRV)	Ų <u>.</u> .
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.30	\$10.13	\$0.00	\$2.34	\$3.63	\$0.00	\$3.20	N/A	N/A	N/A
16	Growth Allowance Percentage = 18.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.86	\$65.27	\$0.00	\$2.34 \$15.08	\$23.37	\$0.00	\$20.60	\$7.05	\$7.25	\$1.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	φ139.00	1.4031	φυ.υυ	φ13.00	φ23.31	φυ.υυ	φ20.00	\$7.03	φ1.23	φ1.24
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.17	\$91.58	\$0.00	\$15.08	\$23.37	\$0.00	\$20.60	\$7.05	\$7.25	\$1.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Sr	vs) Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$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	\$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	\$189.84	\$97.15	\$0.00	\$15.30	\$23.78	\$0.00	\$38.07	\$7.05	\$7.25	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.56			"				"	•	

Provid Prvdr	,	-	Add-on Data and Gro	Percentages owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C Base Period	CMI) Data d Overall CMI:		Facility <u>Specific</u> 1.4300	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q s per On-Site Day/Q	tirly BIMS score uality Incentive:	18.6% 3.78	0.0% 3.0%	Ortrly Meaid		Medicald CMI; Wght Options:		1.4387 1.4636	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	9	ħ	i
CAS	E MIX BASED RATE CALCULATIONS								:			
1 Cc	ost Center Peer Groups	(see Policy Manual)		1	1	2	1	. 1	. 1			
	Type of Facility within Peer Group	(add 1 disa) maisasi,		All Facilities		Free Standing	All Facilities	All Facilities	All Facilities	!		
1	Bed Size Range within Peer Group	:		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
Pe	er Group Standards & Efficiency Measure Limits								:		!	
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	I i	50.0%	1		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	1		
4 (	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			
Ва	se Period Per Diem Allowed Amounts	i i				1				1		I
5 /	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,985,099.00	\$2,702,048	\$0	\$472,068	\$338,666	\$329,325	\$719,325	\$173,230	\$250,437	\$0
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$96,625)	(\$3,061)		(\$233)	\$0	(\$491)	(\$92,840)		(\$43,856)	\$43.856
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,888,474	\$2,698,987	\$0		\$338,666	\$328,834	\$626,485	\$173,230	\$206,581	\$43,856
8	Total Nursing Facility Days As Filed Days = 32,702	FY12 Audited C/R Days	32,702				,		1		*	,
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 24,441	FY 18 GL+PL Ins Rpt Days		)		!		:		24,441		
9 : 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$151.28	\$82.53	\$0.00	\$14.43	\$20.41	(with L&H)	\$19.16	\$7.09	\$6.32	\$1,34
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.4300					:			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.72						1		
12 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln. 11, AllOthr = Ln 9		\$57.72	\$0.00	\$14.43	\$20.41		\$19.16	\$7.09	\$6.32	\$1.34
13 F	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.60	\$57.72	\$0.00	\$14.43	\$20.41		\$19.16	\$7.09	11,45	\$1.34
0.	uarterly Per Diem Rate Prior to Add-ons			i		1		1	:		(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.52	\$10.60	\$0.00	\$2.65	\$3.75	\$0.00	\$3.52	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.12	\$68.32	\$0.00	\$17.08	\$24.16	\$0.00	\$22.68	\$7.09	\$11.45	\$1.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$152.12	1.4636	\$0,00	317.00	\$24.10	. 40.00	\$22.00	\$7.09	\$11.45	\$1.54
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.99					1		!	
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$183.79	\$99.99	\$0.00	\$17.08	\$24.16	\$0.00	\$22.68	\$7.09	\$11.45	\$1,34
1							******			1	•	4
	parterly Per Diem Add-on Amounts	( D-PAA	<b>.</b>			40.5-						
	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00		1			:	1		
	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.00	\$3.00		1				1 1		
	Nursing Home Provider Fee Yetal Quadraty Res Diam Add as Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10		60.00	60.60	60.11	60.00	\$17.10			
<del></del>	Total Quarterly Per Diem Add-on Amounts		\$21.63	\$3.53	\$0.00	÷	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25   Qu	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.42	\$103.52	\$0.00	\$17.30	\$24.57	\$0.00	\$40.15	\$7.09	\$11.45	\$1.34
26 Qu	rarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.24									

	rovider: Heritage Inn of Barnesville		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.3499	State- wide 1.3617
-	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	47.1% 3.01	5.5% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG	Medicaid CMI: Wght Options:		1.4780 1.5021	1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	ď	е	f	g	g .	h	i
: 0	ASE MIX BASED RATE CALCULATIONS	:				1				1		
1	Cost Center Peer Groups Typo of Facility within Peer Group Bod Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			! :
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	de de de de de de de de de de de de de d		  -  -  -  -  -  -
	Base Period Per Diem Allowed Amounts		ı :			. [		i		-		
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,953,065.08	\$2,698,086	\$0	\$540,262	\$316,196	\$272,627	\$637,292	\$112,121	\$376,481	50
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$24,917)	\$0	\$0	\$0	\$0	\$0	(\$25,520)	-	(\$23,865)	\$24,468
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,928,149	\$2,698,086	\$0	\$540,262	\$316,196	\$272,627	\$611,773		\$352,616	1
8	Total Nursing Facility Days As Filed Days = 39,325	FY12 Audited C/R Days	39,325			1 : 1				1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,775	FY 18 GL-PL Ins Rpt Days				1		1		39,775		r
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/£n8Cola	\$125.29	\$68,61	\$0.00	\$13.74	\$14.97	(with L&H)	\$15.56	\$2.82	\$8.97	\$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3499								
<u>,</u> 11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$50.83					1			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = £n 9		\$50.83	\$0.00	\$13.74	\$14.97	:	\$15,56	\$2.82	\$8.97	\$0.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
: 14 :	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$105.59	\$50.83	\$0.00	\$13.74	\$14.97	!	\$15.56	\$2.82	7.05 (FRV)	\$0.62
į.	Quarterly Per Diem Rate Prior to Add-ons		**- *-					! !	:	1		
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$17.47	\$9.34	\$0.00	\$2.52	\$2.75	\$0.00	\$2.86	: N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qlr End	\$123.06	\$60.17	\$0.00	\$16.26	\$17,72	\$0.00	\$18.42	\$2.82	\$7.05	\$0.62
18	Quarterly Facility Case Mix Index for Medicaid Residents Ortdy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.5021</u> \$90.38					1			:
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.27	\$90.38 \$90.38	\$0.00	\$16.26	\$17.72	\$0.00	\$18.42	\$2.82	\$7.05	\$0.62
	Quarterly Per Diem Add-on Amounts	i										
20	-	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$4.97	\$4.97	*****		+2.,,		i		73.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sivcs)	Ln 19 Col b x Stfng Add-on	\$2.71	\$2.71		1		! :	:	:		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$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	\$179.58	\$98.59	\$0.00	\$16,48	\$18.13	\$0.00	\$35.89	\$2.82	\$7.05	\$0.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.86									
	÷	! ,										

Provid	dr ID: 00142678A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
FIVOR	Case Mix Per Diem Rate Effective Date:	4/1/2021		trly BIMS score	N/A 44,4%	2.5%			d Overall CMI: Medicaid CMI:		1.3183 1.7213	1.3617 1.5382
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		3.81	3.0%	Ortrly Mcaid		Wght Options:		1.7523	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		· · · · · · · · · · · · · · · · · · ·	8	b	С	d	е	f	g	g	h	í
CAS	MIX BASED RATE CALCULATIONS			,				1				!
1 Co	st Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(asor one) manality		All Facilities	All Facilities	-	All Facilities	All Facilities	: All Facilities			
1	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
Pe	er Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	1		i :
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	:		
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			: !
Ba	se Period Per Diem Allowed Amounts					1 :			i I			l
. 5 A	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,922,685.33	\$1,514,491	\$0	\$318,355	\$150,840	\$218,788	\$374,361	\$57,351	\$288,499	\$0
6 4	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$11,961)	\$0	\$0	\$0	\$457	\$663	(\$13,956)	1	(\$21,030)	\$21,905
7 (	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,910,724	\$1,514,491	\$0	\$318,355	\$151,297	\$219,451	\$360,405	\$57,351	\$267,469	\$21,905
8	Total Nursing Facility Days As Filed Days = 21,700	FY12 Audited C/R Days	21,700			1		:		1		į
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,510	FY 18 GL-PL Ins Rpt Days								21,510		1 
9 : 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.17	\$69.79	\$0.00	\$14.67	\$17.09	(with L&H)	\$16.61	\$2.67	\$12.33	\$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3183</u>		1			:	1		!
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.94		1		:				
12 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.94	\$0.00	\$14.67	\$17.09		\$16.61	\$2.67	\$12.33	\$1.01
13   F	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 8	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.11	\$52.94	\$0.00	\$14.67	\$17.09		\$16.61	\$2.67	10.12 (FRV)	\$1.01
. !	arterly Per Diem Rate Prior to Add-ons					i i		:		1 1		! !
: 1	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.61	\$9.73	\$0.00	\$2.69	\$3.14	\$0.00	\$3.05	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.72	\$62.67	\$0.00	\$17.36	\$20.23	\$0.00	\$19.66	\$2.67	\$10.12	\$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7523		1				i i		
. 18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.82		!				:		
19 0	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.87	\$109.82	\$0.00	\$17.36	\$20.23	\$0.00	\$19.66	\$2.67	\$10.12	\$1.01
Qu	arterly Per Diem Add-on Amounts							:	:			)
20 E	Efficiency Add-on Per Diem {[Stnd - Alwd] x .75, up to max, or 0}	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75		1		2 2				
1 1	lurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29		1		1				
1 1	lursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	i i		
24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.67	\$6.57	\$0.00	\$0,22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qu	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.54	\$116.39	\$0.00	\$17.58	\$20.64	\$0.00	\$37.13	\$2.67	\$10.12	\$1.01
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.33					·				

Provider: Heritage Inn of Statesboro		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00142161A	e: 4/1/2021		wth Allowance:	N/A	18.37%			Overall CMI:		1.2962	1.3617
Case Mix Per Diern Rate Effective Dat MDS & Nurse Hrs Data per Quarter Endin		rs per On-Site Day/Q	trly BIMS score uality Incentive:	32,2% 3.05	2.5% 3.0%	Ortrly Moaid	Quarteny i CMI w RUG V	dedicaid CMI: Vght Options:		1.5409 1.5670	1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	ь	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS								:			:
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1			
Type of Facility within Peer Group	(000 ; 000, 000, 000, 000, 000, 000, 000		All Facilities	All Facilities	1 - 1	All Facilities	All Facilities	All Facilities	1		1
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			:
Peer Group Standards & Efficiency Measure Limits	1										:
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	!		1
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts			:								
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,625,557.37	\$1,942,671	\$0	\$400,417	\$189,018	\$260,754	\$492,323	\$88,441	\$251,933	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$17,099)	\$0	\$0	(\$1,779)	\$0	(\$187)	(\$16,912)		(\$27,410)	\$29,189
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,608,458	\$1,942,671	\$0	\$398,638	\$189,018	\$260,567	\$475,411	\$88,441	\$224,523	\$29,189
8 Total Nursing Facility Days As Filed Days = 28,133	FY12 Audited C/R Days	28,133			1				1		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,694	FY 18 GL-PL Ins Rpt Days							:	28,694		:
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$128.20	\$69.05	\$0.00	\$14.17	\$15.98	(with L&H)	\$16.90	\$3.08	\$7.98	\$1.04
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2962		<u> </u>						
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.27		) ·		:	· :			
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.27	\$0.00	\$14.17	\$15.98		\$16.90	\$3.08	\$7.98	\$1.04
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	}
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.50	\$53.27	\$0.00	\$14.17	\$15.98	1	\$16.90	\$3.08	7.06	\$1.04
Quarterly Per Diem Rate Prior to Add-ons	•									(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.43	\$9.79	\$0.00	\$2.60	\$2.94	\$0.00	\$3,10	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Լռ 14 + Ln 15	\$129.93	\$63.06	\$0.00	\$16.77	\$18.92	\$0.00	\$20.00	\$3.08	\$7.06	\$1.04
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	*	1.5670			4,5.52			00.00	47.00	<b>\$1.0</b> 4
18 Critrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.82						1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$165.69	\$98.82	\$0.00	\$16.77	\$18.92	\$0.00	\$20.00	\$3.08	\$7.06	\$1.04
Quarterly Per Diem Add-on Amounts	:						1				
20 Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs		\$2.47	\$2.47	Ψ0.00	Ψ0.22	ψ0.91	. 90.00			Ψ0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.96	\$2.96						1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.06	\$5.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.75	\$104.78	\$0.00	\$16.99	\$19.33	\$0.00	\$37,47	\$3.08	\$7.06	\$1.04
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.49			!		:		<u> </u>		·

	rovider: High Shoals Health & Rehabilitation  rodr ID: 00212814A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Ho		owth Allowance: trly BIMS score	Score N/A 39.6% 2.82	Add-on <u>Percent</u> 18.37% 2.5% 3.0%		Quarterly N	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3425 1.2651 1.2878	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,303,039.00	\$2,934,713	\$0	\$634,606	\$343,241	\$445,290	\$754,291	\$98,431	\$92,467	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$161,189)	(\$13,942)	\$0	(\$33,409)	(\$2,717)	(\$15,898)	(\$83,346)		(\$27,601)	\$15,724
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,141,850	\$2,920,771	\$0	\$601,197	\$340,524	\$429,392	\$670,945	\$98,431	\$64,866	\$15,724
8	Total Nursing Facility Days As Filed Days = 27,611	FY12 Audited C/R Days	27,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,700	FY 18 GL-PL Ins Rpt Days								33,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$185.57	\$105.78	\$0.00	\$21.77	\$27.88	(with L&H)	\$24.30	\$2.92	\$2.35	\$0.57
10 11	Base Period Facility <u>Case Mix Index</u> for All Residents  Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.3425 \$78.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.79 \$78.79	\$0.00	\$21.77	\$27.88		\$24.30	\$2.92	\$2.35	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$70.79	\$0.00	\$18.41	\$23.09		\$24.50	\$0.00	₩2.55 N/A	φυ.57
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.55	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$2.92	15.49	\$0.57
	·			, -	,	, -			,	,	(FRV)	,
15	Quarterly Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.54	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.09	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.92	\$15.49	\$0.57
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ψ117.00	1.2878	ψ0.00	Ψ21.70	Ψ27.00	ψ0.00	Ψ24.04	Ψ2.02	ψ10.40	φο.στ
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.45	\$109.01	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.92	\$15.49	\$0.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.10	\$6.00	\$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	\$224.55	\$115.01	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$2.92	\$15.49	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.59									

Provider: Hill Haven Nursing Home Prvdr ID: 00448456A Case Mix Per Diem Rate Effective Date;	4/1/2021	Q	owth Allowance: trly BIMS score	Facility Score N/A 36.4%	Add-on Percent 18.37% 2.5%		Quarterly N	d Overall CMI: Medicald CMI:		Facility Specific 1.2298 1.4764	State- wide 1.3617 1.5382
MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	irs per On-Site Day/Q	uality Incentive:	3.50	3.0%	Qriny Mcaid	CMI w RUG V	Ngnt Options:		1.5007	1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	C	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS		r									}
1 Cost Center Peer Groups				1			1 1		:		
Type of Facility within Peer Group  Bed Size Range within Peer Group	(see Policy Manual)	r !	All Facilities	All Facilities	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities			i
Peer Group Standards & Efficiency Measure Limits				!	1		,				;
2 Peer Group Standards: Percentile	(see Policy Manual)	ſ	90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	İ	\$0.37			
Base Period Per Diem Allowed Amounts					1 i						
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,142,256.00	\$1,574,830	\$0	\$317,366	\$217,202	\$200,111	\$532,862	\$62,431	\$237,454	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$55,257)	(\$7,300)	\$0	\$1,036	(\$2,265)	(\$2,086)	(\$42,166)		(\$40,283)	\$37,807
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,086,999	\$1,567,530	\$0	\$318,402	\$214,937	\$198,025	\$490,696	\$62,431	\$197,171	\$37,807
8 Total Nursing Facility Days As Filed Days = 22,914	FY12 Audited C/R Days	22,914			1				1		1
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,824	FY 18 GL-Pt. Ins Rpt Days				: :				23,824		1
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.61	\$68.41	\$0.00	\$13.90	\$18.02	(with L&H)	\$21.41	\$2.62	\$8.60	\$1.65
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2298		)						
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$55.63		1						:
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.63	\$0.00	\$13.90	\$18.02		\$21.41	\$2.62	\$8.60	\$1.65
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	' :	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	:
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.15	\$55.63	\$0.00	\$13.90	\$18.02		\$20,56	\$2.62	9.77	\$1.65
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	:
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.86	\$10.22	\$0.00	\$2.55	\$3.31	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.01	\$65.85	\$0.00	\$16.45	\$21.33	\$0.00	\$24.34	\$2.62	\$9.77	\$1.65
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5007</u>					:			
18 Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	i :	\$98.82		1						į.
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.98	\$98.82	\$0.00	\$16.45	\$21.33	\$0.00	\$24.34	\$2.62	\$9.77	\$1.65
Quarterly Per Diem Add-on Amounts			!		:						ì
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	;
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47		:						{
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.96	\$2.96		i						:
23 Nursing 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	\$5.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.67	\$104.78	\$0.00	\$16.67	\$21.74	\$0.00	\$41.44	\$2.62	\$9.77	\$1.65
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.18									

Provider: Jesup Health Care		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00142689A	4/4/0004		wth Allowance: trly BIMS score	N/A 30.6%	18.37% 2.5%			d Overall CMI: Medicaid CMI:		1.4500 1.7968	1.3617 1.5382
Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending		راب Jrs per On-Site Day/Qı		30.6%	2.5% 4.0%	Ortrly Moaid		Wght Options:		1.8314	1.5656
		por 011 0110 24), q		0.00		artily modic	0 11 1100	rrgin optiono.			1.0000
		<b>-</b>	Routine	Special	B: .	Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line # Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	Insurance	and Related	and Insurance
	Galodiations	а	b	С	d	e	f	g	q	h	i
CACE MIX DACED DATE CALCULATIONS						<u> </u>		9	9		
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	22.22/	25.22/		50.00/			
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	(coo i oney manda)		φυ.σσ	φυ.συ	\$0.22	φοιτι		φοιον			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,416,685.96	\$1,923,963	\$0	\$308,759	\$228,458	\$194,173	\$531,481	\$20,609	\$209,243	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$374,073)	(\$314,489)	\$0	\$429	(\$2,281)	\$7,477	(\$42,462)		(\$35,529)	\$12,782
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,042,613	\$1,609,474	\$0	\$309,188	\$226,177	\$201,650	\$489,019	\$20,609	\$173,714	\$12,782
8 Total Nursing Facility Days As Filed Days = 24,507	FY12 Audited C/R Days	24,507									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,290	FY 18 GL-PL Ins Rpt Days								21,290		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$124.28	\$65.67	\$0.00	\$12.62	\$17.46	(with L&H)	\$19.95	\$0.97	\$7.09	\$0.52
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10		1.4500								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$45.29	***	040.00	4.7.40		212.05	40.07	47.00	40.50
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	\$7.09	\$0.52
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$103.39	\$71.51 \$45.29	\$0.00	\$18.41	\$23.09 \$17.46		\$20.56	\$0.00 \$0.97	N/A 6.58	<b>#0.50</b>
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Lift 12 of Lift 13	\$103.39	\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	6.58 (FRV)	\$0.52
Quarterly Per Diem Rate Prior to Add-ons										(1117)	
15 Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$17.51	\$8.32	\$0.00	\$2.32	\$3.21	\$0.00	\$3.66	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.90	\$53.61	\$0.00	\$14.94	\$20.67	\$0.00	\$23.61	\$0.97	\$6.58	\$0.52
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.8314</u>								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.18								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.47	\$98.18	\$0.00	\$14.94	\$20.67	\$0.00	\$23.61	\$0.97	\$6.58	\$0.52
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45			•					
22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.01	\$6.91	\$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	\$190.48	\$105.09	\$0.00	\$15.16	\$21.08	\$0.00	\$41.08	\$0.97	\$6.58	\$0.52
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.04					I .	1	<u> </u>		
	1										

#### FINAL

#  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		Sources / Calculations	Totals a	Routine Services b	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and	A&G- GL-PL Insurance	Property and	Taxes and
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)			а	b	С			ox ividifit	General	mouranoo	Related	Insurance
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)						d	е	f	g		h	i
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)				4	1	2		1	1 . 1	1		
Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)				All Facilities	All Facilities	Freestandina	All Facilities	All Facilities	All Facilities			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)				All Ded Sizes	All Deu Sizes	All Ded Sizes	All bed Sizes	All bed Sizes	All Bed Sizes			
Peer Group Standards: Multiplier Efficiency Measures (Maximums)				90.0%	90.0%	90.0%	85.0%		50.0%			
Efficiency Measures (Maximums)				100.0%	100.0%	100.0%	100.0%		105.0%			
				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
				\$0.00	\$0.00	\$0.22	\$0.47		\$0.37			
Net Historical Cost 2010		FY2010 C/R -FY 2018 GL-PL Rpt		2.218.749		659.341	196,091	287,566	544,060	33,164	125,937	8.186
Inflation (July 2012) @ 2.06%				45,706		13.582	9.963	207,300	11,208	33,104	120,337	169
Patient Days		FY 2010 Cost Rpt		28.754		28,754	28,754		28,754		28,754	28.754
Total Nursing Facility Days GL-PL Ins. Rpt		FY 18 GL-PL Ins Rpt Days		20,704		20,754	20,754		20,734	24.337	20,734	20,70
Inflated NHC/ Patient Days				78.75		23.40	17.17		19.31	1.36	4.38	0.29
Base Period Facility CMI for all Residents				1.2689		20.10			10.01	1.00	4.00	0.20
Routine Services Case Mix Adjusted Net Per Diem				\$62.06								
Net Per Diems After Case Mix Adjustments			\$127.97	\$62.06		\$23.40	\$17.17		\$19.31	\$1.36	\$4.38	0.29
Per Diem Standards			1000000	\$72.49		\$17.69	\$23.20		\$21.80	*		
Base Period Case Mix Adjusted Allowed Per Diem			\$130.28	\$62.06		\$17.69	\$17.17		\$19.31	\$1.36	12.40	0.29
Quarterly Per Diem Rate Prior to Add-Ons			Sec. 200							.*	(FRV Rate)	
Growth Allowance 18.37%			\$21.35	\$11.40		\$3.25	\$3.15		\$3.55		,	
CMA Allowed Per Diem After Growth Allowance			\$151.63	\$73.46		\$20.94	\$20.32		\$22.86	\$1.36	\$12.40	\$0.29
Quarterly Facility Case Mix Index for Medicaid Residents			33,5000,140,00,00	1.3148								
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$96.59								
Quarterly Medicaid CMA Allowed Per Diem			\$174.76	\$96.59		\$20.94	\$20.32		\$22.86	\$1.36	\$12.40	\$0.29
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)			\$1.31	\$0.53		\$0.00	\$0.41		\$0.37			
BIMS Add-on Per Diem = 2.5%	(to Routine Srvs)		\$2.41	2.41								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$2.90	2.90								
Nursing Home Provider Fee			\$ 17.10						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts			\$23.72									
Quarterly Case Mix Based Per Diem Rate  Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pydr Fee) x 75%		\$136.04	\$198.48	\$102.43		\$20.94	\$20.73		\$40.33	\$1.36	\$12.40	\$0.29

Pe	ovider: <b>Kentwood</b>		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Pr	vdr ID: 00143426A			wth Allowance:	N/A	18.37%			Overall CMI:		1,2689	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021	a	ilrly BIMS score	39.0%	2.5%		Quarterly !	Medicaid CMI:		1.4720	1.5382
:	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	ırs per On-Site Day/Q	uality Incentive:	4.02	3.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.4958	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
ļ			a	b	C	<u>d :</u>	е	f	g	g	ħ	i
C.	ASE MIX BASED RATE CALCULATIONS		•	:		:			-			
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	` , , .	! !	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits									1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	t į		
1	Base Period Per Diem Allowed Amounts					!		: !		;		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,032,877.69	\$2,965,870	\$0	\$546,138	\$263,810	\$217,324	\$690,127	\$176,477	\$173,132	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$65,636)	\$0	\$0	\$0	\$0	(\$1,573)	(\$64,063)		(\$256)	\$256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,967,242	\$2,965,870	\$0	\$546,138	\$263,810	\$215,751	\$626,064	\$176,477	\$172,876	\$256
8	Total Nursing Facility Days As Filed Days = 27,487	FY12 Audited C/R Days	27,487		!	1			:	1		
!	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,404	FY 18 GL-PL Ins Rpt Days							i.	33,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$179.58	\$107.90	\$0.00	\$19.87	\$17,45	(with L&H)	\$22.78	\$5.28	\$6.29	\$0.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2689					:			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.03					!			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.03	\$0.00	\$19.87	\$17.45		\$22.78	\$5.28	\$6.29	\$0.01
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lessor of En 12 or Ln 13	\$150.26	\$71.51	\$0.00	\$18,41	\$17,45		\$20.56	\$5.28	17.04 (FRV)	\$0.01
	Quarterly Per Diem Rate Prior to Add-ons					i i						
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.51	\$13.14	\$0.00	\$3.38	\$3.21	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.77	\$84.65	\$0.00	\$21.79	\$20,66	\$0.00	\$24.34	\$5.28	\$17.04	\$0.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.4958	!	1		:	:	1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17 RS = Ln 18. AllOthr = Ln 16		\$126.62					:			
19	Quarterly Medicaid CMA Allowed Per Diem	NO = ER 10, ABOURT = ER 16	\$215.74	\$126.62	\$0.00	\$21.79	\$20.66	\$0.00	\$24.34	\$5.28	\$17.04	\$0.01
:	Quarterly Per Diem Add-on Amounts		!					1		1		
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Savs)	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17		1			:	\		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$3.80	\$3.80		1			:	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1 .		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.48	\$6.97	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	೬ո 19 + Ln 24	\$240.22	\$133.59	\$0.00	\$21.79	\$21.07	\$0.00	\$41.44	\$5.28	\$17.04	\$0.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.34									
<u> </u>												

Description   Sources   Totals   Services		ovider: Keysville Nursing Home and Rehab Ctr vdr ID: 00141655A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Ho		owth Allowance: htrly BIMS score		Add-on Percent 18.37% 5.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3131 1.2168 1.2376	State- wide 1.3617 1.5382 1.5656
Cost Center Pear Groups	Line	Description		Totals			Dietary		Operatos	and		and	Taxes and Insurance
Control Pack Groups   Control Pack Groups				a	b	C	d	е	f	9	g	h	i
Peer Group Standards & Efficiency Measure Limits   Peer Group Standards (Recombine Manual)   See Peer Group Standards & Efficiency Measure Limits   Peer Group Standards & Efficiency Measure Limits   Peer Group Standards & Efficiency Measure Limits   Peer Group Standards & Efficiency Measure Limits   Peer Group Standards & Efficiency Measure (see Peel by Manual)   100.015	C	ASE MIX BASED RATE CALCULATIONS	: •				: !		• 1				
Peer Group Standards & Efficiency Measure Limits   feee Policy Manual)   69,005   90,015	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
2   Peer Group Standards: Multiple Standards: Percentile   (see Policy Manual)   90.0%   90.		·	:		HI Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
As Filed Cost Center Costs (Routine & Special Sives Combined) As Filed PLV2 CR-PC 2018 GPL Rept (\$13,288) \$3,385.28 \$13,321,717 \$0 \$334,354 \$174,953 \$327,425 \$331,928 \$7,637 \$3375,344 \$22,189 \$22,18	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	; ; ;	105.0%			
As Filed Cost Center Costs (Routine & Special Sives Combined) As Filed PLV2 CR-PC 2018 GPL Rept (\$13,288) \$3,385.28 \$13,321,717 \$0 \$334,354 \$174,953 \$327,425 \$331,928 \$7,637 \$3375,344 \$22,189 \$22,18		Base Period Per Diem Allowed Amounts			i .		1		:		1		
6 Audit Adjustments and Reallocations to Cost Center Costs   FY12 C/R Audit Adjustments   S12,288   S5,280   S0   S50   S333   (\$20,791)   (\$21,389)   S22,1    7 Cost Center Costs After Audit Adjustments   FY12 Audited C/R   \$2,860,070   \$1,326,997   S0   \$334,934   \$175,478   \$327,758   \$311,157   \$7,637   \$333,955   \$22,1    8 Total Nursing Facility Days   An Field Days = 19,753   FY18 GL-FL Ins Rpt   An Field Days = 19,753   FY18 GL-FL Ins Rpt   BGL-FL Ins R	5		As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,873,358,28	\$1.321.717	so.	\$334.354	\$174.953	\$327.425	\$331 928	\$7,637	\$375 344	\$0
Total Nursing Facility Days GL-PL Ins. Rpt	. 1			4210.01000.20									\$22,174
Total Nursing Facility Days							1				•		\$22,174
Total Nursing Facility Days GL-PL Ins. Rpt   As Filed Days = 19.753   FY 18 GL-PL Ins Rpt Days	8	,	FY12 Audited C/R Days			:		*********		1 33.7,13.	4.,12.	4000,000	<b>4</b> ,
9 Net Per Diems prior to Case Mix Adjatm to Routine Srvcs			FY 18 GL-PL Ins Rpt Days				1		:		19.753		
Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	9		Ln 7 / Ln 8 Col a	\$139.44	\$63,46	\$0.00	\$16.02	\$24.06	(with L&H)	\$14.88	1 .	\$16.93	\$1.06
Routine Srvcs Case Mix Adjistrd (CMA) Net Per Diem	10	,	from 4 qtrs of FY12	1	1.3131			*=		!		*	•
Net Per Diems after Case Mix Adjistmt to Routine Srvcs	11	·				:				1			
Per Diem Standards (Alter Statewide CMA for Routino Sives)   Per Peer Group Limits   S120.00   \$48.33   \$50.00   \$18.41   \$23.09   \$20.58   \$50.00   \$NA			RS = Ln 11, AllOlhr = Ln 9			\$0.00	\$16.02	\$24.06	1	\$14.88	\$3.03	\$16.93	\$1.06
Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$12,000   \$48.33   \$50.00   \$16.02   \$23.09   \$14.88   \$3.03   \$13.59   \$1.	13	•	per Peer Group Limits	4	1			· · · · · · · · · · · · · · · · · · ·					
15   Growth Allowance Percentage = 18.37%   Ln 14 x Grwth Allwnc % \$18.79   \$8.88   \$0.00   \$2.94   \$4.24   \$0.00   \$2.73   N/A   N/A   N/A   N/A   16   CMA Allowed Per Diem (Altor Growth Allowance Add-on)   Ln 14 + Ln 15   \$138.79   \$57.21   \$0.00   \$18.96   \$27.33   \$0.00   \$17.61   \$3.03   \$13.59   \$1.     Quarterly Facility Case Mix Index for Medicaid Residents   per Current Otr End   1.2376	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.00			A Company of the Comp	\$23.09	:		1 /	13.59	\$1.06
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents Per Current Qtr End In 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 S152,38 S70.80 S1.23 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem (IStnd - Alwd] x.75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts S17.10 S17.30 S18.96 S27.33 S0.00 S17.61 S3.03 S13.59 S1. S10.00 S18.96 S27.33 S0.00 S17.61 S3.03 S13.59 S1. S10.00 S18.96 S27.33 S0.00 S17.61 S3.03 S13.59 S1. S10.00 S17.61 S3.03 S13.59 S10.00 S17.61 S3.03 S13.59 S10.00 S17.61 S3.03 S13.59 S10.00 S17.61 S10.00 S17.61 S3.03 S13.59 S10.00 S17.61 S10.00 S17.61 S3.03 S13.59 S10.00 S17.61 S10.00 S17.61 S3.03 S13.59 S10.00 S17.61 S10.00 S17.61 S3.03 S13.59 S10.00 S17.61 S3.03 S13.59 S10.00 S17.61 S3.03 S10.00 S17.61 S3.03 S13.59 S10.00 S17.61 S3.03 S10.00 S17.61 S3.03 S10.00 S17.61 S3.03 S10.00 S17.61 S3.03 S10.00 S17.61 S3.03 S10.00 S17.61 S3.03 S10.00 S17.61 S3.03 S10.00 S17.61 S3.00 S17.61 S3.00 S17.61 S3.00 S17.61 S3.00 S17.61 S3.00 S17.61 S3.0		•	1		1		1				i i		
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				,									N/A
18	' :	·		\$138.79		\$0.00	\$18.96	\$27.33	\$0.00	\$17.61	\$3.03	\$13.59	\$1.06
19 Quarterly Medicaid CMA Allowed Per Diem  RS = Ln 18, AllOthr = Ln 16  \$152,38  \$70,80  \$0.00  \$18,96  \$27,33  \$0.00  \$17,61  \$3,03  \$13,59  \$1, Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem =		· · · — —		•						1	1		
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 \$0.00 \$0.37 \$0.00 \$0.00 \$0.37 \$0.00 \$	19	, , ,		\$152.38		\$0.00	\$18.96	\$27.33	\$0.00	\$17.61	\$3.03	\$13.59	\$1.06
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 \$0.00 \$0.37 \$0.00 \$0.00 \$0.37 \$0.00 \$		Quartedy Per Diem Add on Amounts	• V	•			1				1		
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$3.89 \$3.89 22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs) Ln 19 Col b x Stfing Add-on \$2.12 \$2.12 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 \$17.10 \$17.47 \$0.00 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 \$17.47 \$0.00 \$0.0	20	-	(see Policy Manual)	\$1 12	\$0 E2	የበ በጽ	\$0.22	\$0.00	20.00	<b>የ</b> ስ 27		20.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Stros)  Ln 19 Col b x String Add-on  \$2.12 \$2.12  3 Nursing Home Provider Fee  (Fixed Amount)  517.10				į.		00.00	ψ0.22	40.00	ψυ.υυ	90.37		φυ.υυ	
23     Nursing Home Provider Fee     (Fixed Amount)     \$17.10							1		1	!	i		
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$24.23     \$6.54     \$0.00     \$0.02     \$0.00     \$17.47     \$0.00     \$0.00     \$0.20       25     Quarterly Case Mix Based Per Diem Rate     Ln 19+Ln 24     \$176.61     \$77.34     \$0.00     \$19.18     \$27.33     \$0.00     \$35.08     \$3.03     \$13.59     \$1.00	23						1		<i>i</i>	\$17.10	1		
25 Quarterly Case Mix Based Per Diem Rate Ln 19+Ln 24 \$176.61 \$77.34 \$0.00 \$19.18 \$27.33 \$0.00 \$35.08 \$3.03 \$13.59 \$1.	24				\$6.54	\$0.00	\$0.22	\$0.00	\$0.00	1	<b>\$0.00</b>	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23)* 0.75 \$119.63	25		•		<del></del>		<del></del>		<del> </del>	<del> </del>	<del>}</del>		\$1.06
	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.63	1	<u>i</u>	<u></u>			!	t		

Provider: Lafayette Nursing Prvdr ID: 00399737A	& Rehab Center  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 54,4% 5,47	Add-on Percent 18.37% 5.5% 3.0%	- Vollander		d Overall CMI: Medicald CMI:		Facility <u>Specific</u> 1.4871 1.4160 1.4380	State- wide 1.3617 1.5382 1.5656
Line Description		Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		i 	. 3	ь	С	<u>, d</u>	е	f	9	9	h i	ii
CASE MIX BASED RATE CAL	<u>.CULATIONS</u>					1			1	1		
Cost Center Peer Groups     Type of Facility within Peer Gro     Bed Size Range within Peer Gro		(see Policy Manual)		1 All Facilities All Bed Sizes		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 & Efficien Peer Group Standards: Percentill Peer Group Standards: Multiplier Efficiency Measure Maximums	e .	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	: : : :	50.0% 105.0% \$0.37			
Base Period Per Diem Allowed A	mounte	• •						į	i		i	ļ
5 As Filed Cost Center Costs (Rou		As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,256,560,00	\$4.885.876	: \$0	\$883,051	\$416,107	\$519.499	\$1.637,603	\$385,084	\$529.340	\$0 -
6 Audit Adjustments and Reallocati	·	FY12 C/R Audit Adjstmts	(\$77,970)		\$0		\$840	\$1,832		1	(\$85,898)	\$87.765
7 Cost Center Costs After Audit Ad		FY12 Audited C/R	\$9,178,590	\$4,811,702	\$0	1	\$416,947		\$1,633,440	\$385,084	\$443,442	\$87,765
8 Total Nursing Facility Days	As Filed Days = 55,096	FY12 Audited C/R Days	55,096		:				Į.		i	i
Total Nursing Facility Days GL	-PL Ins. Rpt As Filed Days = 44,797	FY 18 GL-PL Ins Rpt Days	1		l .	:		}		44,797	ļ	
9 Net Per Diems prior to Case Mix	Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168.20	\$87.33	\$0.00	\$15.95	\$17.03	(with L&H)	\$29.65	\$8.60	\$8.05	\$1.59
10 Base Period Facility Case Mix	Index for All Residents	from 4 qtrs of FY12		<u>1.4871</u>					:			
11 Routine Srvcs Case Mix Adjsto	d (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.73	!					i i		
12 Net Per Diems after Case Mix Ad	ijstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.73	\$0.00	\$15.95	\$17.03		\$29.65	\$8.60	\$8.05	\$1.59
13 Per Diem Standards (After Statewi	de CMA for Routine Srvcs)	per Peer Group Limits	}	\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted A		Lesser of En 12 or En 13	\$139.34	\$58.73	\$0.00	\$15.95	\$17.03		\$20.56	\$8.60	16.88 (FRV)	\$1.59
Quarterly Per Diem Rate Prior to 15 Growth Allowance Percentage =		En 14 x Grwth Allwinc %	\$20.63	\$10.79	\$0.00	\$2.93	\$3.13	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Gro		Ln 14 + Ln 15	\$159.97	\$69.52	\$0.00	\$18.88	\$20.16	\$0.00	\$24.34		\$16.88	\$1.59
17 Quarterly Facility Case Mix Ind	•	per Current Otr End		1.4380		\$10.00	Ψ20.70	0.00	ψ£4.04	00.00		1
18 Ontriy Routine Srvcs Case Mix		Ln 16 x էп 17		\$99.97					j	1		
19 Quarterly Medicaid CMA Allowed	• • •	RS = Ln 18, AllOthr = Ln 16	\$190.42	\$99.97	\$0.00	\$18.88	\$20.16	\$0.00	\$24.34	\$8.60	\$16.88	\$1.59
Quarterly Per Diem Add-on Amo	et eur							İ	1		:	
20 Efficiency Add-on Per Diem ( Str		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	*
21 BIMS Add-on Per Diem =	5.5% (to Routine Srvs)	1	\$5.50	\$5.50					1		, , , ,	
1 :	Per Diem: 3.0% (to Routine Srycs)	Ln 19 Col b x Stfng Add-on	\$3.00	\$3.00	! }	: !			1		. :	3
23   Nursing Home Provider Fee	•	(Fixed Amount)	\$17.10						\$17.10			1
24 Total Quarterly Per Diem Add-on	Amounts	Sum of Lns 20 thru 23	\$26.76	\$9.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Di	iem Rate	Ln 19 + Ln 24	\$217.18	\$109.00	\$0.00	\$19.10	\$20.57	\$0.00	\$41.44	\$8.60	\$16.88	\$1.59
26 Quarterly Per Diem Rate for Bed	Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.06		<del></del>	······································		······································		······································	······································	

Provider: LaGrange Nurs, & Rehab. Ctr. Prvdr ID: 00270245A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Ho		wth Allowance: trly BIMS score	Facility Score N/A 29.7% 2.98	Add-on <u>Percent</u> 18.37% 1.0% 3.0%			f Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1,4490 1,6470 1,6798	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	đ	е	f	g	9	h	i
CASE MIX BASED RATE CALCULATIONS					:						
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Sizo Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	·	50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts					:						. ;
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,142,325.00	\$3,338,930	\$0	\$684,153	\$317,877	\$319,612	\$1,421,710	\$24,394	\$1,035,649	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$872,248)	(\$268,459)	\$0	(\$64,251)	\$2,204	(\$14,104)	(\$604,302)	1	\$46,284	\$30,380
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,270,077	\$3,070,471	\$0	\$619,902	\$320,081	\$305,508	\$817,408	\$24,394	\$1,081,933	\$30,380
8 Total Nursing Facility Days As Filed Days = 46,991	FY12 Audited C/R Days	46,991					i 	:	1		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,094	FY 18 GL-PL Ins Rpt Days			:	:				33,094		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$133.64	\$65.34	\$0.00	\$13.19	\$13.31	(with L&H)	\$17.39	\$0.74	\$23.02	\$0.65
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	;	<u>1.4490</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9	i	\$45.09	***		640.04			65.74	500.00	
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	per Peer Group Limits	,	\$45.09	\$0.00 \$0.00	\$13.19 \$18.41	\$13.31 \$23.09		\$17.39	\$0.74 \$0.00	\$23.02	\$0.65
Per Diem Standards (After Statowide CMA for Routine Sives)  Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$99.30	\$71.51 \$45.09	\$0.00	\$13.19	\$13.31		\$20.56 \$17.39	1 1	N/A 8.93	\$0.65
Dase Pendu Case Mix Adjusted Allowed Per Diem	Essaes Di Esi 12 di Esi 13	\$99.50	<b>\$45.09</b>	\$6.00	\$13.19	\$13.31		. <b>.</b>	\$0.74	6.93 (FRV)	Φ0.00
Quarterly Per Diem Rate Prior to Add-ons					'				1		!
15 Growth Allowance Percentage = 18.37%	En 14 x Grwth Allwnc % En 14 + En 15	\$16.34	\$8.28	\$0.00	\$2.42	\$2.45	\$0.00	\$3.19	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	\$115.64	\$53.37	\$0.00	\$15.61	\$15.76	\$0.00	\$20.58	\$0.74	\$8.93	\$0.65
17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Ortrly Routine Srycs Case Mix Adistd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.6798</u> \$89.65								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.92	\$89.65	\$0.00	\$15.61	\$15.76	\$0.00	\$20.58	\$0.74	\$8.93	\$0.65
		:	-	•		******		i		•	- 1
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ((Strid - Alwell x .75, up to max. or 0)	(see Policy Manual)	£4 E2	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	:
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 1,0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.53 \$0.90	\$0.53 \$0.90	\$0.00	\$0.22	ф0.41	\$0.00	\$0.37	1	\$0.00	. ,
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sivs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$0.90 \$2.69				: 	1			
. 23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.03					\$17.10	1		:
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.22	\$4.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0,00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.14	\$93.77	\$0.00	\$15.83	\$16.17	\$0.00	\$38.05	······································	\$8.93	\$0.65
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.78			·			1		,	

	ovider: Lake City Nursing & Rehab Ctr.  vdr ID: 00141699A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Score N/A 46.6% 3.11	Add-on Percent 18.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:	:	Facility <u>Specific</u> 1.6589 1.6066 1.6364	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-	AOF NIV DAGED DATE OALOW ATIONS		. а	b	, c	d	е	f	g	9	h	i
<u></u>	ASE MIX BASED RATE CALCULATIONS									1	:	:
; 1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	:	All Facilities All Bod Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
- 4		(see Policy Manual)	•	30.53	30.00	\$0.22	\$0.41		\$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpt		CC 427 CCC		64 400 050	6547.670		64 070 ror	(04.40.000)	#4 F00 040	
6	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)  Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistmts	\$11,284,046.00 (\$116,463)		:	\$1,190,052 (\$3,210)	\$517,678 \$0	\$13,996	\$1,372,595 (\$111,505)		\$1,520,610 (\$78,250)	\$0 \$78,250
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,167,583				\$517,678		\$1,261,090		\$1,442,360	\$78,250
8	Total Nursing Facility Days As Filed Days = 81,185	FY12 Audited C/R Days	81,185	<b>4</b> 0,121,011	•	V1,100,012	4017,010	OTOZ,010	<b>Φ1,201,000</b>	(41-2,501)	ψ1,77£,000	Ψ, σ, 200
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 83,030	FY 18 GL-PL Ins Rpt Days				1		(		83,030		
. 9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a	\$142.35	\$75.41	\$0.00	\$14.62	\$15.03	(with L&H)	\$15.53		\$17.77	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6589	i	1			1	1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.46		í		; }		1	:	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.46	\$0.00	\$14.62	\$15.03		\$15.53	\$3.03	\$17.77	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.43	\$45.46	\$0.00	\$14.62	\$15.03		\$15,53	\$3.03	8.80 (FRV)	\$0.96
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Alfwnc %	\$16.65	\$8.35	\$0.00	\$2.69	\$2.76	\$0.00	\$2.85	N/A	N/A	N/A
- 16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.08	\$53,81	\$0.00	\$17.31	\$17.79	\$0.00	4		\$8.80	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End		1.6364	3	011.51	Ψ17.173	\$0.00	<b>\$10.00</b>	40.00	Ψ0.05	. 40.30
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.05				<u> </u>	'			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.32	\$88.05	\$0.00	\$17.31	\$17,79	\$0.00	\$18.38	\$3.03	\$8.80	\$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.84	\$4.84				  -				
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.64	\$2.64				İ	1	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					 	\$17.10			:
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26,11	\$8.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.43	\$96.06	\$0.00	\$17.53	\$18.20	\$0.00	\$35.85	\$3.03	\$8.80	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.50					***************************************	***************************************			

	ovider. Lake Crossing Heath Care		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	(MI) Data		Facility Specific 1.2839	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		tirly BIMS score	50.9% 3.04	5.5% 3.0%	Ortrly Moaid		Medicaid CMI:		1.5918 1.6227	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1		<u> </u>	а	ъ	С	d	е	f	g	g	ħ	i
CA	ASE MIX BASED RATE CALCULATIONS		! !			:						
1	Cost Center Peer Groups	(see Policy Manual)	!	. 1	1	2	1	1	1			
	Type of Facility within Peer Group	(see roncy manual)		. All Facilities		Free Standing	All Facilities	: All Facilities	All Facilities	·		
	Bed Size Range within Peer Group			All Bed Sizes	!	All Bed Sizes	All Bed Sizes		All Bed Sizes	1		3
	Peer Group Standards & Efficiency Measure Limits		! :	* :					i	!		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,362,617.00	\$1,898,036	\$0	\$505,765	\$238,011	\$392,873	\$484,806	\$136,164	\$706,962	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$43,092)	\$11,954	\$0	\$0	\$0	\$0	(\$42,257)	1	(\$45,745)	\$32,956
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,319,525	\$1,909,990	\$0	\$505,765	\$238,011	\$392,873	\$442,549	\$136,164	\$661,217	\$32,956
8	Total Nursing Facility Days As Filed Days = 33,667	FY12 Audited C/R Days	33,667	i ·	1	1		}				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,694	FY 18 GL-PL Ins Rpt Days		1		!		1		33,694		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$128.29	\$56.73	\$0.00	\$15.02	\$18.74	(with L&H)	\$13.14	\$4.04	\$19.64	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2839		1				;		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$44.19	1	1						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$44.19	\$0.00	\$15.02	\$18.74	į.	\$13.14	\$4.04	\$19.64	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	j	\$20.56	\$0.00	N/A	•
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.12	\$44.19	\$0.00	\$15.02	\$18.74	:	\$13.14	\$4.04	10.01	\$0.98
1 1	Quarterly Per Diem Rate Prior to Add-ons			:	i				ŧ	:	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.73	\$8.12	\$0.00	\$2.76	\$3.44	\$0.00	\$2.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.85	\$52.31	\$0.00	\$17.78	\$22.18	\$0.00	\$15.55	\$4.04	\$10.01	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	i	1.6227		1		:				
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17	!	\$84.88		:			1			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	<b>\$</b> 155.42	\$84.88	\$0.00	\$17.78	\$22.18	\$0.00	\$15.55	\$4.04	\$10.01	\$0.98
	Quarterly Per Diem Add-on Amounts							:		1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	. :	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.67	\$4.67	72.00		2371		43.51		\$5.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.55	\$2,55						1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	:		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.85	\$7.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.27	\$92.63	\$0.00	\$18.00	\$22.59	\$0.00	\$33.02	54.04	\$10.01	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123,13		k	<u>;                                    </u>		i	:	i :		
1	,	,	¥ 120110									

Provider: Lakeland Villa Convalescent Center Prvdr ID: 00141732A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: trly BIMS score	Facility Score N/A 33.9% 5.38	Add-on <u>Percent</u> 18.37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1323 1.2013 1.2181	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	i 1	а	b	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS			1 1	:	1		 	:			
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	1 1 8	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 Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	· · · · · · · · · · · · · · · · · · ·	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,392,306.00	\$1,645,551	\$0	\$668,626	\$203,496	\$229,802	\$426,540	\$95,143	\$123,148	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 21,442	FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	(\$53,570) \$3,338,736 21,442	\$15,605 \$1,661,156	\$0 \$0	\$0 \$668,626	(\$10,999) \$192,497	(\$830) \$228,972	(\$56,917) \$369,623		(\$4,821) \$118,327	\$4,392 \$4,392
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,646	FY 18 GL-PL Ins Rot Days							!	21,646		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	\$155.67	\$77.47 <u>1.1323</u> \$68.42	\$0.00	\$31.18	\$19.66	(with L&H)	\$17,24	\$4,40	\$5.52	\$0.20
12 Net Per Diems after Case Mix Adjstmt to Routine Strucs	RS = Ln 11, AllOthr = Ln 9		\$68,42	\$0.00	\$31.18	\$19.66		\$17.24		\$5.52	\$0.20
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of En 12 or Ln 13	\$173.07	\$71.51 \$68.42	\$0.00 \$0.00	\$29.15 \$29.15	\$23.09 \$19.66	ļ	\$20.56 \$17.24		N/A 34.00 (FRV)	\$0.20
Quarterly Per Diem Rate Prior to Add-ons	; 	1	:					!		(rrev)	
15 Growth Allowance Percentage = 18.37%  16 CMA Allowed Per Diem (After Growth Allowance Add-on)  17 Quarterly Facility Case Mix Index for Medicaid Residents  18 Ortrly Routine Stross Case Mix Adistd (CMA) Net Per Diem	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Oir End Ln 16 x Ln 17	\$24.70 \$197.77	\$12.57 \$80.99 <u>1.2181</u> \$98.65	\$0.00 \$0.00	\$5.35 \$34.50	\$3.61 \$23.27	\$0.00 \$0.00	\$3.17 \$20.41	N/A \$4.40	N/A \$34.00	N/A \$0.20
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.43	\$98.65	\$0.00	\$34.50	\$23.27	\$0.00	\$20.41	\$4.40	\$34.00	\$0.20
Quarterly Per Diem Add-on Amounts  20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0]	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$2.47 \$2.96	\$2.47 \$2.96	φυ.υυ	30.00	<b>ф</b> 0.41	<b>₽</b> 0.00	!		.pc.uu	
23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$23.84	\$5.96	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10 \$17.47	1.00	\$0.00	
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$23.84	\$104.61	<del></del>	\$34.50	\$0.41	\$0.00	\$17.47	\$0.00 \$4.40	\$0.00	\$0.00 \$0.20
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.63	<b>4107.01</b>			<b>423.00</b>	, ,,,,,	Ψ51.00	77.10	454.00	. 40.20

	rovider: Lee County Health Care odr ID: 00712665A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 31.7% 3.54	Add-on <u>Percent</u> 18.37% 2.5% 4.0%		Quarterly N	:MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3504 1.7073 1.7379	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,014,201.33	\$1,482,885	\$0	\$281,416	\$161,523	\$251,626	\$429,919	\$57,286	\$349,546	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$12,330)	(\$570)	\$0	(\$1,815)	\$0	\$218	(\$12,206)	***,=**	(\$31,510)	\$33,553
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,001,871	\$1,482,315	\$0	\$279,601	\$161,523	\$251,844	\$417,713	\$57,286	\$318,036	\$33,553
8	Total Nursing Facility Days As Filed Days = 21,338	FY12 Audited C/R Days	21,338									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,292	FY 18 GL-PL Ins Rpt Days								21,292		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$140.68	\$69.47	\$0.00	\$13.10	\$19.37	(with L&H)	\$19.58	\$2.69	\$14.90	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3504</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.45	\$0.00	\$13.10	\$19.37		\$19.58	\$2.69	\$14.90	\$1.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	4
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.48	\$51.45	\$0.00	\$13.10	\$19.37		\$19.58	\$2.69	14.72 (FRV)	\$1.57
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.02	\$9.45	\$0.00	\$2.41	\$3.56	\$0.00	\$3.60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.50	\$60.90	\$0.00	\$15.51	\$22.93	\$0.00	\$23.18	\$2.69	\$14.72	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7379								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$186.44	\$105.84 \$105.84	\$0.00	\$15.51	\$22.93	\$0.00	\$23.18	\$2.69	\$14.72	\$1.57
19	Quarterly Medicaid CMA Allowed Per Dieffi	NS = LITTO, AllOUII = LITTO	\$186.44	\$105.84	\$0.00	\$15.51	\$22.93	\$0.00	\$23.18	\$2.69	\$14.72	\$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.23	\$4.23					M47.10			
23 24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$25.51	\$7.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$25.51	\$113.25	\$0.00	\$0.22 \$15.73	\$23.34	\$0.00	\$40.65	\$0.00 \$2.69	\$0.00 <b>\$14.72</b>	\$1.57
25	Quarterry Case MIX Dased Per Diem Hate		\$∠11.95	\$113.25	\$U.UU	\$15.73	ֆ∠ა.34	\$0.00	\$40.65	\$2.09	\$14.72	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.14									

	ovider: Legacy Nursing Home vdr ID: 00141831A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 38.7% 3.09	Add-on <u>Percent</u> 18.37% 2.5% 2.0%	Case  Qrtrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3485 1.4672 1.4925	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,602,496.00	\$4,828,687	\$0	\$919,823	\$593,480	\$585,549	\$1,993,378	\$239,085	\$1,442,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$1,188,497)	(\$483,423)	\$0	(\$34,284)	(\$12,529)	\$39,316	(\$777,786)		(\$168,969)	\$249,178
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,413,999	\$4,345,264	\$0	\$885,539	\$580,951	\$624,865	\$1,215,592	\$239,085	\$1,273,525	\$249,178
8	Total Nursing Facility Days As Filed Days = 62,971	FY12 Audited C/R Days	62,958									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,434	FY 18 GL-PL Ins Rpt Days								63,434		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.51	\$69.02	\$0.00	\$14.07	\$19.15	(with L&H)	\$19.31	\$3.77	\$20.23	\$3.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3485</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.18	\$0.00	\$14.07	\$19.15		\$19.31	\$3.77	\$20.23	\$3.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.00	\$51.18	\$0.00	\$14.07	\$19.15		\$19.31	\$3.77	9.56 (FRV)	\$3.96
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.05	\$9.40	\$0.00	\$2.58	\$3.52	\$0.00	\$3.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$140.05	\$60.58	\$0.00	\$16.65	\$22.67	\$0.00	\$22.86	\$3.77	\$9.56	\$3.96
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End  Ln 16 x Ln 17		1.4925 \$90.42								
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.89	\$90.42	\$0.00	\$16.65	\$22.67	\$0.00	\$22.86	\$3.77	\$9.56	\$3.96
	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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.26	\$2.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.81	\$1.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.70	\$4.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.59	\$95.02	\$0.00	\$16.87	\$23.08	\$0.00	\$40.33	\$3.77	\$9.56	\$3.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.62									

#### FINAL

Provider: <b>Legac</b> : Prvdr ID: <b>004155</b> H/B ?: No	y Nursing Home 522A Case Mix Per Diem Rate Effectiv MDS & Nurse Hrs Data per Quarter			ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:		Add-on Percent 18.37% 2.5% 4.0%		Quarterly aid CMI w RUG	od Overall CMI: y Medicaid CMI: a Wght Options:		Facility Specific 1.2012 1.2226 1.2438	State- wide 1.3617 1.5438 1.5713
Line #	scription	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
Cost Center Type of F	<u>NATE CALCULATIONS</u> Peer Groups per Selected Options  Facility within Peer Group  Range within Peer Group			<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Freestanding All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Standards & Efficiency Measure Limits			All Deu Sizes	All Ded Sizes	All Ded Sizes	All Deu Sizes	All Deu Sizes	All Ded Sizes			
Peer Group Peer Group	Standards: Percentile Standards: Multiplier easures (Maximums)			90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
1 1 '	sts and Add-ons			,	,	''	, ,		,			
GL-PL- Insui Total Nursir	rance Costs ng Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt								\$ 35,074 10,058		
Standard Pe Allowed @ 9 Growth Alloy		FY 2012 Peer Group Limit	\$165.06 \$23.31	\$71.51 \$67.93 \$12.48		\$18.41 \$17.49 \$3.21	\$23.09 \$21.94 \$4.03		\$20.56 \$19.53 \$3.59		\$37.45 \$37.45	
CMA Allowed Quarterly Fa	d Per Diem (After Growth Alowance) cility Case Mix Index for Medicaid Residents e Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$191.86	\$80.41 1.2438 \$100.01		\$20.70	\$25.97		\$23.12		\$37.45 (FRV Rate)	\$0.72
Quarterly Pe	edicaid CMA Allowed Per Diem er Diem Add-On Amounts n Per Diem = 2.5% (to Routi	ne Srys)	\$211.46 \$2.50	\$100.01 \$2.50		\$20.70	\$25.97		\$23.12	\$3.49	\$37.45	\$0.72
Nurse Staff I Nursing Hon	Hrs / Quality Add-on Per Diem = the Provider Fee ty Per Diem Add-On Amounts	4.0%	\$4.00 \$17.10 \$23.60	\$4.00					17.10			
	se Mix Based Per Diem Rate		\$235.06	\$106.51		\$20.70	\$25.97		\$40.22	\$3.49	\$37.45	\$0.72
	Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$163.47	<del></del>	Ţ.30.01		<del>+=====</del>	<b>4_0.0</b> ,		Ų.UILL	<b>45.40</b>	ψυιο	¥\$ <b>2</b>

Case Mix Based Rate Calculations   Sources / Calculations   Totals   Routine Services   Services   Dietary   Laundry & Housking   Plant   Admin   A&G-GL-PL		<u>Specific</u> 1.4103 1.5219 1.5454	Case Mix Index (CMI) Data  Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:			Percent 18.37% 5.5% 2.0%	Score N/A 47.8% 3.76	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score ours per On-Site Day/Quality Incentive:		4/1/2021 12/31/20 Nurse Hou	vider: Life Care Center of Gwinnett dr ID: 00370873A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		
Case MIX Based Rate Calculations   1   1   2   1   1   1   1   1   1   1	Property Taxes and and Related Insurance	losurance and		and	Operatos		Dietary	,		Totals		Description	
Cost Center Peer Groups	h i	g h	9	g	f	е .	<u>d</u> :	С	ь .	a			
Type of Facility within Peer Group   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Facilities   All Bed Siz										:		SE MIX BASED RATE CALCULATIONS	CASE
2 Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% 105.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 105.0% 1		: : : :					Free Standing		All Facilities		(see Policy Manual)	Type of Facility within Peer Group	1 Cost
A   Efficiency Measure Maximums (see line 20 for actual)   (see Policy Manual)   S0.53   \$0.00   \$0.22   \$0.41   \$0.37	:									;		Peer Group Standards: Percentile	2 Pe
Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srvcs Combined)  As Filed FY12 C/R -FY 2018 GL-PL Rpt   \$8,665,058.00   \$5,068,417   \$0   \$912,914   \$442,087   \$453,649   \$1,267,542   \$128,955    Addit Adjustments and Reallocations to Cost Center Costs   FY12 C/R Audit Adjustments   \$8,618,655   \$5,068,417   \$0   \$912,914   \$442,087   \$453,649   \$1,267,542   \$128,955    As Filed FY12 C/R Audit Adjustments   \$8,618,655   \$5,068,417   \$0   \$909,761   \$450,766   \$462,739   \$1,198,789   \$128,955    Total Nursing Facility Days   As Filed Days = \$4,727   FY12 Audited C/R Days   54,727    Total Nursing Facility Days GL-PL Ins. Rpt   As Filed Days = 43,590   FY 18 GL-PL Ins Rpt Days   43,590													
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 FY12 C/R Audited C/R 9 FY12 Audited C/R 9 FY12 Audited C/R Days 9 FY12 Audited C/R Days 9 FY18 GL-PL Ins Rpt Days 9 Syn09, 761 9 Syn09,	:	; i	!			:	:	I		ï	1	Daniel Barrella de Maria de Ma	D
6 Audit Adjustments and Reallocations to Cost Center Costs  FY12 C/R Audit Adjustments  (\$46,403)  \$0 \$0 \$3,153)  \$8,679 \$9,090 \$68,753)  7 Cost Center Costs After Audit Adjustments  FY12 Audited C/R  \$8,618,655 \$5,068,417  \$0 \$909,761 \$450,766 \$462,739 \$1,198,789 \$128,955  8 Total Nursing Facility Days  As Filed Days = 43,590  FY18 GL-PL Ins Rpt Days  FY 18 GL-PL Ins Rpt Days  As Filed Days = 43,590	\$391,494 \$0	\$128.055 \$30	\$128 C	\$1 267 542	\$453.640	9442 B87	\$012.014	\$n	\$5,068,417	\$8.665.058.00	As Filed FY12 C/R -FY 2018 GL-PL Rut		
7 Cost Center Costs After Audit Adjustments FY12 Audited C/R \$8,618,655 \$5,068,417 \$0 \$909,761 \$450,766 \$462,739 \$1,198,789 \$128,955 8 Total Nursing Facility Days As Filed Days = 54,727 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,590 FY 18 GL-PL Ins Rpt Days 43,590	(\$61,690) \$69,424		,								,	· · · · · · · · · · · · · · · · · · ·	
8 Total Nursing Facility Days As Filed Days = 54,727 FY12 Audited C/R Days 54,727 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,590 FY 18 GL-PL Ins Rpt Days 43,590	\$329,804 \$69,424		t								•	·	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,590 FY 18 GL-PL Ins Rpt Days 43,590	{		1	: * . • . •		*****	!	** !	,,		FY12 Audited C/R Days	•	
		43,590	43,5								FY 18 GL-PL Ins Rpt Days		
	\$6.03 \$1.27			\$21.90	(with L&H)	\$16.69	\$16.62	\$0.00	\$92.61	\$158.08	Ln 7 / Ln 8 Col a	Net Per Diems prior to Case Mix Adistmt to Routine Srvcs	
10 Base Penod Facility Case Mix Index for All Residents from 4 qtrs of FY12 1.4103								:	1.4103		from 4 qtrs of FY12	Base Period Facility Case Mix Index for All Residents	10
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 \$65.67									\$65.67		Ln 9 / Ln 10	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	11
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$65,67 \$0.00 \$16.62 \$16.69 \$21.90 \$2.96	\$6.03 : \$1.27	\$2.96	\$2.	\$21.90		\$16.69	\$16.62	\$0.00	\$65.67	. !	RS = Ln 11, AllOthr = Ln 9	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	12 Ne
13 Per Diem Standards (After Statewide CMA for Rouline Stross) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$20.56 \$0.00	N/A	\$0.00	\$0.	\$20.56		\$23.09	\$18.41	\$0.00	\$71.51		per Peer Group Limits	Per Diem Standards (After Statewide CMA for Routine Srvcs)	13 Pe
14         Base Period Case Mix Adjusted Allowed Per Diem         Lesser of Ln 12 or Ln 13         \$134.10         \$65.67         \$0.00         \$16.62         \$16.69         \$20.56         \$2.96	10.33 \$1.27 (FRV)		\$2.	\$20.56		\$16.69	\$16.62	\$0.00	\$65.67	\$134.10	Lesser of Ln 12 or Ln 13	,	
Quarterly Per Diem Rate Prior to Add-ons	N/A N/A	) NI/A	NI.	¢2.70	. 40.00	¢2.07	£3.0E	60.00	647.06	\$24.00	La 14 v Gouth Albana M	•	i i
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$156.06 \$77.73 \$0.00 \$19.67 \$19.76 \$0.00 \$24.34 \$2.96	\$10.33 \$1.27											•	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.5454	\$10.05	\$2.50	φ2.	\$24.54	, 40.00	φισ.νυ (	\$15.07	φ0.00 }		, 9130.00 ;		·	
18 Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$120.12		· ·	:			;	1			,	1	· · · · · · · · · · · · · · · · · · ·	
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$198.45 \$120.12 \$0.00 \$19.67 \$19.76 \$0.00 \$24.34 \$2.96	\$10.33 \$1.27	\$2.96	\$2.	\$24.34	\$0.00	\$19.76	\$19.67	\$0.00		\$198.45			
Quarterly Per Diem Add-on Amounts				! 								Quarterly Per Diem Add-on Amounts	Quar
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00	\$0.00	;	:	\$0.00	\$0.00	\$0.41	\$0.22	\$0.00	\$0.53	\$1.16	(see Policy Manual)		
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)		1	:	·							Ln 19 Col b x CPS Add-on		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs) Ln 19 Col b x String Add-on \$2.40 \$2.40	i	•	!			į							
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10		•	:	\$17.10		:	!			\$17.10	(Fixed Amount)	Nursing Home Provider Fee	23 Nu
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$27.27 \$9.54 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00	\$0.00 \$0.00	\$0.00	\$0.	\$17.10	\$0.00	\$0.41	\$0.22	\$0.00	\$9.54	\$27.27	Sum of Lns 20 thru 23	Total Quarterly Per Diem Add-on Amounts	24 Tol
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$225.72 \$129.66 \$0.00 \$19.89 \$20.17 \$0.00 \$41.44 \$2.96	\$10.33 \$1.27	\$2.96 \$	\$2.	\$41.44	\$0.00	\$20.17	\$19.89	\$0.00	\$129.66	\$225.72	Ln 19 + Ln 24	Quarterly Case Mix Based Per Diem Rate	25 Quai
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$156.47	\$10.55		****							1			

	rovider: Life Care Center of Lawrenceville rvdr ID: 00818914A			wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas		d Overail CMI:		Facility Specific 1.5316	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou	urs per On-Site Day/Q	trly BIMS score uality Incentive:	17.2% 4.41	0.0% 3.0%	Ortrly Mcaid		Medicaid CMI: Wght Options:		1.1761 1.1906	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	9	g	h	i
C	ASE MIX BASED RATE CALCULATIONS								l	: !		
! <del>=</del>	Cost Center Peer Groups	, pr 4 p		1	1	2	1	1				
,	Type of Facility within Peer Group	(see Policy Manual)		ı Ali Facilities	All Facilities	Free Standing	1 All Facilities	•	: All Facilities	: i		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes	1	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%	<u>}</u>	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	;	\$0.37	1		
	Base Period Per Diem Allowed Amounts					: !		:		1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,295,559.00	\$4,408,813	\$0	\$809,583	\$359,692	\$476,855	\$1,418,629	\$99,060	\$722,927	50
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$8,410)	\$0	\$0	\$0	\$10,840	\$14,371	(\$56,596)	í l	(\$97,284)	\$120,259
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,287,149	\$4,408,813	\$0	\$809,583	\$370,532	\$491,226	\$1,362,033	\$99,060	\$625,643	\$120,259
8	Total Nursing Facility Days As Filed Days = 42,756	FY12 Audited C/R Days	42,756									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,867	FY 18 GL-PL Ins Rpt Days	; !			1				30,867		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$194.72	\$103.12	\$0.00	\$18.93	\$20.16	(with L&H)	\$31.86	\$3,21	\$14.63	\$2.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5316</u>				:				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	i	\$67.33		i			:	1		!
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$67.33	\$0.00	\$18,93	\$20.16	:	\$31.86	\$3,21	\$14.63	\$2.81
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.20	\$67.33	\$0.00	\$18.41	\$20.16		\$20.56	\$3.21	17.72 (FRV)	\$2.81
	Quarterly Per Diem Rate Prior to Add-ons		!						ſ		(* ,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.23	\$12.37	\$0.00	\$3.38	\$3.70	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Լո 14 + Լո 15	\$173.43	\$79.70	\$0.00	\$21.79	\$23.86	\$0.00	\$24.34	\$3.21	\$17.72	\$2.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	! !	<u>1.1906</u>					í	1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.89				:				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$188.62	\$94.89	\$0.00	\$21.79	\$23.86	\$0.00	\$24.34	\$3.21	\$17.72	\$2.81
:	Quarterly Per Diem Add-on Amounts							:				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00						1		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85		1		:				!
23	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	\$3.38	\$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	\$209.51	\$98.27	\$0.00	\$21.79	\$24.27	\$0.00	\$41.44	\$3.21	\$17.72	\$2.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.31					·		<del></del>		

0.00	ovider: Life Care Center, Inc.  vdr ID: 00140665A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021		owth Allowance: etrly BIMS score	Facility Score N/A 29.8% 3.36	Add-on Percent 18.37% 1.0% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3801 1.4377 1.4630	State- wide 1.3617 1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1996			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits				grand Constant							
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	Security resources Security S		40.40.00.00.00		11-544,A00,000						
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,179,568.00	\$1,853,074	\$0	\$442,479	\$291,252	\$313,011	\$680,464	\$34,919	\$564,369	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$59,398)	\$0	\$0	\$0	\$0	\$0	(\$106,812)		(\$18,285)	\$65,699
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,120,170	\$1,853,074	\$0	\$442,479	\$291,252	\$313,011	\$573,652	\$34,919	\$546,084	\$65,699
8	Total Nursing Facility Days As Filed Days = 38,520	FY12 Audited C/R Days	38,520									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,869	FY 18 GL-PL Ins Rpt Days								40,869		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$106.92	\$48.11	\$0.00	\$11.49	\$15.69	(with L&H)	\$14.89	\$0.85	\$14.18	\$1.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3801								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$34.86	\$0.00	\$11.49	\$15.69		\$14.89	\$0.85	\$14.18	\$1.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$92.70	\$34.86	\$0.00	\$11.49	\$15.69		\$14.89	\$0.85	13.21	\$1.71
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$14.13	\$6.40	\$0.00	\$2.11	\$2.88	\$0.00	\$2.74	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.83	\$41.26	\$0.00	\$13.60	\$18.57	\$0.00	\$17.63	\$0.85	\$13.21	\$1.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4630								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$60.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$125.93	\$60.36	\$0.00	\$13.60	\$18.57	\$0.00	\$17.63	\$0.85	\$13.21	\$1.71
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.60	\$0.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.21	\$1.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	appropriate to the same				\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.44	\$2.34	\$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	\$146.37	\$62.70	\$0.00	\$13.82	\$18.98	\$0.00	\$35.10	\$0.85	\$13.21	\$1.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$96.95									

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Minimum Quarterly Case Mix Based Per Diem Rate

\$97.43

\$147.00

(Ln 27 - Ln 23) \* 0.75

	ovider: Lillian G. Carter Nursing Center odr ID: 00142524A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		owth Allowance: trly BIMS score	Facility Score N/A 60.6% 3.35	Add-on Percent 18.37% 5.5% 3.0%		Quarterly	CMI) Data d Overail CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3539 1.6561 1.6865	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u>:</u>			а	ь	C	đ	е	f	9	g	h	i
С	ASE MIX BASED RATE CALCULATIONS								1	:		; ;
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	(	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			; } 
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts		i					1		i		!
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,412,647,88	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$566,488	\$95,759	\$402,356	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$22,722)	\$0	\$0	\$0	\$0	\$0	(\$22,722)	1 1	(\$27,757)	1
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,389,926	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$543,766	\$95,759	\$374,599	\$27,757
8	Total Nursing Facility Days As Filed Days = 34,425	FY12 Audited C/R Days	34,425			!				i i		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,869	FY 18 GL-PL Ins Rpt Days			:			l.		33,869		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$127.58	\$66.57	\$0.00	\$12.96	\$17.73	(with L&H)	\$15.80	\$2.83	\$10.88	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.3539	:	;		:				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.17	:	1			1	1		1
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	İ	\$49.17	\$0.00	\$12.96	\$17.73		\$15.80	\$2.83	\$10.88	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	1	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	!
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.85	\$49.17	\$0.00	\$12.96	\$17.73		\$15.80	\$2.83	8.55	\$0.81
	Quarterly Per Diem Rate Prior to Add-ons		i						!	į į	(FRV)	
: 15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.57	\$9.03	\$0.00	\$2.38	\$3.26	\$0.00	\$2.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.42	\$58.20	\$0.00	1 1	\$20,99	4	\$18.70	\$2.83	\$8.55	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	:	1.6865						1	<b>V</b> -1-2-	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	I	\$98.15	:					1		1
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$165.37	\$98.15	\$0.00	\$15.34	\$20.99	\$0.00	\$18.70	\$2.83	\$8.55	\$0.81
	Quarterly Per Diem Add-on Amounts		1	:	:			1		;		!
20	Efficiency Add-on Per Diem { Stnd - Alwd  x .75, up to max, or 0}	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37	i i	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.40	\$5.40	\$0.00	\$0.22	φU,41	\$U.UU	\$U.37	: 1	\$U.U¢	
- 21	Blivia Add-on rei bleiti = 5,5% (to routine sivs)	LIN 19 COLD X CF3 AUG-OII	<b>\$3.40</b>	<b>33.40</b>	:	1				1		

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

22

23

Nursing Home Provider Fee

25 Quarterly Case Mix Based Per Diem Rate

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$2.94

\$17.10

\$26.97

\$192.34

\$131.43

\$2.94

\$8.87

\$107.02

\$0.00

\$0.00

\$0.22

\$15.56

\$0.41

\$21.40

Ln 19 Col b x Sting Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Լո 24

(Ln 25 - Ln 23) \* 0.75

\$0.00

\$8.55

\$0.00

\$0.81

\$17.10

\$17.47

\$36.17

\$0.00

\$2.83

\$0.00

\$0.00

Provider: Prvdr ID:	Lumber City Nurs. 00270256A	& Rehab. Ctr.  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20	Add-on Dat	a and Percentages Growth Allowance; Otrly BIMS score Day/Quality Incentive;	Facility Score N/A 33.3% 2.70	Add-on <u>Percent</u> 18.37% 2.5% 3.0%			l Overall CMI dedicaid CMI	:	Facility <u>Specific</u> 1.7031 1.7483 1.7812	State- wide 1.3617 1.5382 1.5656
Line #	Description		Sources / Calculations	Totals	Routine Services b	Special Services c	Dietary d	Laundry & Houskpag e	Plant Operatns & Maint f	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance i

#	Description	Calculations	Totals	Services	Services	Dietary	Houskpag	& Maint	General	Insurance	Related	insurance
	<b>.</b>		а	b	С	d	e	f	g	9 :	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS		:		:			<u> </u>		:		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			•
	Type of Facility within Peer Group	i	,	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	j		
i	Bed Size Range within Peer Group	1		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
l	Peer Group Standards & Efficiency Measure Limits			!								
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts			! 								
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-Pt, Rpt	\$4,349,757.00	\$2,002,334	\$0	\$412,710	\$229,410	\$225,042	\$933,857	\$33,563	\$512,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$526,780)	(\$144,131)	50	(\$2,334)	(\$1,082)	\$2,190	(\$439,978)	İ	\$41,023	\$17,532
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,822,977	\$1,858,203	\$0	\$410,376	\$228,328	\$227,232	\$493,879	\$33,563	\$553,864	\$17,532
8	Total Nursing Facility Days As Filed Days = 27,563	FY12 Audited C/R Days	27,576			:				i		
i	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,722	FY 18 GL-PL Ins Rpt Days				1		!		25,722		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.72	\$67.38	\$0.00	\$14.88	\$16.52	(with L&H)	\$17.91	\$1.30	\$20.09	\$0.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7031				1				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.56	>							
12	Net Per Diems after Case Mix Adjstmt to Routine Saves	RS = Ln 11, AllOthr = Ln 9		\$39.56	\$0.00	\$14.88	\$16.52	ļ	\$17.91	\$1.30	\$20.09	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.56	\$39.56	\$0.00	\$14.88	\$16.52		\$17.91	\$1.30	8.75	\$0.64
	Quarterly Per Diem Rate Prior to Add-ons				!						(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.32	\$7.27	\$0.00	\$2.73	\$3.03	\$0.00	\$3.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115,88	\$46.83		\$17.61	\$19.55	\$0.00	\$21,20	\$1.30	\$8.75	\$0.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7812	1				*			
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83,41				İ	:			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.46	\$83.41	\$0.00	\$17.61	\$19.55	\$0.00	\$21.20	\$1.30	\$8.75	\$0.64
	Quarterly Per Diem Add-on Amounts	i i		!	:			i.				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.09	\$2.09	i .				<b>42</b> 101	}	******	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3,0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.50	\$2.50				ĺ		į		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	(	:	:			\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.22	\$5,12	\$0.00	\$0,22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.68	\$88.53	<del></del>	\$17.83	\$19.96		\$38.67	\$1.30	\$8.75	\$0.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.94			<u> </u>			<u> </u>			
20	www.cony i or production bed from and Ecare Days	(Elizo-Elizo) 0.70	J110.34									

	ovider: Lynn Haven Health & Rehab vdr ID: 00083036A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 48.8% 3.27	Add-on <u>Percent</u> 18.37% 5.5% 2.0%		Quarterly N	:MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3693 1.7147 1.7486	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,435,045.65	\$3,026,757	\$0	\$546,044	\$261,626	\$409,810	\$685,345	\$99,353	\$406,111	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,544)	(\$535)	\$0	\$0	\$0	\$0	(\$23,009)		(\$33,328)	\$33,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,502	\$3,026,222	\$0	\$546,044	\$261,626	\$409,810	\$662,336	\$99,353	\$372,783	\$33,328
8	Total Nursing Facility Days As Filed Days = 34,161	FY12 Audited C/R Days	34,161									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,802	FY 18 GL-PL Ins Rpt Days								30,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.74	\$88.59	\$0.00	\$15.98	\$19.66	(with L&H)	\$19.39	\$3.23	\$10.91	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3693								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	\$10.91	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.98	\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	12.04 (FRV)	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.00	\$11.89	\$0.00	\$2.94	\$3.61	\$0.00	\$3.56	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.98	\$76.59	\$0.00	\$18.92	\$23.27	\$0.00	\$22.95	\$3.23	\$12.04	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7486</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.32	\$133.93	\$0.00	\$18.92	\$23.27	\$0.00	\$22.95	\$3.23	\$12.04	\$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.37	\$7.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.68	\$10.58	\$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	\$244.00	\$144.51	\$0.00	\$19.14	\$23.68	\$0.00	\$40.42	\$3.23	\$12.04	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.18									

	ovider: Lynn Haven Health & Rehab vdr ID: 00083036A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 48.8% 3.27	Add-on <u>Percent</u> 18.37% 5.5% 2.0%		Quarterly N	:MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3693 1.7147 1.7486	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,435,045.65	\$3,026,757	\$0	\$546,044	\$261,626	\$409,810	\$685,345	\$99,353	\$406,111	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,544)	(\$535)	\$0	\$0	\$0	\$0	(\$23,009)		(\$33,328)	\$33,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,502	\$3,026,222	\$0	\$546,044	\$261,626	\$409,810	\$662,336	\$99,353	\$372,783	\$33,328
8	Total Nursing Facility Days As Filed Days = 34,161	FY12 Audited C/R Days	34,161									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,802	FY 18 GL-PL Ins Rpt Days								30,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.74	\$88.59	\$0.00	\$15.98	\$19.66	(with L&H)	\$19.39	\$3.23	\$10.91	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3693								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	\$10.91	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.98	\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	12.04 (FRV)	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.00	\$11.89	\$0.00	\$2.94	\$3.61	\$0.00	\$3.56	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.98	\$76.59	\$0.00	\$18.92	\$23.27	\$0.00	\$22.95	\$3.23	\$12.04	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7486</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.32	\$133.93	\$0.00	\$18.92	\$23.27	\$0.00	\$22.95	\$3.23	\$12.04	\$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.37	\$7.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.68	\$10.58	\$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	\$244.00	\$144.51	\$0.00	\$19.14	\$23.68	\$0.00	\$40.42	\$3.23	\$12.04	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.18									

	ovider: Madison HIth & Rehab vdr ID: 00083278A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 51.9% 3.79	Add-on <u>Percent</u> 18.37% 5.5% 3.0%	Case  Qrtrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3682 1.5652 1.5966	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,436,321.00	\$1,769,663	\$0	\$456,420	\$312,704	\$341,246	\$421,894	\$87,484	\$46,910	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$88,940)	(\$3,196)	\$0	\$0	(\$5,071)	(\$2,731)	(\$74,382)		(\$42,623)	\$39,063
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,347,381	\$1,766,467	\$0	\$456,420	\$307,633	\$338,515	\$347,512	\$87,484	\$4,287	\$39,063
8	Total Nursing Facility Days As Filed Days = 24,271	FY12 Audited C/R Days	24,271									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,267	FY 18 GL-PL Ins Rpt Days								25,267		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137.78	\$72.78	\$0.00	\$18.81	\$26.62	(with L&H)	\$14.32	\$3.46	\$0.18	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3682</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.20	\$0.00	\$18.81	\$26.62		\$14.32	\$3.46	\$0.18	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.85	\$53.20	\$0.00	\$18.41	\$23.09		\$14.32	\$3.46	9.76 (FRV)	\$1.61
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.02	\$9.77	\$0.00	\$3.38	\$4.24	\$0.00	\$2.63	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.87	\$62.97	\$0.00	\$21.79	\$27.33	\$0.00	\$16.95	\$3.46	\$9.76	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5966</u>								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$181.44	\$100.54 \$100.54	\$0.00	\$21.79	\$27.33	\$0.00	\$16.95	\$3.46	\$9.76	\$1.61
19	Quarterly inedicaid Civia Allowed Fet Dietit	110 = Ell 10, Allouii = Ell 10	\$101.44	\$100.54	φυ.υυ	φ21.79	φ21.33	φυ.υυ	\$10.95	φ3.40	φ9.76	φ1.01
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.53	\$5.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$3.02	\$3.02					\$17.10			
23	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$26.55	\$9.08	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.99	\$109.62	\$0.00	\$21.79	\$27.33	\$0.00	\$34.42	\$3.46	\$9.76	\$1.61
	•		,	ψ103.02	Ψ0.00	Ψ21.79	Ψ21.33	ψ0.00	ψυτ.42	φυ.40	ψ3.70	ψ1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.17									

Provider: Magnolia Manor Columbus East Prvdr ID: 00083047A		Add-on Data and	Percentages wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0	CMI) Data		Facility Specific 1.5222	State- wide 1.3617
Case Mix Per Diem Rate Effective Date	4/1/2021		trly BIMS score		0.0%			Medicaid CMI:		1.6655	1.5382
MDS & Nurse Hrs Data per Quarter Ending	12/31/20 Nurse Hou	ırs per On-Site Day/Qı	uality Incentive:	4.27	4.0%	Ortrly Mcaid	CMI w RUG	Wght Options:		1.6980	1.5656
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group	(**************************************		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,445,631.00	\$4,210,720	\$0	\$923,674	\$455,337	\$590,787	\$1,363,102	\$159,986	\$742,025	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$159,775)	(\$5,717)	\$0	\$0	\$2,553	\$0	(\$152,247)		(\$27,328)	\$22,964
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,285,856	\$4,205,003	\$0	\$923,674	\$457,890	\$590,787	\$1,210,855	\$159,986	\$714,697	\$22,964
8 Total Nursing Facility Days As Filed Days = 52,157	FY12 Audited C/R Days	52,157									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,971	FY 18 GL-PL Ins Rpt Days								47,971		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$159.14	\$80.62	\$0.00	\$17.71	\$20.11	(with L&H)	\$23.22	\$3.34	\$13.70	\$0.44
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5222								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.96								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.96	\$0.00	\$17.71	\$20.11		\$23.22	\$3.34	\$13.70	\$0.44
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.84	\$52.96	\$0.00	\$17.71	\$20.11		\$20.56	\$3.34	9.72	\$0.44
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.45	\$9.73	\$0.00	\$3.25	\$3.69	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.29	\$62.69	\$0.00	\$20.96	\$23.80	\$0.00	\$24.34	\$3.34	\$9.72	\$0.44
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	¥1.10.20	1.6980	*****	V=0.00	4_0.00	******	<b>V</b>	45.5	****	•
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.45								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.05	\$106.45	\$0.00	\$20.96	\$23.80	\$0.00	\$24.34	\$3.34	\$9.72	\$0.44
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	, , ,	\$0.00	\$0.00	ψ0.00	Ψ0.22	Ψ0.+1	ψ0.00	ψ0.00		ψ0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$4.26	\$4.26								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ4.20					\$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	\$211.57	\$111.24	\$0.00	\$21.18	\$24.21	\$0.00	\$41.44	\$3.34	\$9.72	\$0.44
,		·	¥£-	\$5.00	<del>-</del> 0	<del>+- / 1</del>	\$5.00	¥	40.54	70.72	Ψ
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.85									

F	Provider: Magnolia Manor Columbus West		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
	Prvdr ID: 00083124A			wth Allowance:	N/A	18.37%			Overall CMI:		1.3234	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021	Q	trly BIMS score	45.3%	5.5%		Quarterly N	Medicaid CMI:		1.6379	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Ho	urs per On-Site Day/Q	uality Incentive:	4.38	4.0%	Ortrly Mcaid	CMI w RUG V	Wght Options:		1.6704	1.5656
				Davidina	Coosial		I a a dua . O	Plant	Admin	A&G- GL-PL	Property	Taxes
Lin		Sources /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns	and	Insurance	and	and
#	Boomphon	Calculations						& Maint	General	modrance	Related	Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, , ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,258,109.00	\$3,172,069	\$0	\$736,455	\$305,859	\$560,778	\$768,365	\$126,895	\$587,688	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$75,758)	\$0	\$0	\$0	\$10,846	\$19,885	(\$127,327)		(\$12,052)	\$32,890
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,182,351	\$3,172,069	\$0	\$736,455	\$316,705	\$580,663	\$641,038	\$126,895	\$575,636	\$32,890
8	Total Nursing Facility Days As Filed Days = 45,728	FY12 Audited C/R Days	45,728									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,833	FY 18 GL-PL Ins Rpt Days								43,833		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$135.32	\$69.37	\$0.00	\$16.11	\$19.62	(with L&H)	\$14.02	\$2.89	\$12.59	\$0.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3234								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.42	\$0.00	\$16.11	\$19.62		\$14.02	\$2.89	\$12.59	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.23	\$52.42	\$0.00	\$16.11	\$19.62		\$14.02	\$2.89	10.45	\$0.72
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$18.77	\$9.63	\$0.00	\$2.96	\$3.60	\$0.00	\$2.58	N/A	N/A	N/A
16	ÿ <u>—</u>	Ln 14 + Ln 15	\$135.00	\$62.05	\$0.00	\$19.07	\$23.22	\$0.00	\$16.60	\$2.89	\$10.45	\$0.72
17		per Current Qtr End	\$.55.00	1.6704	ψ0.00	ψ.σ.σ/	Ψ=3.22	Ψ3.00	ψ.0.00	Ψ2.50	ψ.3.40	Ψ02
18	, , <u> </u>	Ln 16 x Ln 17		\$103.65								
19	, , ,	RS = Ln 18, AllOthr = Ln 16	\$176.60	\$103.65	\$0.00	\$19.07	\$23.22	\$0.00	\$16.60	\$2.89	\$10.45	\$0.72
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	* * * * * * * * * * * * * * * * * * * *	Ln 19 Col b x CPS Add-on	\$5.70	\$5.70	ψ0.00	Ψ0.22	ψυ.41	ψ0.00	ψυ.57		ψ0.00	
22		Ln 19 Col b x Stfng Add-on	\$4.15	\$4.15								
23		(Fixed Amount)	\$17.10	ψ-1.10					\$17.10			
24	•	Sum of Lns 20 thru 23	\$28.48	\$10.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$205.08	\$114.03	\$0.00	\$19.29	\$23.63	\$0.00	\$34.07	\$2.89	\$10.45	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.99			1		I	I	1		

	rovider: Magnolia Manor Marion County rvdr ID: 00141809A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hot		owth Allowance: etrly BIMS score	Facility Score N/A 26.9% 4.66	Add-on <u>Percent</u> 18.37% 1.0% 4.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2265 1.5422 1.5730	State- wide 1.3617 1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,708,581.00	\$1,357,104	\$0	\$318,446	\$194,801	\$328,884	\$396,003	\$54,698	\$58,645	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$2,647)	\$0	\$0	\$0	\$0	(\$174)	(\$51,087)		\$39,676	\$8,938
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,705,934	\$1,357,104	\$0	\$318,446	\$194,801	\$328,710	\$344,916	\$54,698	\$98,321	\$8,938
8	Total Nursing Facility Days As Filed Days = 21,445	FY12 Audited C/R Days	21,445									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,966	FY 18 GL-PL Ins Rpt Days								21,966		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$126.11	\$63.28	\$0.00	\$14.85	\$24.41	(with L&H)	\$16.08	\$2.49	\$4.58	\$0.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2265								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.59	\$0.00	\$14.85	\$24.41		\$16.08	\$2.49	\$4.58	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.86	\$51.59	\$0.00	\$14.85	\$23.09		\$16.08	\$2.49	30.34 (FRV)	\$0.42
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.40	\$9.48	\$0.00	\$2.73	\$4.24	\$0.00	\$2.95	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.26	\$61.07	\$0.00	\$17.58	\$27.33	\$0.00	\$19.03	\$2.49	\$30.34	\$0.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5730								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	<b>*</b>	\$96.06	***	A 17 5-	***	***	640.55	20.45	***	60.46
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.25	\$96.06	\$0.00	\$17.58	\$27.33	\$0.00	\$19.03	\$2.49	\$30.34	\$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)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.84	\$3.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.02	\$5.33	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.27	\$101.39	\$0.00	\$17.80	\$27.33	\$0.00	\$36.50	\$2.49	\$30.34	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.38									

	wider: Magnolia Manor St. Simons		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prv	dr ID: 00141402A	514 10004		wth Allowance:	N/A	18.37%			d Overall CMI:		1.2961	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hor	ں Jrs per On-Site Day/Q	trly BIMS score	52.4% 4.32	5.5% 3.0%	Ortriv Medic	Quarterly I CMI w RUG I	viedicaid CMI;		1.6285	1.5382
		720,000	or per on one bayra	comy meenare.	7.02	5.078	Citity Micalo	CIVII W INOG 1	rigiti Opiions.		1.6611	1.5656
Line		_ ,	_	Routine	Special	:	Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
#	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpag	Operatns & Maint	and General	Insurance	and	and
		300000000	: a	ь ь	c	d	e	ox Main	General g		Related h	Insurance
	SE MIX BASED RATE CALCULATIONS		:						<u>.</u> 9	<u> </u>	!·	i
						;		į				
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities		Free Standing	All Facilities	All Facilities	All Facilities			
	· ·			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits					1						:
2	Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%		50.0%	: i		
4 :	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)	į.	100.0% \$0.53	100.0%	100.0%	100.0%		105.0%			•
7	Endicitely measure maximums (see into 20 for action)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts		,			}		1				
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,181,049.00	\$3,112,621	\$0	\$641,999	\$319,487	\$328,576	\$899,748	\$96,061	\$782,557	S0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$91,675)	\$0	\$0	\$0	\$0	\$0	(\$95,911)		(\$143,080)	\$147.316
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,089,374	\$3,112,621	\$0	\$641,999	\$319,487	\$328,576	\$803,837	\$96,061	\$639,477	
8	Total Nursing Facility Days As Filed Days = 40,531	FY12 Audited C/R Days	40,531			:		:	(			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,015	FY 18 GL-PL ins Rpt Days						1		36.015		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.54	\$76.80	\$0.00	\$15.84	\$15.99	(with L&H)	\$19.83	\$2.67	\$15.78	\$3.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2961		:					*	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.25				:	l			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	ı	\$59.25	\$0.00	\$15.84	\$15.99		\$19,83	\$2.67	\$15.78	\$3.63
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.43	\$59,25	\$0.00	\$15.84	\$15.99		\$19.83	\$2.67	9.22	\$3.63
									*******		(FRV)	, 40.01
- 1	Quarterly Per Diem Rate Prior to Add-ons					i		:	!			
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.37	\$10.88	\$0.00	\$2.91	\$2.94	\$0.00	\$3.64	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.80	\$70.13	\$0.00	\$18.75	\$18.93	\$0.00	\$23,47	\$2.67	\$9.22	\$3.63
17	Quartedy Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6611</u>						ì		
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	) f	\$116.49		1		i				>
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.16	\$116.49	\$0.00	\$18.75	\$18.93	\$0.00	\$23.47	\$2.67	\$9.22	\$3.63
	Quarterly Per Diem Add-on Amounts							i				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21 5	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6,41	\$6.41	•		454.11		1	1	\$5.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.49	\$3,49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		:	\$17.10	!		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.53	\$10.43	\$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 + £n 24	\$221.69	\$126.92	\$0.00	\$18.97	\$19.34	\$0,00	\$40.94	\$2.67	\$9.22	\$3.63
~~	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.44						7		+ V1.11.11	

Case May Per Nom Pale Effective Date   241/2012   Case May Seption   1.391   2.515   Case May Seption   2.515   Case May Septio		rovider: Magnolia Manor Methodist Nursing Care		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0		•	Facility Specific	State- wide
Description   Sources   Totals   Springer   Part   Part   Sources   Springer   Part		Case Mix Per Diem Rate Effective Date:		a	trly BIMS score			Qrtrly Meaid	Quarterly	Medicaid CMI	;		
CASE MIX BASED RATE CALCULATIONS   1   1   1   2   3   1   4   1   2   3   3   4   5   6   6   6   6   6   6   6   6   6	Line #	Description		Totals	1		Dietary	•	Operatns	and	1 1	and	
Control Peer Groups   Control Peer Group   Control Peer Group   All Pacilities   All Paci				а	b	С	d	e	f	9	g	ħ	i
Peer Group Standards & Efficiency Measure Limits   An Explaines	<u>C</u>	ASE MIX BASED RATE CALCULATIONS								i :			
Peer Group Standards & Efficiency Mossure Limits   AF Facilities   AF Facili	1	Cost Center Peer Groups	(see Policy Manual)		1	1	,	1	1				
Bed Sires Range within Peer Group   Basser Peer Group Standards & Efficiency Measure Limits   Coes-Policy Manual   (one-Policy Manual)   (one-Policy Man		Type of Facility within Peer Group	(add t and) (tlattall)	İ		•		•		All Facilities	! !		
2 Pere Critical Siteralization   September   Septemb		Bed Size Range within Peer Group		Ì	All Bed Sizes		,		1				
2 Pere Critical Siteralization   September   Septemb		Peer Group Standards & Efficiency Measure Limits							1				
Performance   Standards Multiplier   Color Policy Manual)   (00.09% 100.09%	2		(see Policy Manual)	İ	90.0%	90.0%	90.0%	85.0%		50.0%			
Base Period Per Diem Allowed Amounts   Same Period Per Diem Allowed Amounts   Same Period Per Diem Allowed Amounts   Same Period Per Diem Allowed Amounts   Same Period Per Diem Allowed Amounts   Same Period Per Diem Allowed Amounts   Same Period Per Diem Cost Center Costs (Routine & Special Since Scothierald)   Same State Cost After Audit Adjustments and Reallocations to Cost Center Costs   PY12 CRF. PY 2018 GL-PL Rept   Sa,064,693,00   S5,148,324   Sa   S992,512   S721,208   S562,378   S1,029,255   S189,134   S252,258   S7,001   Sa   Sa,173,777   Sa,001   Sa,173,771   Sa,001   Sa,173,777   Sa,001   Sa,173,777   Sa,001   Sa,173,771   Sa,001   Sa,173,777   Sa,001   Sa,173,	3			1							i i		
5 A Filed Cost Center Costs   Routine & Special Since Combined   As Filed PY12 CR - FY 2018 GL-PL Rpt   Sq.064,693.00   S5,146,324   S0   S992,512   S721,208   S562,732   S1,200,525   S199,134   S252,258   S77,107	4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	!	\$0.53	\$0.00	\$0.22	\$0.41	:		1		
5 A Filed Cost Center Costs   Routine & Special Since Combined   As Filed PY12 CR - FY 2018 GL-PL Rpt   Sq.064,693.00   S5,146,324   S0   S992,512   S721,208   S562,732   S1,200,525   S199,134   S252,258   S77,107		Base Period Per Diem Allowed Amounts				:			:	1	1		! !
Math Adjustments and Realbocations to Cest Center Costs   FY12 CRR Audit Adjustments   S247,316   S7,001   S0   S0   S0   S0   S0   S0   S0	5	1 · · · · · · · · · · · · · · · · · · ·	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,064,693,00	\$5 146 324	so.	\$992 512	\$721 208	\$562 732	\$1.200.626	\$190.134	¢252 250	
7 Cost Center Costs After Adulti Adjustments FY12 Audited CR \$8,817,377 \$5,139,323 \$0 \$992,512 \$721,288 \$562,358 \$1,029,255 \$189,134 \$146,474 \$37.11 \$1.01 \$	6		FY12 C/R Audit Adistmts		1		1 1		1	1			
Total Nursing Facility Days	7	i ·	•				: ** 1	-					
Total Nursing Facility Days GL-PL Ins. Rpt	8	Total Nursing Facility Days As Filed Days = 69,699	FY12 Audited C/R Days		40,100,020		<b>4332,312</b>	Ψ721,200	\$302,330	\$1,025,200	\$109,154	\$140,474	φο <i>τ</i> , ι ι.
9 Net Per Diems prior to Case Mix Adjistm't to Routine Srvcs  In 7 / In 8 Cola Base Period Facility Case Mix Adjistm't to Routine Srvcs  In 8 / In 8			FY 18 GL-PL Ins Rpt Days								52 124		
Base Period Facility Case Mix Index for All Residents   From 4 qtrs of FY12   1.3316   S55.38   S0.00   S14.24   S18.42   S14.77   S3.00   S2.10   S0.53   S0.00   S14.24   S18.42   S14.77   S3.00   S2.10   S0.53   S0.00   S14.24   S18.42   S14.77   S3.00   S2.10   S0.53   S0.00   S14.24   S18.42   S14.77   S3.00   S2.10   S0.53   S0.00   S14.24   S18.42   S14.77   S3.00   S2.10   S0.53   S0.00   S14.24   S18.42   S14.77   S3.00   S2.10   S0.53   S0.00   S14.24   S18.42   S14.77   S3.00   S2.10   S0.53   S0.00   S14.24   S18.42   S14.77   S3.00   S2.10   S0.53   S0.00   S14.24   S18.42   S14.77   S3.00   S2.10   S0.53   S0.00   S14.24   S18.42   S14.77   S3.00   S2.10   S0.53   S0.00   S14.24   S18.42   S14.77   S0.00   S18.41   S0.53   S0.00   S14.24   S18.42   S14.77   S0.00   S18.41   S0.53   S0.00   S14.24   S18.42   S14.77   S0.00   S18.41   S0.53   S0.00   S14.24   S18.42   S14.77   S0.00   S18.41   S0.53   S0.00   S14.24   S18.42   S14.77	9		• •	\$126.80	\$73.74	\$0.00	\$14.24	\$18.42	(with ( & H)	\$14.77	1 1	\$2.10	. מחבי
Routine Srvcs Case Mix Adjistrit (CMA) Net Per Diem	10		from 4 gtrs of FY12	. 0.25.00		40.00	01-12-	\$10,42	(**************************************	\$14.77	93.00	.pz. 10	\$0.5
Net Per Diems after Case Mix Adjstmt to Routine Srocs   RS = Ln 11, AllOthr = Ln 9   \$55,38   \$0,00   \$14,24   \$18,42   \$14,77   \$3,00   \$2,10   \$0.5     Per Diem Standards (After Statewide CMA for Routine Srocs)   per Peer Group Limits   \$71,51   \$0,00   \$18,41   \$23,09   \$20,56   \$0,00   N/A     Base Period Case Mix Adjusted Allowed Per Diem   Leoser of Ln 12 or Ln 13   \$127,56   \$55,38   \$0.00   \$14,24   \$18,42   \$14,77   \$3,00   \$2,12   \$0.5     Courterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allowack   S18,88   \$10,17   \$0,00   \$2,62   \$3,38   \$0,00   \$2,71   N/A   N/A   N/A     Courterly Per Diem (After Growth Allowance Add-on)   Ln 14 + Ln 15   \$146,44   \$65,55   \$0,00   \$16,86   \$21,80   \$0,00   \$17,48   \$3,00   \$21,22   \$0.5     Courterly Facility Case Mix Index for Medicaid Residents   per Current Qit End   \$1,7383   \$113,95   \$0.00   \$16,86   \$21,80   \$0.00   \$17,48   \$3,00   \$21,22   \$0.5     Courterly Medicaid CMA Allowed Per Diem   RS = Ln 18, AllOthr = Ln 16   \$194,84   \$113,95   \$0.00   \$16,86   \$21,80   \$0.00   \$17,48   \$3,00   \$21,22   \$0.5     Courterly Per Diem Add-on Amounts   Courterly Medicaid CMA Allowad Per Diem   \$2,5% (In Routine Srocs )   Ln 19 Cal b x CPS Add-on   \$2,28   \$2,85	11		Ln 9 / Ln 10		. —		i :		1				
13   Per Diem Standards (After Statewide CMA for Routine Sives)   per Peer Group Limits   \$71.51   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   \$N/A   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5   \$0.00   \$14.24   \$18.42   \$14.47	12		RS = Ln 11, AllOthr = Ln 9			\$0.00	\$14.24	\$18.42	1	\$14.77	\$3.00	\$2.10	¢n 5
Base Period Case Mix Adjusted Allowed Per Diam   Lesser of Ln 12 or Ln 13   \$127.56   \$55.38   \$0.00   \$14.24   \$18.42   \$14.77   \$3.00   \$21.22   \$0.5	13		per Peer Group Limits				1 1	*	1		1		<b>Ф</b> С. J.
Quarterly Per Diem Rate Prior to Add-ons   Growth Allowance Percentage = 18.37%	14			\$127.56					İ				פח בי
15 Growth Allowance Per Diem Kate Prior to Add-on's Growth Allowance Per Diem (Alter Growth Allowance Add-on) Ln 14 x Grwth Allwance % CMA Allowed Per Diem (Alter Growth Allowance Add-on) Ln 14 x Grwth Allwance % CMA Allowed Per Diem (Alter Growth Allowance Add-on) Ln 14 x Grwth Allwance % CMA Allowed Per Diem (Alter Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents Per Current QIr End 1,7383 RS = Ln 18 x IIOthr = Ln 16 S113.95 Quarterly Per Diem Add-on Amounts Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) S18/S Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) S18/S Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) S18/S Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) S18/S Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) S18/S Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) S18/S Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) S18/S Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) S18/S Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) S18/S Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) S18/S S2.85					455.00	<b>40.00</b>	) 414.24	\$10.42		\$ 1-4.11	\$3.00		\$0.55
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$146.44 \$65.55 \$0.00 \$16.86 \$21.80 \$0.00 \$17.48 \$3.00 \$21.22 \$0.50 \$0.00 \$17.48 \$3.00 \$21.22 \$0.50 \$0.00 \$17.48 \$3.00 \$21.22 \$0.50 \$0.00 \$17.48 \$3.00 \$21.22 \$0.50 \$0.50 \$17.48 \$3.00 \$21.22 \$0.50 \$0.50 \$17.48 \$3.00 \$21.22 \$0.50 \$0.50 \$17.48 \$3.00 \$21.22 \$0.50 \$0.50 \$17.48 \$3.00 \$21.22 \$0.50 \$0.50 \$17.48 \$3.00 \$21.22 \$0.50 \$0.50 \$17.48 \$3.00 \$21.22 \$0.50 \$0.50 \$17.48 \$3.00 \$21.22 \$0.50 \$0.50 \$17.48 \$3.00 \$21.22 \$0.50 \$0.50 \$17.48 \$0.50 \$0.50 \$17.48 \$0.50 \$0.50 \$17.48 \$0.50 \$0.50 \$0.50 \$17.48 \$0.50	4-			:					:			1	l
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current QIr End Quarterly Routine Stross Case Mix Adjistd (CMA) Net Per Diem Ln 16 x Ln 17 S113.95 S0.00 S16.86 S21.80 S0.00 S17.48 S3.00 S21.22 S0.5 S0.50 S16.86 S21.80 S0.00 S17.48 S3.00 S21.22 S0.5 S0.50 S16.86 S21.80 S0.00 S17.48 S3.00 S21.22 S0.5 S0.50 S0.00 S16.86 S21.80 S0.00 S17.48 S3.00 S21.22 S0.5 S0.50 S0.00 S16.86 S21.80 S0.00 S17.48 S3.00 S21.22 S0.5 S0.50 S0.00 S16.86 S21.80 S0.00 S17.48 S3.00 S21.22 S0.5 S0.50 S0.00 S0.22 S0.41 S0.00 S0.37 S0.00 S0.37 S0.00 S0.37 S0.00 S0.37 S0.00 S0.37 S0.00 S0.37 S0.00 S0.37 S0.00 S0.37 S0.00 S0.37 S0.00 S0.37 S0.00 S0.37 S0.00 S0.37 S0.00 S0.37 S0.00 S0.37 S0.00 S0.00 S0.37 S0.00 S0.00 S0.37 S0.00 S0.00 S0.37 S0.00 S0.00 S0.00 S0.37 S0.00 S0.00 S0.00 S0.37 S0.00 S0.00 S0.00 S0.00 S0.00 S0.37 S0.00									(		N/A	N/A	N/A
18		i		\$146.44		\$0.00	\$16.86	\$21.80	\$0.00	\$17.48	\$3.00	\$21.22	\$0.53
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$194.84 \$113.95 \$0.00 \$16.86 \$21.80 \$0.00 \$17.48 \$3.00 \$21.22 \$0.50 \$0.50 \$17.48 \$3.00 \$21.22 \$0.50 \$0.50 \$17.48 \$3.00 \$21.22 \$0.50 \$0.50 \$17.48 \$3.00 \$17.48 \$17.40 \$1			•				: i		! !				
Quarterly Per Diem Add-on Amounts  [Stiffciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)		l · · · · · · · · · · · · · · · · · · ·		:			į .				, i		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.21 BIMS Add-on Per Diem = 2.5% (lo Routine Srvs) Ln 19 Col b x CPS Add-on \$2.85 \$2	19	Coalterly Medicald CMA Allowed Per Diem	RS = LR 18, AllOthr = Ln 16	\$194.84	\$113.95	\$0.00	\$16.86	\$21.80	\$0.00	\$17.48	\$3.00	\$21.22	\$0.5
21 BIMS Add-on Per Diem = 2.5% (Io Routine Srvs) Ln 19 Col b x CPS Add-on \$2.85 \$2.85 \$  22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (Io Routine Srvcs) Ln 19 Col b x Stifing Add-on \$3.42 \$3.42 \$  23 Nursing Home Provider Fee (Fixed Amount) \$0.00 \$  24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$7.80 \$6.80 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0		Quarterly Per Diem Add-on Amounts					:		!	1	:		
21 BIMS Add-on Per Diem = 2.5% (Io Routine Srvs) Ln 19 Col b x CPS Add-on \$2.85 \$2.85 \$	20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37	1	\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$0.00 \$0.0	21	BIMS Add-on Per Diem = 2.5% (la Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85					j	1	45.50	
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 lfnu 23     \$7.80     \$6.80     \$0.00     \$0.22     \$0.41     \$0.00     \$0.37     \$0.00     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$202.64     \$120.75     \$0.00     \$17.08     \$22.21     \$0.00     \$17.85     \$3.00     \$21.22     \$0.5	22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.42	\$3.42		1		· i	l	1		
24         Total Quarterly Per Diem Add-on Amounts         Sum of Lns 20 thru 23         \$7.80         \$6.80         \$0.00         \$0.22         \$0.41         \$0.00         \$0.37         \$0.00 <t< td=""><td>23</td><td>Nursing Horne Provider Fee</td><td>(Fixed Amount)</td><td>\$0.00</td><td>;</td><td></td><td>1</td><td></td><td>:</td><td>\$0,00</td><td>1</td><td></td><td></td></t<>	23	Nursing Horne Provider Fee	(Fixed Amount)	\$0.00	;		1		:	\$0,00	1		
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$202.64 \$120.75 \$0.00 \$17.08 \$22.21 \$0.00 \$17.85 \$3.00 \$21.22 \$0.5	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.80	\$6.80	\$0.00	\$0.22	\$0.41	\$0.00	i .	\$0.00	\$0.00	\$0.00
	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.64	\$120.75	\$0.00	\$17.08	\$22.21	\$0.00		·····		\$0.53
	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151,98			i				:	**************************************	***************************************

Provid Prvdr			Add-on Data and	<del></del>	Facility Score	Add-on Percent	Cas	e Mix Index ((		,	Facility Specific	State- wide
rivui	Case Mix Per Dierri Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse H		owth Allowance: ltrly BIMS score luality Incentive:		18.37% 0.0% 2.0%	Qrtrly Moaid		d Overall CMI Medicaid CMI Wght Options:		1.6382 1.1305 1.1463	1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
· · · · · ·			а	ь	С	d	е	f	9	9	h	i
CAS	E MIX BASED RATE CALCULATIONS				:			i (		į		
1 C	ost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1			
	Typo of Facility within Peer Group Bed Size Range within Peer Group	(Cook one) managy		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities			
P	eer Group Standards & Efficiency Measure Limits		)	:	:					1		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	i i		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
В	ase Period Per Diem Allowed Amounts		:									
5 .	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	\$8,342,490.00	\$4,375,091	\$0	\$777,002	\$297,088	\$344,623	\$1,273,859	\$614,329	\$660,498	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$80,668	\$4,387	\$0	(\$1,184)	\$0	(\$14,347)	1 1		\$138,912	\$63,10
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,423,158	\$4,379,478	\$0	\$775,818	\$297,088	, , ,	\$1,163,658	\$614,329	\$799,410	\$63,10
8	Total Nursing Facility Days As Filed Days = 40,191	FY12 Audited C/R Days	40,191	1					1		******	
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,639	FY 18 GL-PL Ins Rpt Days						1	1	39,639		
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$209.79	\$108.97	\$0.00	\$19.30	\$15.61	(with L&H)	\$28.95	\$15.50	\$19.89	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	<u>1.6382</u>		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$66.52				:				
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9	1	\$66.52	\$0.00	\$19.30	\$15.61	1	\$28.95	\$15,50	\$19.89	\$1,5
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09	i i	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.02	\$66.52	\$0.00	\$18.41	\$15,61		\$20.56	\$15.50	11.85	\$1.57
Q	uarterly Per Diem Rate Prior to Add-ons					1			I .	:	(FRV)	
15	Growth Allowance Percentage = 18.37%	En 14 x Grwth Allwnc %	\$22.25	\$12.22	\$0.00	\$3.38	\$2.87	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Lπ 14 + Ln 15	\$172.27	\$78.74	\$0.00	\$21.79	\$18,48	\$0.00	\$24.34	\$15.50	\$11.85	\$1.5
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1463				1			0	•
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.26		:			Ì			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.79	\$90.26	\$0.00	\$21.79	\$18.48	\$0.00	\$24.34	\$15.50	\$11.85	\$1.57
Q	uarterly Per Diem Add-on Amounts											
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	40.00	Ψ0.00	φ0.41	90.00	20.00		30.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.81	\$1,81					1		I	
i	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	4,				 	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.85	\$2.34	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qı	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.64	\$92.60	\$0.00	\$21.79	\$18.89	\$0.00	\$41.44	\$15.50	\$11.85	\$1.57
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.91			·		l	<del> </del>	!		
- 1		(m. 10 : m. 10) 0.10	3139.91	:								

1	rovider: Manor Care Rehab Ctr of Decatur		Add-on Data and		Facility Score	Add-on Percent	Cas	e_Mix Index (C			Facility Specific	State- wide
	rvdr ID: 00159266A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		owth Allowance: drly BIMS score uality Incentive:	N/A 26.4% 3.92	18.37% 1.0% 1.0%	Qrtrly Mcaid		d Overall CMI Medicaid CMI Wght Options:		1.6688 1.1656 1.1834	1.3617 1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			3	b	С	d	е	f	g	g	ħ	
С	ASE MIX BASED RATE CALCULATIONS		I	ļ				\$				:
1	Cost Center Peer Groups	(see Policy Manual)		1	. 1	2	1			1		
	Typo of Facility within Peer Group  Bod Size Range within Peer Group	(зее гонсу маниат)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	1 All Facilities			
ĺ	The state of the s			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile									1		
3	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100,0%	i	50.0% 105.0%	,		:
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	,		
	Base Period Per Diem Allowed Amounts		· }									
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,625,627.00	\$4,465,528	\$0	\$840.596	\$382,254	\$390.308	\$1,730,610	\$162,679	\$653,652	. \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$296,438)	(\$3,847)	\$0	\$731	\$0	(\$6,945)	1 7 7 7		\$54,437	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,329,189	\$4,461,681	\$0	\$841,327	\$382,254		\$1,319,882	\$162,679	\$708,089	
8	Total Nursing Facility Days As Filed Days = 45,284	FY12 Audited C/R Days	45,284						1		. ,	
:	Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 41,247	FY 18 GL-PL Ins Rpt Days							}	41,247		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$184.29	\$98.53	\$0.00	\$18.58	\$16.91	(with L&H)	\$29.15	\$3.94	\$15.64	\$1.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6688		:				1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$59.04						1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$59.04	\$0.00	\$18.58	\$16,91		\$29.15	\$3.94	\$15.64	\$1.54
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	ĺ	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or En 13	\$132.15	\$59.04	\$0.00	\$18.41	\$16.91		\$20.56	\$3.94	11.75 (FRV)	\$1.54
	Quarterly Per Diem Rate Prior to Add-ons									:	, ,	:
15	3	En 14 x Grwth Allwnc %	\$21.12	\$10.85	\$0.00	\$3.38	\$3.11	\$0.00	\$3.78	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.27	\$69.89	\$0.00	\$21.79	\$20.02	\$0.00	\$24.34	\$3.94	\$11.75	\$1.54
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.1834</u>								
19	Qritrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = En 18, AllOthr = Ln 16	\$166.09	\$82.71 \$82.71	\$0.00	\$21.79	\$20.02	\$0.00	\$24.34	\$3.94	\$11.75	\$1.54
:	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83	44.00	1	<del>-</del>	40.00	Ψ5.00	1	φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.83	\$0.83						1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			l i			\$17.10	i		i
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.70	\$2.19	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.79	\$84.90	\$0.00	\$21.79	\$20.43	\$0.00	\$41.44	\$3.94	\$11.75	\$1.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Lπ 23) * 0.75	\$126.52							L.		<del></del>

i	Provider: Maple Ridge Health Care Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		,	Facility Specific	State- wide
, P	Case Mix Per Diem Rate Effective Date  MDS & Nurse Hrs Data per Quarter Ending			owth Allowance: ltrly BIMS score luality Incentive:		18.37% 2.5% 3.0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.2349 1.6312 1.6620	1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·	·		а	b	C	d	е	f	g	g	h	i
<u>C</u>	CASE MIX BASED RATE CALCULATIONS	v V		:	1			İ	Ì	:		
1	Cost Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	. 1			
i	Type of Facility within Peer Group	(====, (=====,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
1	Peer Group Standards & Efficiency Measure Limits		į		:	1			1			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%		105.0%			
: 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
	Base Period Per Diem Allowed Amounts			:				i				
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,943,033.00	\$1,944,380	\$0	\$488,126	\$238,505	\$291,383	\$683,234	\$81,003	\$216,402	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$112,823)	\$182	\$0	\$0	\$0	\$46	(\$116,865)		(\$38,939)	\$42.753
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,830,210	\$1,944,562	50	\$488,126	\$238,505	\$291,429	\$566,369	\$81,003	\$177,463	\$42,753
8	Total Nursing Facility Days As Filed Days = 25,532	FY12 Audited C/R Days	25,532		!		*		1333,555	70.,220	•,	4, , 00
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,703	FY 18 GL-PL Ins Rpt Days	; ·			1			i .	25,703		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.99	\$76.16	\$0.00	\$19.12	\$20,76	(with L&H)	\$22.18		\$6.95	\$1.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2349							•	*
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$61.67		1			:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.67	\$0.00	\$19.12	\$20.76		\$22.18	\$3.15	\$6.95	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	<u> </u>	\$20.56	\$0.00	N/A	•
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.30	\$61.67	\$0.00	\$18.41	\$20.76	]	\$20.56	\$3.15	14.08	\$1.67
1	Overdedy See Disc. But. British Add	]						}			(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	600.00				40.04					
16		Ln 14 + Ln 15	\$22,30	\$11.33	\$0.00	\$3,38	\$3.81	\$0.00	\$3.78	N/A	N/A	N/A
17		per Current Qtr End	\$162.60	\$73.00	\$0.00	\$21.79	\$24.57	\$0.00	\$24.34	\$3.15	\$14.08	\$1.67
18		Ln 16 x Ln 17	· :	<u>1.6620</u> \$121.33				:		i z		
19	, , , , , , , , , , , , , , , , , , , ,	RS = Ln 18, AllOthr = Ln 16	\$210,93	\$121.33	\$0.00	\$21.79	\$24.57	\$0.00	\$24.34	\$3.15	\$14.08	\$1.67
, -	Lastrary measure on the monte of the monte o	1	QC,013Q	\$121.00	\$0.00	\$21.79	\$24.57	\$0.00	324.34	\$3.13	\$14.08	\$1.67
	Quarterly Per Diem Add-on Amounts	Ì						¢			1	
20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	:	\$0.00	
21			\$3.03	\$3.03					<u> </u>	i		
22		Ln 19 Coî b x Stfng Add-on	\$3.64	\$3.64		1				;		
23		(Fixed Amount)	\$17.10						\$17.10	;	i	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.71	\$7.20	\$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	\$235.64	\$128.53	\$0.00	\$21.79	\$24.98	\$0.00	\$41.44	\$3.15	\$14.08	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	{Ln 25 - Ln 23} * 0.75	\$163.91			I			2	! <u> </u>	}	
		,,,	¥.03.81									

Provider: Prvdr ID:	McRae Manor Nursing Home		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.1896	State- wide 1,3617
1	Case Mix Per Diem Rate Effective Date:	4/1/2021	a	trly BIMS score	33.3%	2.5%		Quarterly I	Medicaid CMI:		1.4627	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.98	3.0%	Ortrly Meaid	CMI w RUG \	Wght Options:		1.4891	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	e	f	g	9	h	i
CASE N	MIX BASED RATE CALCULATIONS								:			
1 Cost	Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Cost	Type of Facility within Peer Group	(see Folicy Manual)		All Facilities	: All Facilities	Free Standing	1 All Facilities	All Facilities	: 1 : All Facilities		:	
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer	Group Standards & Efficiency Measure Limits					[						
	r Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			
	r Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%		;	
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37		ļ	
Base	Period Per Diem Allowed Amounts				:				:		,	
5 As F	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,454,848.00	\$3,010,284	\$0	\$743,007	\$470,789	\$341,250	\$631,741	\$208,660	\$49,117	\$0
6 Aud	lit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,559)	(\$7,083)	\$0	\$0	\$0	\$0	(\$108,476)	1 ' ' 1	(\$32,426)	\$32,426
7 Cos	t Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,339,289	\$3,003,201	\$0	\$743,007	\$470,789	\$341,250	\$523,265	1	\$16,691	\$32,426
8 T	otal Nursing Facility Days As Filed Days = 45,488	FY12 Audited C/R Days	45,488								,	
T	otal Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 40,423	FY 18 GL-PL Ins Rpt Days			ļ					40,423	ì	
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$117.94	\$66.02	\$0.00	\$16.33	\$17.85	(with L&H)	\$11.50	\$5.16	\$0.37	\$0.71
10 B	lase Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1896</u>	1						Ì	
11 R	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / En 10		\$55.50	:	1			-			
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	\$0.37	\$0.71
13 Per	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.95	\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	8.90	\$0.71
Quart	erly Per Diem Rate Prior to Add-ons	:									(FRV)	
1	wth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.59	\$10,20	\$0.00	\$3.00	\$3.28	\$0.00	\$2.11	N/A	N/A	N/A
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.54	\$65,70	\$0.00	\$19.33	\$21.13	\$0.00	\$13.61	\$5.16	\$8.90	\$0.71
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ10-1.0-1	1.4891		\$15.05	φ21.10	. 40.00	\$10.01	35.10	φ0.50 i	\$0.71
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.83		1						
i !	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.67	\$97.83	\$0.00	\$19.33	\$21.13	\$0.00	\$13.61	\$5,16	\$8.90	\$0.71
										1		*
: :	erly Per Diem Add-on Amounts	(see Believ Meaus)	64.50	50.50		60.00	<b>20.44</b>			: [		
1	ciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  S Add-on Per Diem = 2.5% (to Routine Srys)	(see Policy Manual) En 19 Col b x CPS Add-on	\$1.53 \$2.45	\$0.53 \$2.45	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
1	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvs)	En 19 Col b x CFS Add-on	\$2.45 \$2.93	\$2.45 \$2.93	Ì	:		 				
,	sing Home Provider Fee	(Fixed Amount)	\$2,93 \$17,10	<b>Φ</b> 2.93		: !			\$17,10		;	
	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$24.01	\$5.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17,10		\$0.00	\$0.00
·····	erly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.68	\$103.74	\$0.00	\$19.55	\$21,54	\$0.00	\$31.08	\$5.16	\$8.90	\$0.00
<b></b>				\$103.74	JU.UU	\$15.00	\$41.54	30.00	\$31.08	\$3.1b	\$0.90	<b>\$0.7</b> 1
26 Quart	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.19									

	er: Meadowbrook Healthcare				Facility	Add-on	•				Facility	State-
Provide Prvdr I			Add-on Data and	percentages owth Allowance:	Score N/A	Percent 18.37%	Cas	e Mix Index (C	d Overall CMI	_	Specific 1 FO40	wide 1.3617
Prvari	Case Mix Per Diem Rate Effective Date:	4/1/2021		owin Allowance: otrly BIMS score	67.1%	5.5%			Medicaid CMI		1.5049 2.0149	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:		ours per On-Site Day/Q	,	2.68	4.0%	Ortrly Mcaid	CMI w RUG \			2.0547	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS											
1 <b>Co</b>	ost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(Cook only manally)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Pe	er Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Ba	se Period Per Diem Allowed Amounts											
5 A:	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$7,268,382.01	\$3,421,723	\$0	\$611,453	\$384,662	\$428,999	\$973,872	\$41,092	\$1,406,581	\$0
6 A	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$544,065)	(\$333,545)	\$0	(\$650)	(\$4,583)	(\$3,347)	(\$95,288)		(\$198,043)	\$91,391
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,724,317	\$3,088,178	\$0	\$610,803	\$380,079	\$425,652	\$878,584	\$41,092	\$1,208,538	\$91,391
8	Total Nursing Facility Days As Filed Days = 43,599	FY12 Audited C/R Days	43,599									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,766	FY 18 GL-PL Ins Rpt Days								42,766		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$154.25	\$70.83	\$0.00	\$14.01	\$18.48	(with L&H)	\$20.15	\$0.96	\$27.72	\$2.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5049</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.07								
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.07	\$0.00	\$14.01	\$18.48		\$20.15	\$0.96	\$27.72	\$2.10
13 P	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 B	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.84	\$47.07	\$0.00	\$14.01	\$18.48		\$20.15	\$0.96	14.07	\$2.10
Qu	arterly Per Diem Rate Prior to Add-ons										(FRV)	
15 G	Frowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.31	\$8.65	\$0.00	\$2.57	\$3.39	\$0.00	\$3.70	N/A	N/A	N/A
16 C	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.15	\$55.72	\$0.00	\$16.58	\$21.87	\$0.00	\$23.85	\$0.96	\$14.07	\$2.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0547								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.49								
19 Q	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.92	\$114.49	\$0.00	\$16.58	\$21.87	\$0.00	\$23.85	\$0.96	\$14.07	\$2.10
	arterly Per Diem Add-on Amounts											
	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.47	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.31		\$0.00	
21 B	IMS Add-on Per Diem = $5.5\%$ (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.30	\$6.30								
	lurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.58	\$4.58								
23 N	lursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.45	\$11.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00
25 <b>Qu</b>	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.37	\$125.90	\$0.00	\$16.80	\$22.28	\$0.00	\$41.26	\$0.96	\$14.07	\$2.10
26 <b>Qu</b>	narterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.70									

#### FINAL

Pr	ovider: <b>Meadow Park H&amp;R</b> vdr ID: <b>003167911A</b> H/B ?: No  Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	•		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 33.3% 4.18	Add-on Percent 18.37% 2.5% 4.0%		Quarterly	(CMI) Data od Overall CMI: Medicaid CMI: Wght Options:		Facility Specific Use Stwd 1.7784 1.8117	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g		h	i
	E MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options  Type of Facility within Peer Group  Bed Size Range within Peer Group			<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	2 Freestanding All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)			90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt								\$ 71,803 26,195		
	Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4%	FY 2012 Peer Group Limit	\$164.21 \$23.31	\$71.51 \$67.93 \$12.48		\$18.41 \$17.49 \$3.21	\$23.09 \$21.94 \$4.03		\$20.56 \$19.53 \$3.59		\$30.58 \$30.58	\$6.74
	CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$190.26	\$80.41 <u><b>1.8117</b></u> \$145.68		\$20.70	\$25.97		\$23.12	\$ 2.74	\$30.58 (FRV Rate)	\$6.74
	Quarterly Medicaid CMA Allowed Per Diem           Quarterly Per Diem Add-On Amounts           BIMS Add-on Per Diem =         2.5%         (to Routine Srvs           Nurse Staff Hrs / Quality Add-on Per Diem =         4.0%		\$255.53 \$3.64 \$5.83	\$145.68 \$3.64 \$5.83		\$20.70	\$25.97		\$23.12	\$2.74	\$30.58	\$6.74
	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$26.57						17.10			
$\rightarrow$	Quarterly Case Mix Based Per Diem Rate		\$282.10	\$155.15		\$20.70	\$25.97		\$40.22	\$2.74	\$30.58	\$6.74
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$198.75										

1000000	rovider: Medical Management H & R  rvdr ID: 00141941A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:		Qtr	rth Allowance: ly BIMS score	Facility Score N/A 20.7% 2.96	Add-on Percent 18.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4091 1.6134 1.6433	State- wide 1.3699 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		u	U	·	u			g	g		
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY13 C/R FY13 C/R Audit Adjstmts	\$2,955,724 (\$14,060)	\$1,485,097 \$0	\$0 \$0	\$336,529 \$0	\$201,461 \$0	\$220,442 \$0	\$438,213 (\$14,060)	\$18,189	\$255,793 (\$53,045)	\$0 \$53,045
7 8 9	Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 31,340  Total Nursing Facility Days GL-PL Ins. Rpt  As Filed Days = 31,047  Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	FY13 Audited C/R FY13 Audited C/R Days FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$2,941,664 31,340 \$93.87	\$1,485,097 \$47.39	\$0 \$0.00	\$336,529	\$201,461	\$220,442	\$424,153	\$18,189 31,047	\$202,748	\$53,045
10 11 12	Base Period Facility <u>Case Mix Adjustant to Routine Sives</u> Routine Srvcs Case <u>Mix Adjustd (CMA)</u> Net Per Diem  Net Per Diems after Case <u>Mix Adjustant to Routine Sives</u>	from 4 qtrs of FY10  Ln 9 / Ln 10  RS = Ln 11, AllOthr = Ln 9	\$93.67	1.4091 \$33.63 \$33.63	\$0.00	\$10.74 \$10.74	\$13.46 \$13.46	(with L&H)	\$13.53 \$13.53	\$0.59 \$0.59	\$6.47 \$6.47	\$1.69 \$1.69
13	Per Diem Standards (Alter Statewide CMA for Routine Srvcs)  Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$81.24	\$73.90 \$33.63	\$0.00 \$0.00	\$19.14 \$10.74	\$23.27 \$13.46		\$23.46 \$13.53	\$0.00 \$0.59	N/A 7.60	\$1.69
1.4	Quarterly Per Diem Rate Prior to Add-ons	Lesser of Life 2 of Life 13	\$01.24	\$33.03	\$0.00	\$10.74	\$13.46		\$13.33	φυ.59	(FRV)	\$1,09
15 16	Growth Allowance Percentage = 18.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$13.11 \$94.35	\$6.18 \$39.81	\$0.00 \$0.00	\$1.97 \$12.71	\$2.47 \$15.93	\$0.00 \$0.00	\$2.49 \$16.02	N/A \$0.59	N/A \$7.60	N/A \$1.69
17 18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents  Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Otr End Ln 16 x Ln 17		1.6433 \$65.42								
19	Quarterly Medicaid CMA Allowed Per Diem  Quarterly Per Diem Add-on Amounts	RS = Ln 18, AllOthr = Ln 16	\$119.96	\$65.42	\$0.00	\$12.71	\$15.93	\$0.00	\$16.02	\$0.59	\$7.60	\$1.69
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$0.65 \$1.96	\$0.65 \$1.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.24	\$3.14	\$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	\$141.20	\$68.56	\$0.00	\$12.93	\$16.34	\$0.00	\$33,49	\$0.59	\$7.60	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$93.08									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Provider: Memorial Manor Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00141919A	4440004		wth Allowance:	N/A	18.37%			Overall CMI:		1.2378	1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hour	ય s per On-Site Day/Q	trly BIMS score uality Incentive:	34.3% 3.56	2.5% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG \	Medicaid CMI: Nght Options:		1.3974 1.4199	1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns	Admin and	A&G- GL-PL	Property and	Taxes and
<b>"</b>	Calculations		b				& Maint	General		Related	Insurance
CASE MIX BASED RATE CALCULATIONS	······································	a		С	d	<u>e</u>		9	g	ħ	
1 Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1	:		
Typo of Facility within Peer Group  Bed Size Range within Peer Group	i		All Facilities All Bed Sizes	All Facilities	Hosp Based All Bed Sizes	All Facilities	All Facilities	All Facilities	. !		i
<u> </u>			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits	. <u> </u>						!	:			į
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	!		
Dana Barbard Bar Biran Allamand Assessmen	,								;		
Base Period Per Diem Allowed Amounts  5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$5,807,259.00	\$2,851,922	\$0	\$1,309,859	\$277 CEC	#200 7E4	#617 700	E0 020	\$000 A44	Ė.
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,797)	\$2,031,922	\$0	\$1,509,659	\$377,656 \$448	\$398,761	\$637,708	\$8,939	\$222,414	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,790,462		\$0 \$0		\$448 \$378,104	\$473 \$399,234	(\$17,963)		(\$15,413)	
8 Total Nursing Facility Days As Filed Days = 38,082	FY12 Audited C/R Days	38.082	\$2,031,922	\$0	\$1,309,039	\$376,104	\$399,234	\$619,745	\$8,939	\$207,001	\$10,006
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,592	FY 18 GL-PL ins Rpt Days	30,002			:			1	35,592		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$152.07	\$74.89	\$0.00	\$34,40	\$20.41	(with L&H)	\$16.27	\$0.25	\$5,44	\$0.41
10 Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$102.01	1.2378	φ0.00	\$34.40	\$20.41	(Manual Peru)	; \$10.27 ,	\$0.25	\$3. <del>44</del>	\$U.41
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50					3	1		!
12 Net Per Diems after Case Mix Adistrnt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$34.40	\$20,41		\$16,27	\$0.25	\$5.44	\$0.41
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	90.91
14 : Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.46	\$60.50	\$0.00	\$29.15	\$20.41		\$16,27	\$0.25	8.47	\$0.41
·		***************************************		44,00	0.00	<b>\$20,11</b>	į	<b>\$10.2</b>	40.23	(FRV)	
Quarterly Per Diem Rate Prior to Add-ons			:		į.					, ,	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.20	\$11.11	\$0.00	\$5.35	\$3.75	\$0.00	\$2.99	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.66	\$71.61	\$0.00	\$34.50	\$24.16	\$0.00	\$19.26	\$0.25	\$8.47	\$0,41
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4199					:			
18 Ontrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Lπ 16 x Ln 17		\$101.68								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$188.73	\$101.68	\$0.00	\$34.50	\$24.16	\$0.00	\$19.26	\$0.25	\$8.47	\$0.41
Quarterly Per Diem Add-on Amounts					. [				: ;		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,54	\$2.54						1		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05					]			
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1					\$17.10	:		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.00	\$6.12	\$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	\$212.73	\$107.80	\$0.00	\$34.50	\$24.57	\$0.00	\$36.73	\$0.25	\$8.47	\$0.41
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.72			· · · · · · · · · · · · · · · · · · ·		•••		<del></del>		÷

#### FINAL

Pr	rovider: MeSun Health and Rehabilitation rvdr ID: 003245344A H/B ?: No Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 0.0% 0.00	Add-on Percent 18.37% 0.0% 0.0%	Qrtrly	Base Po Quarte	ex (CMI) Data eriod Overall CMI: erly Medicaid CMI: UG Wght Options:		Facility Specific Use Stwd 1.5382 1.5656	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
CAS	SE 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			1 All Facilities All Bed Sizes 90.0% 100.0%	1 All Facilities All Bed Sizes 90.0% 100.0%	2 Freestanding All Bed Sizes 90.0% 100.0%	All Facilities All Bed Sizes  85.0% 100.0%	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes  50.0% 105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt								#N/A #N/A		
	Standard Per Diem (After CMA for Routine Srvcs)  Allowed @ 90% of Std  Growth Allowance 18.37%	FY 2012 Peer Group Limit	\$149.67 \$22.08	\$71.51 \$64.36 \$11.82		\$18.41 \$16.57 \$3.04	\$23.09 \$20.78 \$3.82		\$20.56 \$18.50 \$3.40		\$29.46 \$29.46	
	CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$174.78	\$76.18 <u>1.5656</u> \$119.27		\$19.61	\$24.60		\$21.90	\$ 3.03	29.46 (FRV Rate)	\$0.00
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% to Routine Srvs Nurse Staff Hrs / Quality Add-on Per Diem = 0.09		\$217.87 \$0.00 \$0.00	\$119.27 \$0.00 \$0.00		\$19.61	\$24.60		\$21.90	\$3.03	\$29.46	\$0.00
	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$17.10	·					17.10			
	Quarterly Case Mix Based Per Diem Rate		\$234.97	\$119.27		\$19.61	\$24.60		\$39.00	\$3.03	\$29.46	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$163.40										

#### FINAL

Pr	ovider: Miller Nursing Home rdr ID: 00141996A H/B ?: Yes Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>04/01/21</b> 12/31/20 Nurse H		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 60.9% 5.28	Add-on Percent 18.37% 5.5% 4.0%		Quarterly	(CMI) Data od Overall CMI: Medicaid CMI: Wght Options:		Facility Specific 1.5198 2.2627 2.3068	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g		h	i
	E MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits			<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)			90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs)	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit		\$71.51		\$29.15	\$23.09		\$20.56	\$ 38,601 18,105	\$21.44	\$0.29
	Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents		\$158.82 \$25.18 \$186.73	\$67.93 \$12.48 \$80.41 <b>2.3068</b>		\$27.69 \$5.09 \$32.78	\$21.94		\$19.53 \$3.59 \$23.12		\$21.44 \$21.44 (FRV Rate)	
	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)		\$291.81 \$10.20	\$185.49 \$185.49 \$10.20		\$32.78	\$25.97		\$23.12	\$2.73	\$21.44	\$0.29
	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$7.42 \$17.10 \$34.72	\$7.42					17.10			
$\rightarrow$	Quarterly Case Mix Based Per Diem Rate		\$326.53	\$203.11		\$32.78	\$25.97		\$40.22	\$2.73	\$21.44	\$0.29
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$232.07										

7 Cost Center Costs After Audit Adjustments		ovider: Miona Geriatric & Dementia Ctr  vdr ID: 00141578A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Ho		owth Allowance: trly BIMS score	65.8%	Add-on Percent 18.37% 5.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1439 1.6828 1.7141	State- wide 1.3617 1.5382 1.5656
CASE MIX BASED RATE CALCULATIONS   1   0   1   1   1   1   1   1   1   1		Description		Totals			Dietary		Operatns	and	1	and	and
Cost Center Part Croups   Free Tendor Princip William Princip Comp   Red Size Register Intelligence   Free Statistics   Free Statistics   Free Statistics   Free Statistics   Free Statistics   Free Statistics   All Back Sizes				a	<u> </u>	C	d	е	f	9	g	h	i
## Paralles   Paralles	<u>C</u>	ASE MIX BASED RATE CALCULATIONS		i ·	! }	!	1			:			
2 Pero Group Standards: Parcentile   4 Expression   4 Expression   5 Pero Group Standards: Adjusting the part of the policy Manual)   50 Off   50	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities				
5 As Filed Cost Center Costs (Rectine & Special Stress Combined) 5 As Filed Cost Center Costs (Rectine & Special Stress Combined) 6 Audit Adjustments and Realizations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments and Realizations to Cost Center Costs After Audit Adjustments 7 Total Nursing Facility Days 7 As Filed Days = 30.699 7 Total Nursing Facility Days 8 As Filed Days = 30.699 7 Total Nursing Facility Days 9 Net Per Diems prior to Case Mix Adjustment to Routine Stress 1 Routine Strees Case Mix Adjustm to Routine Stress 1 Ln 7 / Ln 8 Cost = 310.523 1 Routine Strees Case Mix Adjustm to Routine Stress 1 Ln 7 / Ln 8 Cost = 310.523 1 Routine Strees Case Mix Adjust (DMA) Net Per Diem 1 Ln 9 / Ln 10 1 Net Per Diems after Cosse Mix Adjust (DMA) Net Per Diem 1 Ln 9 / Ln 10 1 Net Per Diems Standards (After Statewise CAMA for Routine Stress 1 Routine Strees Case Mix Adjust (AMA) Net Per Diem 1 Lesser of Ln 12 or Ln 13 1 St03.20 2 St7.44 2 St0.45 2 St0.45 3 St0.00 3 St44.50.08 3 St08.689 3 St08.69 3	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	· 20 • 20 • 20 • 20 • 20 • 20 • 20 • 20 • 20 • 20 • 20	105.0%			
Audit Adjustments and Realizoations to Cost Center Costs After Audit Adjustments and Realizoations to Cost Center Costs After Audit Adjustments		Base Period Per Diem Allowed Amounts		1	<i>!</i>	I			1				
Cost Center Costs After Audit Adjustments	: 5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,300,389.00	\$1,675,226	\$0	\$445,058	\$203,315	\$228,714	\$516,016	\$49,041	\$183,019	\$0
8 Total Nursing Facility Days As Filed Days = 30,869 FY12 Audited CRD Days = 30,869 Total Nursing Facility Days GL-PL Ins. Rpt I as Filed Days = 30,012 FY 18 GL-PL Ins. Rpt Days = 30,012 FY 1	6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$53,458)	\$0	\$0	\$0	\$5,374	\$6,051	(\$65,940)	1	(\$25,858)	\$26,915
Total Nursing Facility Days GL-PL Ins. Rpt	<b>7</b>	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,246,931	\$1,675,226	\$0	\$445,058	\$208,689	\$234,765	\$450,076	\$49,041	\$157,161	\$26,915
Net Per Diems prior to Case Mix Adjsimit to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 30,869		30,869	i				į	1	1		
10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY12 L 1.1439 S47.44  11 Routine Sivics Case Mix Adjust (DMA) Net Per Diem L 19 / Ln 10 S47.44  12 Net Per Diems after Case Mix Adjust (DMA) Net Per Diem Standards (Alter Statewide CMA for Routine Sivics) Por Peer Group Limits S71.51 S0.00 S18.41 S23.09 S20.56 S0.00 NA S18.41 S23.09 S0.87  13 Per Diem Standards (Alter Statewide CMA for Routine Sivics) Por Peer Group Limits S71.51 S0.00 S18.41 S23.09 S20.56 S0.00 NA S18.41 S23.09 S0.87  14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 S103.20 S47.44 S0.00 S14.42 S14.37 S14.58 S16.53 S9.89 S0.87  15 Growth Allowards Per Prior to Add-ons  15 Growth Allowards Per Prior the Add-ons CMA Allowed Per Diem (After Growth Allowards Add-on) Ln 14 + Ln 15 S119.88 S56.15 S0.00 S17.07 S17.01 S0.00 S17.26 S1.63 S9.89 S0.87  16 CMA Allowed Per Diem (After Growth Allowards Add-on) Ln 16 + Ln 15 S119.88 S56.15 S0.00 S17.07 S17.01 S0.00 S17.26 S1.63 S9.89 S0.87  17 Quarterly Facility Case Mix Index for Medicial Residents Per Diem Ln 16 K Ln 17 S96.25  18 Quirty Routine Sirves Case Mix Adjust (CMA) Net Per Diem Ln 16 K Ln 17 S96.25  19 Quarterly Medicial CMA Allowed Per Diem (Stnd - Alwal) x 75. up to max, or 0) (soo Policy Manual) S1.53 S0.53 S0.00 S17.07 S17.01 S0.00 S17.26 S1.63 S9.89 S0.87  20 Efficiency Add-on Per Diem (Stnd - Alwal) x 75. up to max, or 0) (soo Policy Manual) S1.53 S0.53 S0.00 S0.22 S0.41 S0.00 S0.37 S0.00 S0.0		· · ·					1 .		}		30,012		
11 Routine Srvcs Case Mix Adjistrit to Routine Srvcs Case Mix Adjistrit to Routine Srvcs RS = Ln 11, AllOthr = Ln 9				\$105.23	1	\$0.00	\$14.42	\$14.37	(with L&H)	\$14.58	\$1.63	\$5.09	\$0.87
12 Net Per Dierms after Case Mix Adjustret to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   \$47.44   \$0.00   \$14.42   \$14.37   \$14.58   \$1.63   \$5.09   \$0.87   13 Per Dierm Standards (After Stutewide CMA for Routine Srvcs)   per Peer Group Limits   \$71.51   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   N/A   14 Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$103.20   \$47.44   \$0.00   \$14.42   \$14.37   \$14.58   \$1.63   \$5.09   \$0.87    Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allowed Per Diem   Rate Prior to Add-ons   Ln 14 x Ln 15   \$11.88   \$56.15   \$0.00   \$16.68   \$8.71   \$0.00   \$2.65   \$2.64   \$0.00   \$2.68   N/A   N/A   N/A   16 CMA Allowed Per Diem (After Growth Allowance Add-on)   Ln 14 x Ln 15   \$119.88   \$56.15   \$0.00   \$17.07   \$17.01   \$0.00   \$17.26   \$1.63   \$9.89   \$0.87    17 Quarterly Per Diem Add-on Amounts   Ln 16 x Ln 17   \$96.25   \$0.00   \$17.07   \$17.01   \$0.00   \$17.26   \$1.63   \$9.89   \$0.87    Quarterly Per Diem Add-on Amounts   Ln 16 x Ln 17   \$1.50   \$1.53   \$0.53   \$0.00   \$0.00   \$17.07   \$17.01   \$0.00   \$17.26   \$1.63   \$9.89   \$0.87    Quarterly Per Diem Add-on Amounts   Ln 16 x Ln 17   \$1.50   \$1.5	-	· · · · · · · · · · · · · · · · · · ·		!		<u> </u>				i			
13 Per Diem Standards (After Statewide CMA for Routine Srves)  Base Period Case Mix Adjusted Allowed Per Diem  Courterly Per Diem Rate Prior to Add-ons  Courterly Per Diem Rate Prior to Add-ons  In 14 Ln 14 S Gridth Allowed Per Diem (After Growth Allowance Add-on)  Courterly Per Diem (After Growth Allowance Add-on)  Courterly Per Diem (After Growth Allowance Add-on)  Courterly Per Diem (After Growth Allowance Add-on)  Courterly Per Diem (After Growth Allowance Add-on)  Courterly Per Diem (After Growth Allowance Add-on)  Courterly Facility Case Mix Adjust (CMA) Net Per Diem  Courterly Facility Case Mix Adjust (CMA) Net Per Diem  Courterly Facility Case Mix Adjust (CMA) Net Per Diem  Courterly Per Diem Add-on Amounts  Courterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem (Sind-Ahwijx .75, up to max, or 0)  SilMS Add-on Per Diem (Sind-Ahwijx .75, up to max, or 0)  SilMS Add-on Per Diem (Sind-Ahwijx .75, up to max, or 0)  SilMS Add-on Per Diem (Sind-Ahwijx .75, up to max, or 0)  SilMS Add-on Per Diem (Sind-Ahwijx .75, up to max, or 0)  Ln 19 Courterly Per Diem Add-on Amounts  Courterly Per Diem Add-on Per Diem: 3.0% (to Routine Srves)  Ln 19 Col b x CPS Add-on  Siz .89  Siz .89  Nurse Staff Hirs / Quality Add-on Per Diem: 3.0% (to Routine Srves)  Ln 19 Courterly Per Diem Add-on Amounts  Courterly Per Diem Add-on Amounts  Ln 19 Col b x CPS Add-on  Siz .89  Siz .89  Siz .89  Siz .89  Siz .89  Siz .80					1				:		1		•
14 Base Period Case Mix Adjusted Allowed Per Diem		· · · · · · · · · · · · · · · · · · ·		1			1 .		į	t.	1		\$0.87
Cuarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allwne %   \$16.68   \$8.71   \$0.00   \$2.65   \$2.64   \$0.00   \$2.68   N/A	i	,	· · ·	1			1		ì		1		_
Quarterly Per Diem Rate Prior to Add-ons	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 of Ln 13	\$103.20	\$47.44	\$0.00	\$14.42	\$14.37	:	\$14.58	\$1.63		\$0.87
16 CMA Allowed Per Diem (After Growth Allowance Add-on)  Un 14 + Ln 15  S119.88  \$56.15  \$0.00  \$17.07  \$17.01  \$0.00  \$17.26  \$1.63  \$9.89  \$0.87  Quarterly Facility Case Mix Adjistd (CMA) Net Per Diem  Un 16 x Ln 17  Quarterly Medicaid CMA Allowed Per Diem  RS = Ln 18, AllOthr = Ln 16  Quarterly Per Diem Add-on Amounts  Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem =   S159.84  Quarterly Medicaid CMA Allowed Per Diem ([Stnd - Alwd] x 75, up to max, or 0)  In 19 Col b x CFS Add-on  S2.89  Nursing Home Provider Fee  (Fixed Amount)  Total Quarterly Per Diem Add-on Amounts  Sum of Lns 20 thru 23  Ln 19 + Ln 24  S186.79  \$104.96  \$0.00  \$17.07  \$17.01  \$0.00  \$17.07  \$17.01  \$0.00  \$17.26  \$1.63  \$9.89  \$0.87  \$0.00  \$17.26  \$1.63  \$9.89  \$0.87  \$0.		•							:		:	()	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Otr End 1.7141 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 1.0 Ln 16 x Ln 17 1.0 S96.25 1.0 Quarterly Medicaid CMA Allowed Per Diem 1.0 RS = Ln 18, AllOthr = Ln 16 1.0 S159.98 1.0 S96.25 1.0 S17.07 1.0 S0.00 1.0 S17.07 1.0 S0.00 1.0 S17.01 1.0 S0.00 1.0 S17.05 1.0 S17.01 1.0 S0.00 1.0 S17.05 1.0 S17.01 1.0 S0.00 1.0 S17.05 1.0 S17.01 1.0 S0.00 1.0 S17.05 1.0 S17.01 1.0 S0.00 1.0 S17.05 1.0 S17.01 1.0 S0.00 1.0 S17.05 1.0 S17.01 1.0 S0.00 1.0 S17.05 1.0 S17.00										1	N/A		
18			· · · · · · ·	\$119.88		\$0.00	\$17.07	\$17.01	\$0.00	\$17.26	\$1.63	\$9.89	\$0.87
Quarterly Medicaid CMA Allowed Per Diem   RS = Ln 18, AllOthr = Ln 16   \$159.98   \$96.25   \$0.00   \$17.07   \$17.01   \$0.00   \$17.26   \$1.63   \$9.89   \$0.87		· · · · · · · · · · · · · · · · · · ·	,			i	1		:	Ė			
Quarterly Per Diem Add-on Amounts   Sefficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)   (soe Policy Manual)   \$1.53   \$0.53   \$0.00   \$0.22   \$0.41   \$0.00   \$0.37   \$0.00		• • • • • • • • • • • • • • • • • • • •		i		1							
20 Efficiency Add-on Per Diem ((Stnd - Alwd] x .75, up to max, or 0) (soe Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.30 \$	: 19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.98	\$96.25	\$0.00	\$17.07	\$17.01	\$0.00	\$17.26	\$1.63	\$9.89	\$0.87
BIMS Add-on Per Diem =   5,5% (lo Routine Srvs)   Ln 19 Col b x CPS Add-on   \$5.29   \$5.29	-	Quarterly Per Diem Add-on Amounts		•	:				:				
22       Nurse Staff Hrs / Quality Add-on Per Diem:       3.0% (to Routine Srvos)       Ln 19 Col b x Stfing Add-on \$2.89	20	Efficiency Add-on Per Diem ((Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.29	\$5.29						:		
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$26.81     \$8.71     \$0.00     \$0.22     \$0.41     \$0.00     \$17.47     \$0.00     \$0.00     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$186.79     \$104.96     \$0.00     \$17.29     \$17.42     \$0.00     \$34.73     \$1.63     \$9.89     \$0.87	22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89						1 1		
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$186.79 \$104.96 \$0.00 \$17.29 \$17.42 \$0.00 \$34.73 \$1.63 \$9.89 \$0.87	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			!		:	\$17.10	1		
	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.81	\$8.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) 10.75 \$127.27	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.79	\$104.96	\$0.00	\$17.29	\$17.42	\$0.00	\$34.73	\$1.63	\$9.89	\$0.87
	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) 1 0.75	\$127.27		•							

Provider: Mitchell Convalescent Center Provid ID: 00142018A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data d Overall CMI:	•	Facility Specific 1.3464	State- wide 1,3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		trly BIMS score	23.5% 3.88	1.0% 3.0%	Ortrly Mcaid	Quarterly	Medicaid CMI: Wght Options:		1.5229 1.5474	1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		8	ь	Ç	đ	e	f	g	g ;	h	i
CASE MIX BASED RATE CALCULATIONS					1						
1 Cost Center Peer Groups			1	1			1				
Type of Facility within Peer Group	(see Policy Manual)		. 1 All Facilities	7 All Facilities	1 Hosp Based	1 All Facilities	1 All Facilities	All Facilities	1		
Bed Size Range within Peer Group		ı	All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes		i :		
Peer Group Standards & Efficiency Measure Limits		ı	:					:	!		
2 Peer Group Standards: Percentile	(see Policy Manual)	l	90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)	,	100.0%	100.0%	100.0%	100.0%	:	105.0%	1	!	
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	'	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts	•										
5 As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,879,579.00	\$1,279,966	\$0	\$501,680	\$271,847	\$306,139	\$410,928	\$8,340	\$100,679	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,719)	\$0	\$0	\$0	\$0	\$0	(\$4,719)	i i	(\$5,435)	\$5,435
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,874,860	\$1,279,966	\$0	\$501,680	\$271,847	\$306,139		The second secon	\$95,244	\$5,435
8 Total Nursing Facility Days As Filed Days = 17,211	FY12 Audited C/R Days	17,211			1 :				1		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,233	FY 18 GL-PL Ins Rpt Days				! ;				17,233	•	
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.03	\$74.37	\$0.00	\$29.15	\$33.58	(with L&H)	\$23.60	\$0.48	\$5.53	\$0.32
10 Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		<u>1.3464</u>		1 .				1	;	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$55.24		1		f				
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$55.24	\$0.00	\$29.15	\$33.58		\$23.60	\$0.48	\$5.53	\$0.32
13 Per Diem Standards (After Statewide CMA for Routine Stros)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.34	\$55.24	\$0.00	\$29,15	\$23.09		\$20.56	\$0.48	10.50 (FRV)	\$0.32
Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	***				21.01					
15 Growth Allowance Percentage = 18.37%  16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwing 74	\$23.52 \$162.86	\$10,15 \$65,39	\$0.00 \$0.00		\$4.24	\$0.00	\$3.78	N/A	N/A \$10.50	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$102.00		\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.48	\$10.50	\$0.32
18 Ontrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	Ln 16 x Ln 17		1.5474 \$101.18		: ;						
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$198.65	\$101.18	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.48	\$10.50	\$0.32
Quarterly Per Diem Add-on Amounts	f 1										
20 Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01		: !		l		:		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	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	\$21.68	\$4.58	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.33	\$105.76	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.48	\$10.50	\$0.32
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - £n 23) * 0.75	\$152.42			4		*****	-			

	ovider: Montezuma Health & Rehab vdr ID: 00142062A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 61.5% 3.64	Add-on <u>Percent</u> 18.37% 5.5% 2.0%		Quarterly N	CMI) Data I Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2929 1.6022 1.6293	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,316,663.08	\$2,133,423	\$0	\$403,872	\$180,072	\$291,062	\$531,640	\$96,280	\$680,314	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$19,731)	\$35,731	\$0	(\$36,294)	\$0	\$0	(\$16,878)		(\$36,079)	\$33,789
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,296,932	\$2,169,154	\$0	\$367,578	\$180,072	\$291,062	\$514,762	\$96,280	\$644,235	\$33,789
8	Total Nursing Facility Days As Filed Days = 27,011	FY12 Audited C/R Days	27,011									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,343	FY 18 GL-PL Ins Rpt Days								29,343		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.80	\$80.31	\$0.00	\$13.61	\$17.44	(with L&H)	\$19.06	\$3.28	\$23.85	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2929								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.12	\$0.00	\$13.61	\$17.44		\$19.06	\$3.28	\$23.85	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.18	\$62.12	\$0.00	\$13.61	\$17.44		\$19.06	\$3.28	9.42 (FRV)	\$1.25
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.61	\$11.41	\$0.00	\$2.50	\$3.20	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.79	\$73.53	\$0.00	\$16.11	\$20.64	\$0.00	\$22.56	\$3.28	\$9.42	\$1.25
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6293</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.80								4
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.06	\$119.80	\$0.00	\$16.11	\$20.64	\$0.00	\$22.56	\$3.28	\$9.42	\$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.59	\$6.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.40	\$2.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	40 ==	40	00.55		40.55	\$17.10	***	<b>**</b>	***
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.62	\$9.52	\$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	\$220.68	\$129.32	\$0.00	\$16.33	\$21.05	\$0.00	\$40.03	\$3.28	\$9.42	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.69									

Pr	rovider: Mountain View Health and Rehab Center		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Pr	rvdr ID: 00143184A		Gro	wth Allowance:	N/A	18.37%		Base Period	d Overall CMI		1,4052	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021	a	Itrly BIMS score	25.0%	1.0%		Quarterly I	Medicaid CMI		1.6078	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.29	2.0%	Qrtrly Mcaid	CMI w RUG I	Wght Options:	:	1.6366	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	e	f	. g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											}
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			i j	i							
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	Ì	50.0%	1		!
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts				:	!		:		:		1
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,104,222.00	\$2,100,958	\$0	\$453,658	\$296,818	\$324,348	\$630,864	\$19,473	\$278,103	;
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$79,630)	\$0	\$0	\$0	(\$2,160)	(\$2,360)	(\$73,086)	d i	(\$18,695)	\$16,6
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,024,592	\$2,100,958	\$0	\$453,658	\$294,658	\$321,988	\$557,778	\$19,473	\$259,408	\$16,6
8	Total Nursing Facility Days As Filed Days = 36,179	FY12 Audited C/R Days	36,179			1				!		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,081	FY 18 GL-PL Ins Rpt Days							1	33,081		i
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a	\$111.29	\$58.07	\$0.00	\$12.54	\$17.04	(with L&H)	\$15.42	\$0.59	\$7.17	\$0.4
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4052	;	1		į.	:	1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.32		:		i				Į
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0.59	\$7.17	\$0.4
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$94.88	\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0.59	7.51	\$0.4
	Quarterly Per Diem Rate Prior to Add-ons								1		(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.85	\$7,59	\$0.00	\$2.30	\$3.13	\$0.00	\$2.83	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.73	\$48,91	\$0.00	\$14.84	\$20.17	\$0.00	\$18.25	\$0.59	\$7,51	\$0.4
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Olr End		1.6366			•	*****	:			
18	Orlrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.05		1						:
19	Quarterly Medicaid CMA Allowed Per Diern	RS = Ln 18, AllOthr = Ln 16	\$141.87		\$0.00	\$14.84	\$20.17	\$0.00	\$18.25	\$0.59	\$7.51	\$0.4
	Quarterly Per Diem Add-on Amounts			:		į :		i :	:			
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 1,0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80			43.7.		+2.01	]	45.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.60	\$1.60		1 :		:		1		:
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.03	\$2.93	\$0.00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Lո 24	\$162.90	\$82.98	\$0.00	\$15.06	\$20.58	\$0.00	\$35.72	\$0.59	\$7.51	\$0.4
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.35		i	i		i	1	1		
	www.tong i or orem nate for Dea Hota and Leave Days	(E11 E3 - E11 Z3) U.73	\$109.35									

	ovider: Muscogee Manor & Rehab Center off ID: 00083223A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		owih Allowance: Itrly BIMS score	Facility Score N/A 37.5% 5.16	Add-on Percent 18.37% 2.5% 3.0%	***************************************	Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2862 1.4776 1.5046	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	e	f	<u>g</u>	9	h	i
C/	ASE MIX BASED RATE CALCULATIONS				 					:		
1	Cost Center Peer Groups Type of Facilty within Peer Group Bod Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		:	
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (soo line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
H	Base Period Per Diem Allowed Amounts	!		į.	!	:		: 			;	
5		As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,594,213.00	\$5.561.817	\$0	\$1,411,906	\$555,090	\$655,317	\$2,562,448	\$149,821	\$697,814	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$437.974)		\$0	50	(\$122)	\$8,555	(\$450,916)	1	(\$9,418)	\$13.92
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,156,239	\$5,561,817	\$0	\$1,411,906	\$554,968		\$2,111,532	\$149,821	\$688,396	\$13,92
8	Total Nursing Facility Days As Filed Days = 43,099	FY12 Audited C/R Days	43,099		;		, ,				***************************************	4.0102
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,840	FY 18 GL-PL ins Rpt Days				1				47,840		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$258.50	\$129.05	\$0.00	\$32.76	\$28.28	(with L&H)	\$48.99	\$3.13	\$15.97	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2862	:	i i			1	1 :	!	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/En 10		\$100.34	:			:		:	!	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$100.34	\$0.00	\$32.76	\$28.28		\$48.99	\$3.13	\$15.97	\$0.3
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.52	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$3.13	18.76 (FRV)	\$0.32
	Quarterly Per Diem Rate Prior to Add-ons	!			:	1		:		1	,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.03	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$3.13	\$18.76	\$0.3
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5046		1			•	1		
18 19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$235.74	\$127.36 \$127.36	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$3.13	\$18.76	\$0.32
	Quarterly Per Diem Add-on Amounts				I				i	:		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.18	\$3.18		Ψ0.00	<del>40.00</del>	Ψ <b>0.00</b>	. 40.00		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Coî 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	\$24.10	\$7.00	\$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	\$259.84	\$134.36	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44		\$18.76	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.06			• • • • • • • • • • • • • • • • • • • •	·····	<del></del>	<del></del>			

Provider: Nancy Hart Nursing Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvdr ID; 00141336A			wth Allowance:	N/A	18.37%			Overall CMI:		1.2652	1.3617
Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending		Q s per On-Site Day/Q	trly BIMS score	29.7% 3.56	1.0% 2.0%	Ortely Monid	Quarterly N CMI w RUG V	Medicaid CMI:		1.5209 1.5479	1.5382
Wood a Holse tills Data per Quarter Entillig	. 125720 14036 17001	a per Or-one Day/Q	панту изселние.	3.30	2.076	Citily lyicald	CIVII W ROG Y	rigiit Options.	•	1.5479	1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS	:							•			:
	<u> </u>				<u> </u>	_					
1   Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2	1	1	1	1		
Bed Size Range within Peer Group	,		All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	: All Facilities : All Bed Sizes			
· · · · · · · · · · · · · · · · · · ·			All Dett Sizes	All 000 3/205	All Bed Sizes	All ded Sizes	Wil Den 215ez	. All Ded Sizes	1		
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	· i		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	90.0% 100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts								:			
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rol	\$2,678,272.00	\$1,275,431	\$0	\$337,858	\$197,436	\$186,331	\$449,818	\$57,540	\$173,858	
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,985)	\$1,273,431	\$0	:		1 1		1		
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,631,287	\$1,275,431	\$0 \$0	\$416 \$338,274	(\$2,761) \$194,675	(\$2,606) \$183,725	(\$36,980) \$412,838	\$57,540	(\$34,638)	\$29,584
8 Total Nursing Facility Days As Filed Days = 22,951	FY12 Audited C/R Days	22,951	\$1,273,433	\$0	\$550,214	\$194,015	\$105,725	9412,030	\$37,540	\$139,220	\$29,584
Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 18,642	FY 18 GL-PL Ins Rpt Days	22,501			į :		:		18,642		
9 Net Per Diems prior to Case Mix Adistmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$115.24	\$55.57	\$0.00	\$14.74	\$16.49	(with L&H)	: \$17,99	\$3.09	\$6.07	\$1.29
10 Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	ψ113.2 <del>4</del>	1.2652	Ψ0.00	314.14	\$10.43	(sean) Larry	, <b>\$11.33</b>	33.09	\$0.07	: \$1.25 ·
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$43.92		1		ì	:	1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.92	\$0.00	\$14.74	\$16.49		\$17.99	\$3.09	\$6.07	\$1.29
13 Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		N/A	\$1.23
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.66	\$43.92	\$0.00	\$14.74	\$16.49		\$17.99		7,14	\$1.29
	1	********				******		,		(FRV)	
Quarterly Per Diem Rate Prior to Add-ons									1		
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.11	\$8.07	\$0.00	1 .	\$3.03	\$0.00	\$3.30		N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.77	\$51.99	\$0.00	\$17.45	\$19.52	\$0.00	\$21.29	\$3.09	\$7.14	\$1.29
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5479</u>						1		1
18 Ontrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.48				1				
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.26	\$80,48	\$0.00	\$17.45	\$19.52	\$0.00	\$21,29	\$3.09	\$7.14	\$1.29
Quarterly Per Diem Add-on Amounts									1		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80		i						
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.61	\$1.61				: :		:		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.04	\$2.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.30	\$83.42	\$0.00	\$17.67	\$19.93	\$0.00	\$38.76	\$3.09	\$7.14	\$1.29
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.65					1		·		
,	(40.20 20.20) 0.10	4110.00									

Case May Re Deer Deer Nation   Case May Re Deer Deer Nation   Case May Re Deer Deer On-See Depth Case   Case May Re Deer Deer Deer On-See Depth Case   Case May Re Deer Deer On-See Depth Case   Case May Re Deer Deer On-See Depth Case   Case May Re Deer Deer On-See Depth Case   Case May Re Deer Deer On-See Depth Case   Case May Re Deer Deer On-See Depth Case   Case May Re Deer Deer On-See Depth Case   Case May Re Deer Deer On-See Depth Case   Case May Re Deer Deer Deer Deer Deer Deer Deer D	Provider: New Horizons Limestone Provdr ID: 00142007A		Add-on Data and		Facility Score	Add-on Percent	Case	e Mix Index (C		-	Facility Specific	State- wide
Most A Nume His Data per Quarter Ending   1231/20   Nume Hours per Cin-Site DayQualty Incentive;   4.22   3.0%   Color, Number 1000		A1412024			N/A 10.0%	18.37%					1.2251	1.3617
Description    Sources   Calumbro   Sources   Totals   Services							Ortrly Moaid					1.5382
Coast Center Pear Groups   (see Policy Manual)   1	ine Description		Totais			Dietary		Operatns	and	4	and	Taxes and Insurance
Control Pack Groups   Control Pack Groups	•		а	b	С	d	e	f	g	g	h	i
Price of Control Marking Pear Group   All Facilities	CASE MIX BASED RATE CALCULATIONS					:			:			:
## Facilities   AF Facilities	1 Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards & Efficiency Manual) (see Policy M	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based		All Facilities	All Facilities	mar.		
2 Pere Group Standardes: Multiple Procentifie (see Policy Manual) (nea Policy Manual)	Bed Size Range within Peer Group	i		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Responsible   Section	Peer Group Standards & Efficiency Measure Limits					1				diane.		
Base Period Per Diem Allowed Amounts   See New 2 December   See New 2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Since Combines) 6 As Filed Cost Center Costs (Routine & Special Since Combines) 7 Cost Center Costs (Routine & Special Since Combines) 8 FY12 CR Audit Adjoints 9 FY12 Audited CR 9 S8,459,077 9 Cost Center Costs After Audit Adjustments and Realizocations to Cost Center Costs 9 FY12 Audited CR 9 S8,459,077 9 Total Nursing Facility Days 1 As Filed Days = 44,490 1 Total Nursing Facility Days 1 As Filed Days = 44,490 1 Total Nursing Facility Days 1 As Filed Days = 44,490 1 Total Nursing Facility Days 1 As Filed Days = 44,490 1 Total Nursing Facility Days 1 As Filed Days = 44,490 1 Total Nursing Facility Days 1 As Filed Days = 44,490 1 Total Nursing Facility Days 1 As Filed Days = 44,490 1 Total Nursing Facility Days 1 As Filed Days = 44,490 1 Total Nursing Facility Days 1 As Filed Days = 44,490 1 Total Nursing Facility Days 1 As Filed Days = 44,490 1 Total Nursing Facility Days 1 As Filed Days = 44,490 1 Total Nursing Facility Days 1 As Filed Days = 44,490 1 Total Nursing Facility Days 1 As Filed Days = 44,490 1 FY12 Audited CR 1 S8,459,077 1 S4,767,568 1 S20,77 2 S4,767,568 2 S50,769 2 S5												
5 As Filed Cost Center Costs (Recultive & Special Shruse Consisting) As Filed Ptz CR - Ptz 2018 GL-PL Rpt Audit Adjustments and Realisocations to Cost Center Costs FY12 CR Audit Adjustments (SSS118) 5 (SSS1,895) 5 (SSS7,894) 5 (SSS,101) 5 (SSS,10	4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			1
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 CPR Audit Adjustments FY12 Audited CPR S8.459.077 S4.767.568 S5. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$	Base Period Per Diem Allowed Amounts					:			:			
Total Nursing Facility Days	5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,528,195.00	\$4,765,490	\$0	\$907,894	\$514,762	\$679,003	\$1,120,927	\$62,740	\$477,379	
8 Total Nursing Facility Days	6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,118)	\$2,078	\$0	\$0	(\$10,806)	(\$14,256)	(\$36,110)	ı	(\$15,554)	\$5,53
Total Nursing Facility Days GL-PL Ins. Rpt	•	FY12 Audited C/R	\$8,459,077	\$4,767,568	\$0	\$907,894	\$503,956	\$664,747	\$1,084,817	\$62,740	\$461,825	\$5,53
9 Net Per Diems prior to Case Mix Adjistmit to Routine Srvcs	8 Total Nursing Facility Days As Filed Days = 44,490	FY12 Audited C/R Days	44,490			:			•			1
Base Period Facility Case Mix Index for All Residents from 4 quis of FY12 Ln 9 Ln 9 Ln 10 S87.47  Net Periodems after Case Mix Adjusted (CMA) Net Per Diem Ln 9 Ln 10 Ln 9 Ln 10 S87.47  Net Periodems after Case Mix Adjusted (CMA) Net Per Diem Ln 9 Ln 10 Ln 10 S87.47  Net Periodems after Case Mix Adjusted Allowed Per Diem Ln 10 S87.47  Net Periodems after Case Mix Adjusted Allowed Per Diem Ln 12 or Ln 13 S149.73 S71.51 S0.00 \$29.15 \$23.09 \$20.56 \$0.00 N/A  Base Period Case Mix Adjusted Allowed Per Diem Ln 12 or Ln 13 S149.73 S71.51 \$0.00 \$20.41 \$23.09 \$20.56 \$1.50 12.54 \$0.00 \$20.50	, ,	FY 18 GL-PL Ins Rpt Days								41,758		
Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem			\$190.22	\$107.16	\$0.00	\$20.41	\$26.27	(with L&H)	\$24.38	\$1.50	\$10.38	\$0.1
Net Per Diems after Case Mix Adjstimt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   \$87,47   \$0.00   \$20,41   \$26,27   \$24,38   \$1,50   \$10,38   \$30   \$31,50   \$10,38   \$30   \$44,50   \$44,	· · · · · · · · · · · · · · · · · · ·	·	:	1.2251						1		
13   Per Diem Standards (After Statewide CNA for Routine Sives)   Per Peer Group Limits   \$71.51   \$0.00   \$29.15   \$23.09   \$20.55   \$0.00   N/A     14   Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$149.73   \$71.51   \$0.00   \$20.41   \$23.09   \$20.55   \$1.50   \$12.54   \$0.00     15   Growth Allowance Percentage = 18.37%   Ln 14 x Grwth Allwinc %   \$24.91   \$13.14   \$0.00   \$3.75   \$4.24   \$0.00   \$3.78   N/A   N/A   N/A   N/A     15   Growth Allowance Percentage = 18.37%   Ln 14 x Grwth Allwinc %   \$24.91   \$13.14   \$0.00   \$3.75   \$4.24   \$0.00   \$3.78   N/A   N/A   N/A   N/A     16   CMA Allowed Per Diem (Atter Growth Allowance Add-on)   Ln 14 + Ln 15   \$174.64   \$34.65   \$0.00   \$24.16   \$27.33   \$0.00   \$24.34   \$1.50   \$12.54   \$0.00     17   Quarterly Facility Case Mix Index for Medicaid Residents   per Current Qir End   \$1.1330   \$1.00   \$1.1330   \$1.00   \$1.00   \$1.00     19   Quarterly Per Diem Add-on Amounts   \$1.00	, , ,			•						1		!
Lesser of Ln 12 or Ln 13 \$149,73 \$71.51 \$0.00 \$20.41 \$23.09 \$20.56 \$1.50 12.54 \$00 Quarterly Per Diem Rate Prior to Add-ons  University Per Diem Rate Prior to Add-ons  Ln 14 x Grwth Allwnc % \$24.91 \$13.14 \$0.00 \$3.75 \$4.24 \$0.00 \$3.78 \$N/A \$N/A \$N/A \$N/A \$N/A \$N/A \$N/A \$N/A	•		;	\$87.47	\$0.00	\$20,41	\$26.27		\$24.38	\$1.50	\$10.38	\$0.1
Quarterly Per Diem Rate Prior to Add-ons   CFRV		per Peer Group Limits		\$71.51	\$0.00	\$29,15	\$23.09		\$20.56	\$0.00	N/A	
Cuarterly Per Diem Rate Prior to Add-ons	14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.73	\$71.51	\$0.00	\$20.41	\$23.09		\$20.56	\$1.50		\$0.1
CMA Allowed Per Diem (Alter Growth Allowance Add-on)	Quarterly Per Diem Rate Prior to Add-ons			,			1		İ	1	(FRV)	:
Quarterly Facility Case Mix Index for Medicaid Residents   per Current Otr End   1.1330	15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.91	\$13.14	\$0.00	\$3.75	\$4,24	\$0.00	\$3.78	N/A	N/A	. N/
18   Ortriy Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.64	\$84.65	\$0.00	\$24.16	\$27.33	\$0.00	\$24.34	\$1.50	\$12.54	\$0.1
Quarterly Medicaid CMA Allowed Per Diem	17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.1330</u>		:			i	. 1		1
Quarterly Per Diem Add-on Amounts       Quarterly Per Diem Add-on Amounts       \$0.00<	18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.91		:			1			
Efficiency Add-on Per Diem ([Stind - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.22 \$0.00 \$0.	19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.90	\$95.91	\$0.00	\$24.16	\$27.33	\$0.00	\$24.34	\$1.50	\$12.54	\$0.1
Efficiency Add-on Per Diem ([Stind - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.22 \$0.00 \$0.	Quarterly Per Diem Add-on Amounts											
BIMS Add-on Per Diem =   0.0% (to Routine Srvs)		(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00			\$0.00	
Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (No Routine Srvcs)		Ln 19 Col b x CPS Add-on									<b>+3.00</b>	i
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$20.20 \$2.88 \$0.00 \$0.22 \$0.00 \$0.00 \$17.10 \$0.00	22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on										1
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$20.20 \$2.88 \$0.00 \$0.22 \$0.00 \$0.00 \$17.10 \$0.00	23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	;		;			\$17,10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$206.10 \$98.79 \$0.00 \$24.38 \$27.33 \$0.00 \$41.44 \$1.50 \$12.54 \$0	24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23		\$2.88	\$0.00	\$0.22	\$0.00	\$0.00		\$0.00	\$0.00	\$0.0
6 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$144.75	25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.10	\$98.79	\$0.00	\$24.38	\$27.33	\$0.00	\$41.44	<del></del>		\$0.1
	26 Quarterly Per Diem Rate for Bed Hold and Leave Days	// n 25 - l n 23) * 0 75	\$141.75			<u></u>			3	<u> </u>		

Description   Sources   Totals   Services   Services   Delary   Learney & Description   Admin   Add	Provider: Prvdr ID:		4/1/2021 12/31/20 Nurse Hou		owth Allowance: httly BIMS score	Facility Score N/A 32.9% 3.64	Add-on Percent 18.37% 2.5% 2.0%		Quarterly i	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2324 1.2080 1.2222	State- wide 1.3617 1.5382 1.5656
Cast Center Peer Groups		Description		Totals			Dietary	,	Operatos	and		and	Taxes and Insurance
Cost Center Peer Groups				а	ь	C	ď	е	f	g	9	h	i
Cost Center Peer Groups	CASE	MIX BASED RATE CALCULATIONS			:					į.			
Febr Criticy Standards: Percentile   See Pelsey Manual)   90.0%   80.0%   50.0%   100.0%	: T	Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities		Hosp Based	All Facilities	All Facilities	1	: : : : : : : : : : : : : : : : : : : :		
As Field Cost Center Costs (Routine & Special Stress Combined) As Field FY12 CIR - FY 2018 GL-PL Rpt S7,482,559.00 S4,304,810 S0,507 S05 Cost Genter Costs FY12 CIR Audit Adjustments and Reallocations to Cost Center Costs FY12 Cardiaded CIR S7,446,555 S4,302,432 S0,587,776 S480,354 S480,352	2 Pee 3 Pee	er Group Standards: Percentile er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	didn't second		i
6 Audit Adjustments and Reallocations to Cost Center Costs	Base	Period Per Diem Allowed Amounts							3				
Fig. 2   F	5 As	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,482,558.00	\$4,304,810	\$0	\$879,776	\$480,354	\$453,983	\$994,956	\$58,787	\$309.892	\$0
Total Nursing Facility Days	6 Auc	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$26,200)	(\$2,378)	\$0	\$0	\$478	\$8,078	(\$32,683)		(\$3,620)	\$3,92
Total Nursing Facility Days GL-PL Ins. Rpt	7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,456,358	\$4,302,432	50	\$879,776	\$480,832					\$3,92
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	8 T	Total Nursing Facility Days As Filed Days = 41,343	FY12 Audited C/R Days	41,343									
Base Period Facility Case Mix Index for All Residents	; T	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,693	FY 18 GL-PL Ins Rpt Days				1			:	40,693		
11   Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$180.38	\$104.07	\$0.00	\$21.28	\$22.81	(with L&H)	\$23.28	\$1.44	\$7.41	\$0.0
12   Net Per Diems after Case Mix Adjistmt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   \$84.44   \$0.00   \$21.28   \$22.81   \$23.28   \$1.44   \$7.41   \$1.74	10 E	Base Period Facility Case Mix Index for All Residents	from 4 ctrs of FY12		1.2324						1		
13 Per Diem Standards (After Statewide CMA for Routine Srves) per Peer Group Limits	11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84,44		; :						
Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$158.45   \$71.51   \$0.00   \$21.28   \$22.81   \$20.56   \$1.44   20.76	12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$84.44	\$0.00	\$21.28	\$22.81		\$23.28	\$1.44	\$7.41	\$0.0
Company   Comp	13 Per	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons   Crum Allowance Percentage = 18.37%   Ln 14 x Growth Allowno % \$25.02 \$13.14 \$0.00 \$3.91 \$4.19 \$0.00 \$3.78 N/A N/A		•	Lesser of Ln 12 or Ln 13	\$158.45	\$71.51	\$0.00	\$21.28	\$22.81		\$20.56	\$1.44		\$0.0
CMA Allowed Per Diem (After Growth Allowance Add-on)	- ?	•					:						
Quarterly Facility Case Mix Index for Medicaid Residents   per Current Otr End   1,2222	į.	· —					1				1 1		N/A
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$183.47		\$0.00	\$25.19	\$27.00	\$0.00	\$24.34	\$1.44	\$20.76	\$0.0
19 Quarterly Medicaid CMA Allowed Per Diem	1	· · · · · · · · · · · · · · · · · · ·	,				:						
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.43 \$0.00 \$0.00 \$0.22 \$0.21 \$0.00 \$				\$202.28		\$0.00	\$25.19	\$27.00	\$0.00	\$24.34	\$1,44	\$20,76	\$0.0
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.43 \$0.00 \$0.00 \$0.22 \$0.21 \$0.00 \$	Quart	terly Per Diem Add-on Amounts					:						/
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.59 \$2.59  22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvs) Ln 19 Col b x Stfing Add-on \$2.07 \$2.07  23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10  24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.19 \$4.66 \$0.00 \$0.22 \$0.21 \$0.00 \$17.10 \$0.00 \$0.00		· ·	(see Policy Manual)	\$0.43	\$0.00	\$0.00	\$0.22	\$0.21	\$0,00	\$0.00	1	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	21 BIM	AS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on				: : -		;	i		\$3.50	
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.19 \$4.66 \$0.00 \$0.22 \$0.21 \$0.00 \$17.10 \$0.00 \$0.00	22 Nun	rse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07		:		:				
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.19 \$4.66 \$0.00 \$0.22 \$0.21 \$0.00 \$17.10 \$0.00 \$0.00	23 Nur	sing Home Provider Fee	(Fixed Amount)	\$17.10	:		!			\$17.10	1		
25 Quarterly Case Mix Based Per Diem Rate Ln 19+Ln 24 \$224.47 \$108.12 \$0.00 \$25.41 \$27.21 \$0.00 \$41.44 \$1.44 \$20.76	24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.19	\$4.66	\$0.00	\$0.22	\$0.21	\$0.00		\$0.00	\$0.00	\$0.0
	25 Quart	terly Case Mix Based Per Diem Rate	Լո 19 + Լո 24	\$224.47	\$108.12	\$0.00	\$25.41	\$27.21	\$0.00	\$41.44	\$1.44	\$20.76	\$0.09
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$155.53	26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.53									har.

2	ovider: Newnan Hosp. Health & Rehab Ctr		Add-on Data and Gro	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data d Overall CMI:		Facility Specific 1.2207	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		trly BIMS score	25.0% 3.87	1.0% 3.0%	Qrtrly Mcaid	Quarterly I	Medicaid CMI: Wght Options:		1.5485 1.5760	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		-	а	b	С	d	e	f	g	g	h	i
C/	ASE MIX BASED RATE CALCULATIONS								:			
1	Cost Center Peer Groups Type of Facility wilhin Peer Group Bed Size Renge wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	{see Policy Manual} {see Policy Manual}		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%	All Det 3/203	50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	:				: 1		1	:			
5 }	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,868,327.00	\$4,203,284	\$0	\$810,018	\$553,544	\$354,117	\$931,074	\$99,483	\$916,807	\$0
6 ;	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjatmts	(\$44,788)	(\$11,234)	\$0	\$0	\$0	\$0	(\$33,554)		(\$46,486)	\$46,486
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,823,539	\$4,192,050	\$0	\$810,018	\$553,544	\$354,117	\$897,520	\$99,483	\$870,321	\$46,486
8	Total Nursing Facility Days As Filed Days = 50,264	FY12 Audited C/R Days	50,264					:		:		
	Total Nursing Facility Days GL-PL, Ins. Rpt As Filed Days = 31,359	FY 18 GL-PL Ins Rpt Days						:		31,359		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.84	\$83.40	\$0.00	\$16.12	\$18.06	(with L&H)	\$17.86	\$3.17	\$17.31	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2207		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.32	4	i ja		:				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.32	\$0.00	\$16.12	\$18.06	1	\$17.86	\$3.17	\$17.31	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem  Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$137.04	\$68.32	\$0.00	\$16,12	\$18.06		\$17.86	\$3.17	12.59 (FRV)	\$0.92
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.11	\$12.55	\$0.00	\$2.96	\$3.32	\$0.00	\$3.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.15	\$80.87	\$0.00	\$19.08	\$21.38	\$0.00		\$3.17	\$12.59	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5760	•				1		4,2,00	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	Í	\$127.45					!			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.73	\$127,45	\$0.00	\$19.08	\$21.38	\$0.00	\$21.14	\$3.17	\$12.59	\$0.92
. !	Quarterly Per Diem Add-on Amounts			į.								:
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	j	\$0.00	:
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27	ψ0.00	Ψυ.ΖΖ	φ0.41	90.00	. 90,37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routino Srvcs)	Ln 19 Col b x Sting 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	\$23.72	\$5.62	\$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	\$229.45	\$133.07	\$0.00	\$19.30	\$21.79	\$0.00	\$38.61	\$3.17	\$12.59	\$0.92
<del></del>	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.26			<i>:</i>		L	·	!		

Provider: National Health Care of Rossville	-	Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((			Facility Specific	State- wide
Prvdr ID; 00083146A	4440004		wth Allowance:	N/A	18.37%			d Overall CMI:		1.3032	1.3617
Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending		ں s per On-Site Day/Q	trly BIMS score	33.8% 4.46	2.5% 3.0%	Ortoby Manada		Medicaid CMI:		1.2694	1.5382
WOO di Norse filis Data per quarter Enting	1231/20 Nuise Hour	s per on-one paylo	uanty incernive.	4.40	3.076	Ustriy ivicate	CMI W RUG	Wght Options:		1.2899	1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	c	, d	e	f	g	; g	h	i
CASE MIX BASED RATE CALCULATIONS		*******	1		: :			:			
	İ										
1 Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1	1	2	1	, 1	1			
Bed Size Range within Peer Group			All Facilities All Bed Sizes		Free Standing	All Facilities	All Facilities	All Facilities	:		
	:		All ded Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	:		
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile											
3 Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	\$0.22	100.0% \$0.41	:	105.0% \$0.37	:		
	(add to toly manual)		: 50.33	30.00	90.22	30.47		30.37	1		
Base Period Per Diem Allowed Amounts							:		:		
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt 1	\$5,988,305.00		\$0	\$540,910	\$289,823	\$283,293	\$963,951	\$148,675	\$823,369	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$219,774)		\$0	\$3,835	\$0	\$1,561	,		(\$36,195)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,768,531	\$2,934,252	\$0	\$544,745	\$289,823	\$284,854	\$742,813	\$148,675	\$787,174	\$36,195
8 Total Nursing Facility Days As Filed Days = 35,819	FY12 Audited C/R Days	35,819			1		1				
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,316	FY 18 GL-PL Ins Rpt Days				1				32,316		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/En 8 Cola	\$161.50	\$81.92	\$0.00	\$15.21	\$16.04	(with L&H)	\$20.74	\$4.60	\$21.98	\$1.01
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3032</u>					,	:		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.86						-		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.86	\$0.00	\$15.21	\$16.04		\$20.74	\$4.60	\$21.98	\$1.01
13 Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.55	\$62.86	\$0.00	\$15.21	\$16.04		\$20.56	\$4.60	9.27	\$1.01
Quarterly Per Diem Rate Prior to Add-ons					1				;	(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.07	\$11.55	\$0.00	\$2.79	\$2.95	\$0.00	\$3.78	N/A	N/A	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.62	\$74.41	\$0.00	\$18.00	\$18.99	\$0.00	\$24.34	\$4.60	\$9.27	N/A \$1.01
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.0z	1.2899	\$0.00	\$10.00	\$10.35	\$0.00	324,34	34.00	<b>49.27</b>	31.01
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.98						1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.19	\$95.98	\$0.00	\$18.00	\$18.99	\$0.00	\$24.34	\$4.60	\$9.27	\$1.01
			:			4.5.00	:	1	430	45.21	ŲUI
Quarterly Per Diem Add-on Amounts	Constitution Administra						:	1			
20 Efficiency Add-on Per Diem ((Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 2.5% (to Routine Srys)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
<u> </u>		\$2.40	\$2.40		1		į				
	En 19 Col b x Stfng Add-on	\$2.88	\$2.88				1				
23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10		** **		<b></b>		\$17.10	1		
	······	\$23.54	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + £n 24	\$195.73	\$101.79	\$0.00	\$18.22	\$19.40	\$0.00	\$41.44	\$4.60	\$9.27	\$1.01
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.97									

Prvdr ID:	00344759A			Percentages	Score	Percent	Cas	e Mix Index (C		•	Specific	wide
		4/1/2021		wth Allowance: trly BIMS score	N/A 27.1%	18.37% 1.0%			f Overall CMI:		1.4032	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		s per On-Site Day/Q		3.08	3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.2883 1.3093	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		-	a	ь	E	ď	е	f	9	g	h	i
CASE M	IX BASED RATE CALCULATIONS	;				,		-				
1 Cost C	enter Peer Groups	(see Policy Manual)		. 1	1	2	1	1	: 1	:		
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			1
I	Bed Size Range within Peer Group	f .		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		1
Peer G	roup Standards & Efficiency Measure Limits	:										
	Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1 1		i
3 Peer	Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficie	ency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1 1		
Base P	eriod Per Diem Allowed Amounts											:
5 As File	led Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,978,191.00	\$3,446,206	\$0	\$710,988	\$379,954	\$432,374	\$1,467,498	\$205,015	\$336,156	\$0
6 Audit	Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$380,131)	(\$5,079)	\$0	\$10,065	(\$160)	(\$7,154)	(\$377,661)		\$2,726	
7 Cost (	Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,598,060	\$3,441,127	\$0	\$721,053	\$379,794		\$1,089,837	\$205,015	\$338.882	
8 Tot	tal Nursing Facility Days As Filed Days = 43,776	FY12 Audited C/R Days	43,776	, , ,					]		*	. ,,
Tot	tal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,860	FY 18 GL-PL Ins Rpt Days	•							44,860		:
9 Net P	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150,61	\$78.61	\$0.00	\$16.47	\$18.39	(with L&H)	\$24,90	\$4.57	\$7.74	(\$0.07
10 , Bas	se Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4032					!		*****	. (*
11 Ros	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.02		:						
12 Net P	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.02	\$0.00	\$16.47	\$18.39		\$24.90	\$4.57	\$7,74	(\$0.07
13 Per Di	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	I	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		N/A	. ,,,,,,
	Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.85	\$56.02	\$0.00	\$16.47	\$18.39		\$20.56	f .	11,91	(\$0.0
						1			-		(FRV)	
1	rly Per Diem Rate Prior to Add-ons	,										
	th Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.48	\$10.29	\$0.00	\$3.03	\$3.38	\$0.00	\$3.78	N/A	N/A	N/A
	Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.33	\$66.31	\$0.00	\$19.50	\$21.77	\$0.00	\$24.34	\$4.57	\$11,91	(\$0.07
	parterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		<u>1.3093</u>		1				1 .		l.
	trly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.82								
19 Quart	terly Medicaid CMA Allowed Per Diem	- RS = Ln 18, AllOthr = Ln 16	\$168.84	\$86.82	\$0.00	\$19.50	\$21.77	\$0.00	\$24.34	\$4.57	\$11.91	(\$0.07
Quarter	rly Per Diem Add-on Amounts	1								1		1
20 Efficie	ency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	1
21 BIMS	Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87					;			
22 Nurse	e Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60								[
23 Nursir	ng Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total (	Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.73	\$4.00	\$0.00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
25 Quarter	rly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.57	\$90.82	\$0.00	\$19.72	\$22.18	\$0.00	\$41.44	\$4.57	\$11.91	(\$0.07
26 Quarter	rly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.10						:	<u> </u>		<u> </u>

į.	rovider: Northeast Atlanta H & R Ctr.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0		•	Facility Specific	State- wide
P	rvdr ID: 00426214A Case Mix Per Diem Rate Effective Date:	4/1/2021		owth Allowance:	N/A	18.37%			d Overall CMI:		1.4802	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	., .,,	ں rs per On-Site Day/Q	trly BIMS score wality Incentive:	34.2% 3.22	2.5% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1,6738 1,7063	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	ď	е	f	g	. 9	h	í
C	ASE MIX BASED RATE CALCULATIONS					!						
1	Cost Center Peer Groups	(see Policy Manual)		: 1	1	2	1	1		1		
	Type of Facility within Peer Group	(See Fally Manual)		All Facilities		Free Standing	All Facilities	: All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes		All Bad Sizes	All Bed Sizes		All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits							\$ \$		1		
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				1				1			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,237,012.00	\$4,454,255	\$0	\$908,056	\$453,799	\$518,995	\$1,877,635	\$400,810	\$1,623,462	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$312,135)	(\$10,196)	\$0	\$0	\$0	\$0	(\$301,939)		(\$113,774)	\$113,774
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,924,877	\$4,444,059	\$0	\$908,056	\$453,799	\$518,995	\$1,575,696		\$1,509,688	\$113,774
8	Total Nursing Facility Days As Filed Days = 52,637	FY12 Audited C/R Days	52,637									
	Total Nursing Facility Days GL-Pt Ins. Rpt As Filed Days = 44,643	FY 18 GL-PL Ins Rpt Days							1	44.643		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$189.92	\$84.43	\$0.00	\$17.25	\$18.48	(with L&H)	\$29.94	\$8.98	\$28.68	\$2.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4802						}	*	*
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.04					:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.04	\$0.00	\$17.25	\$18.48		\$29,94	\$8.98	\$28.68	\$2,16
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.40	\$57.04	\$0.00	\$17.25	\$18.48	1	\$20.56	\$8.98	11.93	\$2.16
	Quarterly Per Diem Rate Prior to Add-ons			i				•			(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.82	\$10.48	\$0.00	\$3.17	\$3.39	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.22	\$67.52	\$0.00	\$20.42	\$21.87	\$0.00	\$24.34	\$8.98	\$11.93	\$2.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7063						1 :	•	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.21				:	5			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$204.91	\$115.21	\$0.00	\$20.42	\$21.87	\$0.00	\$24.34	\$8.98	\$11.93	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88		1 7		:	1.7**		2=100	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$3.46	\$3,46		\$		į				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	i i		1			\$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	\$229.51	\$122.08	\$0.00	\$20.64	\$22.28	\$0.00	\$41.44	\$8.98	\$11.93	\$2.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.31			<u></u>		!	1	<del>-</del> -		
	The state of the s	(En Ed-En Ed) 0.70	3119.31									

Provi		4/1/2021 12/31/20 Nurse Ho		owth Allowance: trly BIMS score	Facility Score N/A 29.9% 4.05	Add-on <u>Percent</u> 18.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility Specific 1,3456 1,4572	State- wide 1.3617 1.5382
-	ADD & Hulse His Data per Quarter Entiting.	12/3//20 140/36 (10	uis per Oil-Site Day/Q	:	4.05	3.076	Citily Micalu	Plant	Admin	1	1.4813	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatos & Maint	and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		:	а	ь	С	d	е	f	g	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS							-	;			
. —	Cost Center Peer Groups	(see Policy Manual)		. 1	1	2	1	. 1	. 1	:		
	Type of Facility within Peer Group	(see Folicy Mandai)		All Facilities	All Facilities	Free Standing	All Facilities	. All Facilities	All Facilities			
:	Bod Size Range within Peer Group		!	All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes			!
P	Peer Group Standards & Efficiency Measure Limits			:								
	Peer Group Standards: Percentile	(see Policy Manual)	•	90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			ļ
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
В	Base Period Per Diem Allowed Amounts									į i		
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,213,088.00	\$4,037,489	\$0	\$966,434	\$429,444	\$709,794	\$2,535,769	\$170,418	\$363,740	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$759,019)	\$792,763	\$0	\$0	\$1,456	(\$29,226)	(\$1,556,120)	1	\$32,108	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,454,069	\$4,830,252	\$0	\$966,434	\$430,900	\$680,568			\$395,848	
8	Total Nursing Facility Days As Filed Days = 56,193	FY12 Audited C/R Days	56,193			1		;				
,	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,103	FY 18 GL-PL Ins Rpt Days								56,103		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Łn 8 Col a	\$150.45	\$85.96	\$0.00	\$17.20	\$19.78	(with L&H)	\$17.43	\$3.04	\$7.04	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3456		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.88						1		] !
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	\$7.04	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	] ! !
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$131.34	\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	10.01	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons					:		•			(FRV)	, 1
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21,72	\$11.73	\$0.00	\$3.16	\$3.63	\$0.00	\$3.20	. N/A	N/A	N/A
1	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.06	\$75.61	\$0.00	\$20.36	\$23.41	\$0.00	\$20,63	\$3.04	\$10.01	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4813	40.00	420.00	QE0.41	\$5.00	\$20.00	. 40.04	Ψ.υ.υ1	- 40.00
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.00		:			i	:		
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.45	\$112.00	\$0.00	\$20.36	\$23.41	\$0.00	\$20.63	\$3.04	\$10.01	\$0.00
	Numberly Ber Diese Add on America		:						:	*		:
4	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ({Stad - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	¢n =o	\$0.00	<b>40.00</b>	\$0.41	60.00	\$0.37	,	60.00	
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	: Ln 19 Col b x CPS Add-on	\$1.53	\$0.53 \$1.12	<b>Φ</b> 0.00	\$0.22	\$0.41	\$0.00	. 50.37		\$0.00	:
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$3.36	\$1.12					:			
	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	33.30					\$17,10			
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.11	\$5.01	\$0.00	\$0,22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.56	\$117.01	\$0.00	\$20.58	\$23.82	\$0.00	\$38.10	\$3.04	\$10.01	\$0.00
<del>                                     </del>		FU (3 - FDE4	3212,30	\$117.01	\$0.00	\$20.08	\$23.82	. 30.00	\$30.10	\$3.04	\$10.01	\$0.00
26 Q	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.60									

Provider: Nursecare of Buckhead Prodr ID: 00142183A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Add-on Data and Percentages Growth Alfowance: 04/01/21 Otrly BIMS score 12/31/20 Nurse Hours per On-Site Day/Quality Incentive:				Add-on Percent 18,37% 2,5% 2,0%	Case Mix Index (CMI) Data  Base Period Overall CMI:  Quarterly Medicaid CMI:  Ortrly Moaid CMI w RUG Wight Options:				Facility <u>Specific</u> 1,3783 1,5698 1,5981	State- wide 1,3699 1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	е	ı	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
-												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1	2	1	1	1			
	Bed Size Range within Peer Group			All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			İ
	·											
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	ĺ		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0,37			[
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$13,144,626	\$5,635,643	\$0	\$1,184,644	\$550,569	\$930,038	\$2,185,041	\$276,362	\$2,382,329	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$228,212)	so	SO.	so	\$0	\$0	(\$228,212)		(\$250,820)	\$250,820
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$12,916,414	\$5,635,643	\$0	\$1,184,644	\$550,569	\$930,038	\$1,956,829	\$276,362	\$2,131,509	\$250,820
8	Total Nursing Facility Days As Filed Days = 77,604	FY13 Audited C/R Days	77,604						, ,	, ,	ţ=,:::,:==	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 76,020	FY 18 GL-PL ins Apt Days								76,020		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$166.53	\$72.62	\$0,00	\$15.27	\$19.08	(with L&H)	\$25.22	\$3.64	\$27.47	\$3,23
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1,3783							,	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52,69	\$0.00	\$15.27	\$19.08		\$25,22	\$3.64	\$27,47	\$3,23
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23,27		\$23,46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$126,95	\$52,69	\$0,00	\$15.27	\$19.08		\$23.46	\$3.64	9,58	\$3,23
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	I = 14 ·· C - · · t AN··· N	****	****								
15 16	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$20.30	\$9.68	\$0.00	\$2.81	\$3,50	\$0.00	\$4,31	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$147.25	\$62,37	\$0,00	\$18,08	\$22,58	\$0.00	\$27.77	\$3.64	\$9,58	\$3,23
18	Orthy Routine Srycs Case Mix Adjistd (CMA) Net Per Diem	La 16 x La 17		1,5981 \$99.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.55	\$99.67	\$0.00	\$18.08	\$22,58	\$0.00	\$27.77	\$3.64	\$9.58	\$3.23
	Auditory monitor Office Differences of Differences	THE PROPERTY OF THE	J104.33	\$33.07	\$0.00	\$10.00	\$22,50	\$U.UU	\$21.77	\$3.54	\$3.58	\$3.23
	Quarterly Per Diem Add-on Amounts			***************************************								
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem ≠ 2.5% (to Routine Srvs)	Ln 19 Col b x GPS Add-on	\$2,49	\$2,49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Stres)	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	\$207.29	\$104.68	\$0.00	\$18,30	\$22,99	\$0.00	\$44.87	\$3.64	\$9,58	\$3,23
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142,64			1		·				F

	rovider: Oak View Home - Waverly Hall rvdr ID: 00142249A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		owth Allowance: trly BIMS score	Facility Score N/A 34.2% 2.96	Add-on <u>Percent</u> 18.37% 2.5% 3.0%		Quarterly l	CMI) Data d Overall CMI; Medicaid CMI: Woht Options:		Facility <u>Specific</u> 1.2630 1.3265 1.3494	State- wide 1.3617 1.5382 1.5656
Line	, ,	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns	Admin	A&G- GL-PL	Property and	Taxes and
17		Calculations		·				& Maint	General		Related	Insurance
			3	b	C	d	ее	<u>.</u> f	9	<u>g</u> :	h	1
<u>C.</u>	ASE MIX BASED RATE CALCULATIONS							:				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits					:						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		
4	Enricency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts					1				1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,469,446.86	\$2,585,315	\$0	\$489,991	\$288,139	\$286,096	\$568,338	\$96,019	\$155,549	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$40,534)	(\$18,225)	\$0	\$0	\$0	\$0	(\$22,309)	i :	(\$16,476)	\$16,476
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,428,913	\$2,567,090	\$0	\$489,991	\$288,139	\$286,096	\$546,029	\$96,019	\$139,073	\$16,476
8	Total Nursing Facility Days As Filed Days = 34,419	FY12 Audited C/R Days	34,419			. !						:
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,806	FY 18 GL-PL Ins Rpt Days				:		i i		35,806		1
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$128.56	\$74.58	\$0.00	\$14.24	\$16.68	(with L&H)	\$15.86	\$2.68	\$4.04	\$0.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2630</u>				3				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.05		i		;	i			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.05	\$0.00	\$14.24	\$16.68		\$15.86	\$2.68	\$4.04	\$0.48
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.28	\$59.05	\$0.00	\$14.24	\$16.68		\$15.86	\$2.68	8.29	\$0.48
	Quarterly Per Diem Rate Prior to Add-ons			-		: !					(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.44	\$10.85	\$0.00	\$2.62	\$3.06	\$0.00	\$2.91	N/A	N/A	. N/A
16	CMA Allowed Per Diem (After Growth Atlowance Add-on)	Lπ 14 + Ln 15	\$136.72	\$69.90	\$0.00	\$16.86	\$19.74	\$0.00	\$18.77	\$2.68	\$8.29	\$0.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3494		1		•				1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94,32		1						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.14	\$94.32	\$0.00	\$16.86	\$19.74	\$0.00	\$18.77	\$2.68	\$8.29	\$0.48
	Quarterly Per Diem Add-on Amounts		<u>.</u> .		_							
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	; \$
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36				i	:			, (
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Lit 19 Col b x Sting Add-on	\$2.83	\$2.83		:						ì
23	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	<b>#</b> 70	¢0.00	60.00	00.11		\$17.10		• • • • • • • • • • • • • • • • • • • •	
_			\$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	\$184.96	\$100.04	\$0.00	\$17.08	\$20.15	\$0.00	\$36.24	\$2.68	\$8.29	\$0.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.90					<u> </u>				

Prvdr ID: 00142238A  Case Mix Per Diem Rate Effect MDS & Nurse Hrs Data per Quarte  Line  Description  CASE MIX BASED RATE CALCULATIONS  1 Cost Center Peer Groups	er Ending: 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	N/A 28.7%	18.37%						_wide_
MDS & Nurse Hrs Data per Quarte Line Description  CASE MIX BASED RATE CALCULATIONS	er Ending: 12/31/20 Nurse Hou				1.0%			Overail CMI:		1.2538	1.3617
# Description  CASE MIX BASED RATE CALCULATIONS			ubiity ilideative.	3.21	3.0%	Ortrly Meaid	CMI w RUG V	Medicaid CMI: Vght Options:		1.4786 1.5031	1.5382 1.5656
	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	С	d	e	ſ	Q	i a .	h	i
	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group	(300) osoj marazij		All Facilities	•	Free Standing	All Facilities	All Facilities	. All Facilities	1		
Bed Size Range within Peer Group	; ;		All Bed Sizes		All Bad Sizes	All Bed Sizes	All Bed Sizes		ì		
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%			ì
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37		!	
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,465,862.07	\$4,035,413	\$0	\$774,649	\$486,582	\$548,811	\$903,417	\$144,260	\$572,730	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$49,401)	(\$89,269)	\$0	\$0	(\$2,153)	(\$2,429)	\$46,882		(\$25,366)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,461	\$3,946,144	\$0	and the second second	\$484,429		\$950,299	\$144,260	\$547,364	\$22,934
8 Total Nursing Facility Days As Filed Days = 51,873	3 FY12 Audited C/R Days	51,873				,				45 155	}
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,667	7 FY 18 GL-PL Ins Rpt Days			; ;	1				52,667		<u>:</u>
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.92	\$76.07	\$0.00	\$14,93	\$19.87	(with L&H)	\$18.32	\$2.74	\$10,55	\$0.44
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2538							******	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.67								,
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.67	\$0.00	\$14.93	\$19.87		\$18.32	\$2.74	\$10.55	\$0.44
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.55	\$60.67	\$0.00	\$14.93	\$19.87		\$18.32	\$2.74	15.58	\$0.44
Quarterly Per Diem Rate Prior to Add-ons					1					(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.91	\$11.15	\$0.00	\$2.74	\$3.65	\$0.00	\$3,37	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.46	\$71.82	\$0.00	\$17.67	\$23.52	\$0.00	\$21,69	\$2.74	\$15.58	\$0.44
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5031		1				1 1		
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.95						1		;
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$189.59	\$107.95	\$0.00	\$17.67	\$23.52	\$0.00	\$21.69	\$2.74	\$15.58	\$0.44
Quarterly Per Diem Add-on Amounts					: 1				1	!	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Roi	utine Srvs) Ln 19 Col b x CPS Add-on	\$1.08	\$1.08	:						4-100	:
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24							•	
23 Nursing Home Provider Fee	(Fixed Amount)	\$17,10		•				\$17.10	: 1	:	
24 Total Quarterly Per Diern Add-on Amounts	Sum of Lns 20 thru 23	\$22.95	\$4.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.54	\$112.80	\$0.00	\$17.89	\$23.93	\$0.00	\$39.16	\$2.74	\$15.58	\$0.44
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.58							<u> </u>		

Provi Prvd		4/1/2021 12/31/20 Nurse Hou		with Allowance: trly BIMS score	Facility Score N/A 17.9% 3.10	Add-on Percent 18.37% 0.0% 3.0%		Quarterly l	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.1620 1.3314 1.3532	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS							!	:			
1 0	Cost Center Peer Groups Type of Facility within Peer Group Bod Sizo Rango within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	3		
2 3 4	'eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
F	ase Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,430,942.46	\$1,169,546	\$0	\$286,116	\$161,467	\$218.516	\$341,229	\$47,879	\$206,189	. \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$8,617)	\$0	\$0	\$0	\$0	\$0	(\$8,617)	, i	(\$8,381)	1
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,422,325	\$1,169,546	\$0	\$286,116	\$161,467	\$218,516	\$332,612	· ·	\$197,808	\$8,38
8	Total Nursing Facility Days As Filed Days = 14,885	FY12 Audited C/R Days	14,885							1		
!	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,204	FY 18 GL-PL Ins Rpt Days				:		1		17,204		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$162,30	\$78.57	\$0.00	\$19.22	\$25,53	(with L&H)	\$22.35	\$2.78	\$13,29	\$0.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1620</u>		1			ì			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.61		1			İ			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.61	\$0.00	\$19.22	\$25.53		\$22.35	\$2.78	\$13.29	\$0.56
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$142.86	\$67.61	\$0.00	\$18.41	\$23.09		\$20.56	\$2.78	9.85 (FRV)	\$0.56
	Quarterly Per Diem Rate Prior to Add-ons									s		
15 16	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$23.82	\$12.42	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$166.68	\$80.03	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.78	\$9.85	\$0.56
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End Ln 16 x Ln 17		<u>1.3532</u>		,						
19	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$194.95	\$108.30 \$108.30	\$0.00	\$21,79	\$27.33	\$0.00	\$24.34	\$2.78	\$9.85	\$0.56
-	quarterly Per Diem Add-on Amounts				22.23				. 32.137	<b>J</b> ,	Ψ5.55	
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			20.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Co! b x CPS Add-on	\$0.00	\$0.55 \$0.00	φυ.UU	<b>\$0.00</b>	30.00	. φυ.υυ :	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φυ.Δυ		:		:	\$17.10			
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.88	\$3.78	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	tuarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.83	\$112.08	\$0.00	\$21.79	\$27.33	\$0.00	\$17.10	<del></del>	\$9.85	\$0.56
00 6	luarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.05			1		. +	L	, ,,,,,	13100	

	ovider: Oconee Regional SNF		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data	_	Facility Specific	State- wide
Pi	vdr ID: 00947658A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hot		owth Allowance; htry BIMS score tuality Incentive:	N/A 0.0% 6.65	18.37% 0.0% 0.0%	Ortrly Meald		d Overall CMI Medicaid CMI Wght Options	:	2.1590 1.5382 1.5656	1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C	d	е	f	g	9	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS					:		:	1			
1	Cost Center Peer Groups	(see Policy Manual)	İ		1	1	1	1	. 1			
:	Type of Facility within Peer Group	(vaa vana)		All Facilities	•	Hosp Based	All Facilities	All Facilities	All Facilities			1
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
ł	Peer Group Standards & Efficiency Measure Limits		:			1				1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	5	50.0%	1		:
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			:
	Base Period Per Diem Allowed Amounts					1			i .	1		
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,812,723.00	\$765,901	\$0	\$176,858	\$67,047	\$204,465	\$1,273,331	\$20,101	\$305,020	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$26,025)		\$0	\$0	\$0	\$0	(\$26,025		(\$3,258)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,786,698	\$765,901	\$0		\$67.047	1	\$1,247,306	•	\$301,762	
8	Total Nursing Facility Days As Filed Days = 3,356	FY12 Audited C/R Days	3,356		•••		4			;	4007,102	. 40,200
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,003	FY 18 GL-PL Ins Rpt Days		!					:	2.003		
9	Net Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$834,41	\$228.22	\$0.00	\$52.70	\$80.90	(with L&H)	\$371.66	,	\$89.92	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2.1590		[ ]	*		:		***************************************	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.71				i	*			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$105.71	\$0.00	\$52.70	\$80.90		\$371,66	\$10.04	\$89.92	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.93	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56		21.61 (FRV)	\$0.97
	Quarterly Per Diem Rate Prior to Add-ons			:		1 1		1	1	1		
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13,14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	: N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.44	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$10.04	\$21.61	\$0.97
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5656</u>						1		!
19	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Lπ 17 RS = Ln 18, AllOthr = Ln 16	\$251.32	\$132.53 \$132.53	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$10.04	\$21.61	\$0.97
		110 211 10,7110111 11 211 10	φ251.52	\$132,33	\$0.00	\$34.50	\$21,33	\$0.00	\$24.34	\$10.04	\$21.61	\$0.97
	Quarterly Per Diem Add-on Amounts		2			:			1			:
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	•
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								}
22	Nurse Staff Hrs / Quality Add-on Per Diem: 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00						1		
23	Nursing Horne 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	\$268.42	\$132.53	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$10.04	\$21.61	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188,49			· · · · · · · · · · · · · · · · · · ·		·				<u> </u>

Case Misk Part Deline (Part Deline)   Case Cale (Part Deline)   Case	Provider: Orchard Health and Rehab Provid ID: 00142656A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		,	Facility Specific	State- wide
State   Stat		4/1/2021			N/A 47.7%	18.37%					0.9752	1.3617 1.5382
Control   Description   Sources   Colludations   Sources   Colludations   Sources							Ortrly Moaid					1.5656
Cast Center Pear Groups   Goe Pelely Manual)   Family Reading Pear Groups   Goe Pelely Manual)   Family Reading Pear Groups   Goe Pelely Manual)   Family Reading Pear Groups   Goe Pelely Manual)   Family Reading Pear Groups   Goe Pelely Manual)   Family Reading Pear Groups			Totais			Dietary		Operatns	and		and	Taxes and Insurance
1   Cost Section Proc Groups   Front Standards			а	b	C	d	e	f	g	. g :	h	i
Part   Type of Facility with Proc Cours   All Facilitie	CASE MIX BASED RATE CALCULATIONS			:				i !				
Profession Processing Market Processing Applications   All Facilities	1 Cost Center Peer Groups	(see Policy Manual)		1	. 1	. 9	1	: · 1	1	: !		:
Bed Size Rings within Peer Group   Peer Group Standards & Efficiency Manual   (see Policy Manual)   (see Pol		. (5557 5557 7557		All Facilities			All Facilities	,	· All Facilities	: 1		:
Peer Group Standards: Percentilio   (see Policy Manual)   100.075   100.07	Bed Size Range within Peer Group			All Bed Sizes				:				
Peer Group Standards: Percentilio   (see Policy Manual)   100.075   100.07	Peer Group Standards & Efficiency Measure Limits								:			
Base Period Per Dism Allowed Amounts   See Ison 20 for actually   Gose Pelicy Manual)   So. 53   So. 00   So. 22   So. 47   So. 37		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			:
Base Period Per Diem Allowed Amounts		(see Policy Manual)							105.0%	:		
As Flied Cost Center Costs   Routine & Special Sirves Combined    As Flied PITE CR. FY 2018 GL.PH. Rpt 10   \$3,470,208.84   \$1,889,571   \$0   \$410,260   \$203,048   \$216,850   \$50	4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Audil Adjustments and Reallocations to Cost Center Costs	Base Period Per Diem Allowed Amounts					1		:		: 1		
Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  Total Nursing Facility Days  Total Nursing Facility Days  Total Nursing Facility Days  StPL Ins. Rpt  As Filed Days = 29,527  FY12 Audited CIR Days  29,547  FY12 Audited CIR Days  29,547  Total Nursing Facility Days  StPL Ins. Rpt  As Filed Days = 29,527  FY12 Audited CIR Days  29,547  Total Nursing Facility Days  StPL Ins. Rpt  As Filed Days = 29,524  FY18 GL-PL Ins. Rpt Days  Ln 71 Ln 8 Col a  St. 15,88  St. 29,527  Net Per Diems prior to Case Mix Adjstmt to Routine Snocs  Ln 71 Ln 8 Col a  Ln 9 / Ln 10  St. 29,9752  Net Per Diems prior to Case Mix Adjstmt for Routine Snocs  Ln 9 / Ln 10  St. 29,9752  Net Per Diems And Filed Days = 29,824  Net Per Diems And Filed Days = 29,824  Net Per Diems And Filed Days = 29,824  Net Per Diems And Filed Days = 29,824  Net Per Diems And Filed Days = 29,824  Net Per Diems And Filed Days = 29,824  Net Per Diems And Filed Days = 29,824  Net Per Diems And Filed Days = 29,824  Net Per Diems And Filed Days = 29,824  Net Per Diems And Filed Days = 29,824  Net Per Diems And Filed Days = 29,824  Net Per Diems And Filed Days = 29,824  Net Per Diems And Filed Days = 29,824  Net Per Diem A	5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,470,206.84	\$1,889,571	\$0	\$410,260	\$203,048	\$216,850	\$506,974	\$100,590	\$142,914	: \$0
8 Total Nursing Facility Days	6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$43,088)	(\$3,895)	\$0	\$0	\$0	\$0	(\$39,193)		(\$13,502)	\$13,502
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,624  Net Per Disms prior to Case Mix Adjustint to Routine Sives  Base Period Facility Case Mix Adjust (CMA) Net Per Dism  Routine Sives Case Mix Adjust (CMA) Net Per Dism  Base Period Facility Case Mix Adjust (CMA) Net Per Dism  Base Period Case Mix Adjust (CMA) Net Per Dism  Cuarterly Per Dism Safter Case Mix Adjusted Allowed Per Dism  Lesser of Ln 12 or Ln 13  CMA Allowed Per Dism Rate Prior to Add-ons  Ln 14 + Ln 15  CMA Allowed Per Dism (Altowance Paces Mix Adjusted Allowed Per Dism  Cuarterly Per Dism Rate Prior to Add-ons  Ln 14 + Ln 15  CMA Allowed Per Dism (Altowance Add-on)  Ln 14 + Ln 15  CMA Allowed Per Dism (Altowance Add-on)  Cuarterly Per Dism Add-on Amounts  CMA Allowed Per Dism  RS = Ln 18, AllOthr = Ln 16  S171,32  S107,98  S0,00  S13,88  S14,21  S15,83  S3,40  S4,38  S44,38  S44,38  S44,38  S45,49  S55,44  S0,00  S13,88  S14,21  S15,83  S3,40  S4,38  S4,41  S5,58  S4,41  S5,58  S5,44  S5,00  S1,88  S1,10  S1,88  S1,10  S1,88  S1,10  S1,88  S1,10  S1,88  S1,10  S1,88  S1,10  S1,8	7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,427,119	\$1,885,676	\$0	\$410,260	\$203,048	\$216,850	\$467,781	\$100,590	\$129,412	\$13,502
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8 Total Nursing Facility Days As Filed Days = 29,547	FY12 Audited C/R Days	29,547					:	:	i i		
Base Period Facility Case Mix Aight (CMA) Net Per Diem   Ln 9 / Ln 10   S85.44   S0.00   S13.88   S14.21   S15.83   S3.40   S4.38	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,624	FY 18 GL-PL ins Rpt Days								29,624		:
11   Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$115.98	\$63.82	\$0.00	\$13.88	\$14.21	(with L&H)	\$15.83	\$3.40	\$4.38	\$0.46
12   Net Per Diems after Case Mix Adjatimt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   \$65,44   \$0.00   \$13,88   \$14,21   \$23,09   \$20,56   \$50,00   N/A     14   Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$120,71   \$66,44   \$0.00   \$13,88   \$14,21   \$23,09   \$20,56   \$50,00   N/A     15   Growth Alloward Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Alloward   \$20,09   \$12,02   \$0,00   \$2,55   \$2,61   \$0,00   \$2,91   N/A   N/A     16   CMA Allowed Per Diem (Alter Growth Alloward Alloward Alloward Alloward Per Diem (Alter Growth Alloward Condents   Ln 14 x Ln 15   \$140,80   \$77,46   \$0.00   \$16,43   \$16,82   \$0.00   \$18,74   \$3.40   \$77,49     17   Quarterly Per Diem (Alloward Condents   Ln 16 x Ln 17   \$10,98   \$171,98   \$10,98   \$10,98   \$10,98   \$10,98   \$10,98   \$10,98   \$10,99   \$10,98   \$10,98   \$10,98   \$10,98   \$10,98   \$10,98   \$10,99	10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		0.9752					:	1		!
13   Per Diem Standards (After Statewide CMA for Routine Sirves)   Per Peer Group Limits   \$71.51   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   N/A     20   Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$120.71   \$65.44   \$0.00   \$13.88   \$14.21   \$15.83   \$3.40   \$7.49     20   Caurterly Per Diem Rate Prior to Add-ons		En 9 / En 10		\$65.44						l i		
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13  15 Growth Allowance Percentage = 18.37% CMA Allowed Per Diem Rate Prior to Add-ons 16 CMA Allowed Per Diem (Alter Growth Allowance Add-on) 17 Quarterly Per Diem Add-on Amounts 18 Outry Routine Srvcs Case Mix Adjust (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ((Stnd - Alwd) x.75, up to max, or 0) 21 BIMS Add-on Per Diem = 5.5% (to Routine Srvcs) 22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) 3 Nursing Home Provider Fee 3 (Fixed Amount) 3 S120.71 \$65.44 \$0.00 \$13.88 \$14.21 \$15.83 \$3.40 \$7.49 \$15.80 \$14.21 \$15.83 \$3.40 \$7.49 \$15.80 \$15.83 \$14.21 \$15.83 \$3.40 \$15.80 \$14.21 \$15.83 \$14.21 \$15.25 \$15.2	12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = Ln 9		\$65.44	\$0.00	\$13.88	\$14.21	!	\$15.83	\$3.40	\$4.38	\$0.46
Company   Comp	,	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons	14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.71	\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40		\$0.46
15   Growth Allowance Percentage = 18.37%	Quarterly Per Diem Rate Prior to Add-ons							:			(FRV)	i
CMA Allowed Per Diem (After Growth Allowance Add-on)		Ln 14 x Grwth Allwnc %	\$20.09	\$12.02	\$0.00	\$2.55	\$2.61	\$0.00	\$2.91	N/A	N/A	N/A
17 Quarterly Facility Case Mix Adject (CMA) Net Per Diem	16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Lπ 15				1						\$0.46
18		per Current Qtr End			:	1	******			1	<b>4.1.75</b>	
Quarterly Per Diem Add-on Amounts   See Policy Manual)   \$1.53   \$0.53   \$0.00   \$0.22   \$0.41   \$0.00   \$0.37   \$0.00   \$0.20   \$0.00   \$0.	18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17				1			-	i :		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$171.32	\$107.98	\$0.00	\$16.43	\$16.82	\$0.00	\$18.74	\$3.40	\$7.49	\$0.46
20 Efficiency Add-on Per Diem (IStnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$1.55 \$	Quarterly Per Diem Add-on Amounts					1				:		
21 BIMS Add-on Per Diem = 5.5% (to Rautine Sive)		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	2	ፍር ብብ	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives) Ln 19 Col b x Stirig Add-on (Fixed Amount) Sum of Lns 20 thru 23 Sum of Lns 20 thru 24 Sum of Lns 20 thru						<b>33.22</b>	Ψ0.41	. 40.00	1 40,01	1	\$V.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	,		· ·		l			}		: 1		
24       Total Quarterly Per Diem Add-on Amounts       Sum of Lns 20 thru 23       \$27.81       \$9.71       \$0.00       \$0.22       \$0.41       \$0.00       \$17.47       \$0.00       \$0.00         25       Quarterly Case Mix Based Per Diem Rate       Ln 19+Ln 24       \$199.13       \$117.69       \$0.00       \$16.65       \$17.23       \$0.00       \$36.21       \$3.40       \$7.49								}	\$17,10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19+Ln 24 \$199.13 \$117.69 \$0.00 \$16.65 \$17.23 \$0.00 \$36.21 \$3.40 \$7.49	24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23		\$9.71	\$0.00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
26 Country D. D. Country D. D. Country D. Co	25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.13			<del></del>				-		\$0.46
ZO : MURITERIA MET HIRD KATE FOR MOID AND LEGAR HOUS : 0 0 25 (D 23) 1 0 75 5 5 6 5 6 5	26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.52					<u></u>		:		

#### **FINAL**

Provider: Orchard View Rehab & Skilled NC Prvdr ID: 00142117A H/B ?: No Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			a and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 50.9% 5.24	Add-on Percent 18.37% 5.5% 3.0%	<del>9</del> 70-0-0	Quarterly	(CMI) Data od Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific 1.2690 1.4306 1.4564	State- wide 1.3617 1.5438 1.5713
ine # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$164.90 \$23.31 \$190.70	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.4564 \$117.11	All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	1000	\$38.01 \$38.01 \$38.01 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 5.5% (to Routine Srv Nurse Staff Hrs / Quality Add-on Per Diem = 3.0' Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$227.40 \$6.44 \$3.51 \$0.00 \$9.95	\$117.11 \$6.44 \$3.51		\$20.70	\$25.97		\$23.12	\$2.49	\$38.01	\$0.00
Quarterly Case Mix Based Per Diem Rate		\$237.35	\$127.06		\$20.70	\$25.97		\$23.12	\$2.49	\$38.01	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$178.01										

#### FINAL

Pr	ovider: Oceanside Health & Rehab - Tybee vdr ID: 003188970A H/B ?: No Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	04/01/21 12/31/20 No	<u>Add-on Da</u> urse Hours per On-Site	ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:		Add-on Percent 18.37% 1.0% 3.0%	***************************************		od Overall CMI: y Medicaid CMI:		Facility Specific Use Stwd 1.6591 1.6904	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	OF SHY DARRED BATT ON ON ATIONS		<u>a</u>	b	<u> </u>	l d	e	<u>f</u>	l <u>g</u>	J	<u> </u>	
<u>CA</u>	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2D18 GL-PL Ins. R FY2D18 GL-PL Ins. R FY 2012 Peer Group Lii	pt	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$12.48 \$80.41 1.6904 \$135.92	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$16.46 \$16.46 \$16.46 (FRV Rale)	
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$224.98 \$1.36 \$4.08 \$17.10 \$22.54	\$135.92 \$1,36 \$4.08		\$20.70	\$25.97		\$23.12 17.10	\$2.81	\$16,46	\$0.00
	Quarterly Case Mix Based Per Diem Rate		\$247.52	\$141.36		\$20.70	\$25.97	ļ	\$40.22	\$2.81	\$16.46	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$172.82								1		

	ovider: Oxley Park Health & Rehab vdr ID: 00143316A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 14.1% 2.97	Add-on <u>Percent</u> 18.37% 0.0% 4.0%		Quarterly N	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3255 1.2201 1.2393	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,249,015.63	\$3,266,179	\$0	\$600,921	\$330,445	\$337,112	\$853,990	\$99,288	\$761,081	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,529)	\$0	\$0	\$0	\$0	\$0	(\$23,529)		(\$38,077)	\$38,077
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,225,487	\$3,266,179	\$0	\$600,921	\$330,445	\$337,112	\$830,461	\$99,288	\$723,004	\$38,077
8	Total Nursing Facility Days As Filed Days = 42,231	FY12 Audited C/R Days	42,231									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,348	FY 18 GL-PL Ins Rpt Days								36,348		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.79	\$77.34	\$0.00	\$14.23	\$15.81	(with L&H)	\$19.66	\$2.73	\$17.12	\$0.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3255</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.35	\$0.00	\$14.23	\$15.81		\$19.66	\$2.73	\$17.12	\$0.90
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.28	\$58.35	\$0.00	\$14.23	\$15.81		\$19.66	\$2.73	16.60 (FRV)	\$0.90
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.84	\$10.72	\$0.00	\$2.61	\$2.90	\$0.00	\$3.61	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.12	\$69.07	\$0.00	\$16.84	\$18.71	\$0.00	\$23.27	\$2.73	\$16.60	\$0.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2393								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	*****	\$85.60	40.00	***	440.74	***	***	40.70		**
19	Quarterly Medicaid CMA Allowed Per Diem	HS = Ln 18, AllOthr = Ln 16	\$164.65	\$85.60	\$0.00	\$16.84	\$18.71	\$0.00	\$23.27	\$2.73	\$16.60	\$0.90
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.42	\$3.42					4			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	40.05	40.00	00.00	<b>40.</b> **	00.00	\$17.10	00.00	40.00	#0.0°
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.05	\$3.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.70	\$89.55	\$0.00	\$17.06	\$19.12	\$0.00	\$40.74	\$2.73	\$16.60	\$0.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.20									

	rovider: Palemon Gaskins Nursing Home		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Pr	rvdr ID: 00142326A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Ho		owth Allowance: htry BIMS score luality Incentive:	52.9%	18.37% 5.5% 3.0%	Ortrly Moaid		d Overall CMI: Medicaid CMI: Wght Options:		1.2317 1.0151 1.0268	1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	e	f	: g	g	ħ	i
C	CASE MIX BASED RATE CALCULATIONS			ì								
: 1	Cost Center Peer Groups	(see Policy Manual)		. 1	. 1	1	1	1	1	:		
:	Type of Facility within Peer Group	, , ,		All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			1
	Bed Size Range within Peer Group			All Bed Sizes	All Bod Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits				)							
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41	ì	\$0.37	:		
	Base Period Per Diem Allowed Amounts			:				i.		! :		
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,944,880.96	\$892,655	\$0	\$391,990	\$129,464	\$196,552	\$216,971	\$39,793	\$77,456	5
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$11,393)	(\$787)	so	\$0	\$145	(\$7,449)			(\$1,189)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,933,488	\$891,868	\$0		\$129,609	,	\$213,669	\$39,793	\$76,267	\$1.18
8	Total Nursing Facility Days As Filed Days = 10,670	FY12 Audited C/R Days	10,670		1				·	1	********	,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 10,104	FY 18 GL-PL Ins Rpt Days		:		i				10.104		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$181,43	\$83.59	\$0.00	\$36.74	\$29.87	(with L&H)	\$20.03		\$7.15	\$0.1
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2317	1		*		:		*****	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.87						1		!
12	1 1 1	RS = Ln 11, AllOthr = Ln 9	:	\$67.87	\$0.00	\$36.74	\$29.87		\$20.03	\$3.94	<b>\$</b> 7.15	: \$0.1
13	·	per Peer Group Limits		\$71,51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	. 40.,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.04	\$67.87	\$0.00	\$29,15	\$23.09		\$20.03	\$3,94	11.85	\$0.1
			:		1	420.70	420.03			ψ0.5-	(FRV)	φυ. ι
	Quarterly Per Diem Rate Prior to Add-ons								:	: [		
15		Ln 14 x Grwth Allwnc %	\$25.74	\$12,47	\$0.00	\$5.35	\$4.24	\$0.00	\$3.68	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.78	\$80.34	\$0.00	\$34.50	\$27.33	\$0.00	\$23.71	\$3.94	\$11.85	\$0.1
17		per Current QIr End		1.0268	1	:				i i		
18		Ln 16 x Ln 17		\$82.49		i .						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.93	\$82.49	\$0.00	\$34.50	\$27.33	\$0.00	\$23.71	\$3.94	\$11,85	\$0.1
	Quarterly Per Diem Add-on Amounts		:	İ	1	1		i				
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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.54	\$4.54			13.00			1	43.00	1
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.47	\$2.47	1				ŧ	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.01	\$7.54	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.94	\$90.03	\$0.00	······································	\$27.33		\$41.18	\$3.94	\$11.85	\$0.1
	Overstadu Bea Diese Bete for Bed Valid and Leave Days	4 - 05 1 - 50 + 0.75							1	1	7.1.00	+3.1
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 ~ Ln 23) * 0.75	\$143.88									

Provider			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	***************************************		Facility Specific	State- wide
Prvdr ID:		17410004		wth Allowance:	N/A	18.37%			Overall CMI:		1.2699	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	u rs per On-Site Day/Q	trly BIMS score	38.5% 3.07	2.5% 3.0%	Orldy Meald	Quarterly to CMI w RUG \	Medicaid CMI: Not: Ontions:		1.3193 1.3410	1.5382 1.5656
			o por on one out, a			0.0,0	Grany modela	-	Tan Options.		1.0410	1.5050
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			3	ь	C	d :	е	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS											
1 Cost	t Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
, , ,	Type of Facility within Peer Group	(SSST SHOT INDICATE)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits					:				1		
2 Pe	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1 1		
4 Eff	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	1		
Base	Period Per Diem Allowed Amounts	:		:					:			
5 As	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,751,354.00	\$4,322,740	\$0	\$858,886	\$423,220	\$448,248	\$807,710	\$347,845	\$542,705	\$0
6 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$582,209)	(\$98,808)	\$0	\$6,084	\$8,854	(\$4,868)	(\$207,568)	i i	(\$363,773)	\$77,870
7 Co:	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,169,145	\$4,223,932	\$0	\$864,970	\$432,074	\$443,380	\$600,142	\$347,845	\$178,932	\$77,870
8	Total Nursing Facility Days As Filed Days = 57,271	FY12 Audited C/R Days	57,271			1 :		1	f I	1		
.	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,793	FY 18 GL-PL Ins Rpt Days				1			1	58,793		
9 Ne	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$125.02	\$73.75	\$0.00	\$15.10	\$15.29	(with L&H)	\$10.48	\$5.92	\$3.12	\$1.36
10 1	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.2699				-		1 :		
11 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07				:	-			
12 Ne	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	\$3,12	\$1.36
13 Pe	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.25	\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	14.03	\$1.36
Quar	rterly Per Diem Rate Prior to Add-ons	:		:		!					(FRV)	
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwinc %	\$18.18	\$10.67	\$0.00	\$2.77	\$2.81	\$0.00	\$1.93	N/A	N/A	N/A
	AA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £n 15	\$138.43	\$68.74	\$0.00	\$17.87	\$18.10	\$0.00	\$12.41	\$5.92	\$14.03	\$1.36
1	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ100.40	1.3410	\$0.00	ψ17.07	\$10.10	. 40.00	ψ12.41	\$3.5£	\$14.05	91,30
	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.18		į į				1 1		
	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.87	\$92.18	\$0.00	\$17.87	\$18.10	\$0.00	\$12.41	\$5.92	\$14.03	\$1.36
Ouer	rterly Per Diem Add-on Amounts			-		1						
	iciency Add-on Per Diem ((Stnd - Alvell x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	VIS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30	30.00	ψυ,22	φ <b>0.4</b> 1	. 40.00	; şu.3/	1	30.00	
	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.30		1		į.	!	:		
	rsing Home Provider Fee	(Fixed Amount)	\$17.10			i i		)	\$17.10			
ė.	tal Quarterly Per Diem Add-on Amounts	Sum of Los 20 thru 23	\$23,70	\$5.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.57	\$97.78	\$0.00	\$18.09	\$18.51	\$0.00	\$29.88	\$5.92	\$14.03	\$1.36
		(L = 35 L = 22) * 0.75	*******	12.110	72100		7.3.51	1 72.00	1		4.770	<b>V.1.0</b> 0
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 ~ 1,л 23) * 0.75	\$126.35									

	vider: Parkside Ellijay		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	Ştate- wide
Prv	rdr ID: 00141127A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		wth Allowance: trly BIMS score uality Incentive:	N/A 42.4% 3.33	18.37% 2.5% 2.0%	Ortrly Moaid	Quarterly I	d Overall CMI Medicaid CMI Wght Options		1.3029 1.9949 2.0349	1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	đ	е	f	9	9	h	í
CA	ASE MIX BASED RATE CALCULATIONS							:				1
1	Cost Center Peer Groups	(see Policy Manual)		1	. 1		1	. 1	1			
	Type of Facility within Peer Group	(Soci City manual)	:	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			
	Peer Group Standards & Efficiency Measure Limits					:				1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		:
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	į		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			i
- 1:	Base Period Per Diem Allowed Amounts					:						
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,106,944.00	\$2,649,172	\$0	\$833,481	\$325,598	\$571,475	\$1,067,657	\$17,410	\$642,151	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$62,077)	(\$129,666)	\$0	\$3,725	(\$1,710)	\$12,083	\$58,749		(\$57,355)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,044,867	\$2,519,506	\$0	\$837,206	\$323,888		\$1,126,406		\$584,796	1
8	Total Nursing Facility Days As Filed Days = 35,922	FY12 Audited C/R Days	35,922								, , , , , , , , , , , , , , , , , , ,	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,355	FY 18 GL-PL Ins Rpt Days				1			1	29,355		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$169.92	\$70.14	\$0.00	\$23.31	\$25,26	(with L&H)	\$31.36		\$16.28	\$1,4
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3029					!		*	1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.83		1			i	÷ :		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.83	\$0.00	\$23.31	\$25.26		\$31,36	\$2.12	\$16.28	\$1.4
13	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.96	\$53.83	\$0.00	\$23,31	\$23,09		\$20.56	\$2.12	9.60	\$1.4
- 1						1		:		: !	(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons									1 1		
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.19	\$9.89	\$0.00	\$4.28	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.15	\$63.72	\$0.00	\$27.59	\$27.33	\$0.00	\$24.34	\$2.12	\$9.60	\$1.4
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		<u>2.0349</u>				:				:
18 19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x £n 17 RS = Ln 18, AllOthr = Ln 16		\$129.66	60.00	<b>607.50</b>	*07.00	***			Ac	
19	Quarterly medicals CMA Allowed Per Dietii	NO - ER 10, AROUR - ER 16	\$222.09	\$129,66	\$0.00	\$27.59	\$27.33	\$0.00	\$24.34	\$2.12	\$9.60	\$1.4
	Quarterly Per Diem Add-on Amounts											:
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	:
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.24	\$3.24		: 1						:
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.59	\$2.59		:		! !	:			:
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.68	\$6.36	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.77	\$136.02	\$0.00	\$27.81	\$27.33	\$0.00	\$41.44	\$2.12	\$9.60	\$1.4
00	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171,50					<u> </u>		<del></del>		

Part   Part	Provider: Parkside Post Acute Care and Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Table   Date:   Date	Prvdr ID: 00169199A											1.3617
Description   Description							Orlrly Meaid					1.5382 1.5656
Description   Sources   Totals   Services							,			1		
Calculations	Line	Sources /	Totals			Dietary						
Cold Context Pear Corquips   1   Cold Context Pear Corquips   1   1   2   1   1   1   1   1   1   1	# Description	Calculations	, 515.15	Services	Services		Houskpng			Insurance		Insurance
Coast Counter Pear Groups		:	а	ъ	C	d	е	f	g	9 :	h	i
Page   Street Processing Processing   Page   Street Processing Processing   Page   Street Processing Standards & Efficiency Measure Limits   Page   Street Processing Standards & Efficiency Measure Limits   Page   Street Processing Standards & Efficiency Measure Limits   Page   Street Processing Standards & Efficiency Measure Limits   Page   Street Processing Standards & Efficiency Measure Limits   Page   Street Processing Standards & Efficiency Measure Limits   Page   Street Processing Standards & Efficiency Measure Limits   Page   Street Processing Standards & Mariport   Street Processing Standards & Mariport   Street Processing Standards & Mariport   Street Processing Standards & Mariport   Street Processing Standards & Mariport   Street Processing Street Street Processing Street Street Processing Street Processing Street Processing Street Processing Street Street Processing St	CASE MIX BASED RATE CALCULATIONS							1		1		
Bod Size Range within Prest Group   All Bod Sizes   All Bod	1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	. <b>1</b>	. 1			
Per Group Standards Efficiency Measure Limits   See Pelay Internal   S	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	:		
2   Peer Group Standards: Percentile   (see Picity Manual)   100 / 5   90	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Perform Group Standards: Multiplier   See Period Per Diem Allowed Amounts   See See See See See See See See See S	Peer Group Standards & Efficiency Measure Limits					1				:		
Base Period For Diem Allowed Amounts   Society Days   Society Da		(see Policy Manual)			90.0%	90.0%	85.0%		50.0%			
Base Period Per Diem Allowed Amounts   As Field PY12 CR-PY2018 GL-PL Rpt   Sp. 561,164.00   S4,548,816   S0   S1,020,738   S613,465   S07,283   S20,255.99   S20,313   S224,950   S10,200,738   S613,465   S07,283   S20,255.99   S20,313   S224,950   S20,313   S20,313   S224,950   S20,313   S20,313   S224,950   S20,313   S20,313   S20,313   S20,313   S20,313   S20,3								1				
5 A Field Cost Center Costs (Routine & Special Since Comband) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Fize CR Audit Adjustment 7 Cost Center Costs After Audit Adjustments 7 Total Nursing Facility Days 8 Total Nursing Facility Days 9 As Field Days = 55.92  1 Total Nursing Facility Days 1 Fize Costs 1 Fize Cos	4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustments (\$289,144) (\$2,722) \$0 \$0 \$0 \$0.52,545 \$2,104 (\$294,492) (\$107,400) \$110, \$100, \$110, \$1	Base Period Per Diem Allowed Amounts					1		:	;			
7 Cost Center Costs After Audit Adjustments	5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,561,164.00	\$4,548,816	\$0	\$1,020,738	\$613,465	\$507,283	\$2,025,599	\$20,313	\$824,950	\$0
8 Total Nursing Facility Days	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$289,144)	(\$2,722)	\$0	\$0	\$2,545	\$2,104	(\$294,492)		(\$107,490)	\$110,911
Total Nursing Facility Days GL-PL Ins. Rpt	7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,272,020	\$4,546,094	\$0	\$1,020,738	\$616,010	\$509,387	\$1,731,107	\$20,313	\$717,460	\$110,911
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8 Total Nursing Facility Days As Filed Days = 56,904	FY12 Audited C/R Days	56,904							1		
Base Period Facility Case Mix Index for All Residents	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,592	FY 18 GL-PL Ins Rpt Days		:	:	1			1	55,592		
Routine Srvcs Case Mix Adjistid (CMA) Net Per Diems	9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/Ln8Cola	\$162.96	\$79.89	\$0.00	\$17.94	\$19.78	(with L&H)	\$30.42	\$0.37	\$12.61	\$1.95
12   Net Per Diems after Case Mix Adjstmt to Routine Srvcs   RS = Ln 11. AllOthr = Ln 9   \$58.36   \$0.00   \$17.94   \$19.78   \$30.42   \$0.37   \$12.61   \$57.51   \$10.00   \$18.41   \$23.09   \$20.56   \$0.00   \$1.00	10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3690		1		:	-	1		
13 Per Diem Standards (After Statewide CMA for Routine Sirves)	11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.36	:	:			1	1 1		
14 Base Period Case Mix Adjusted Allowed Per Diem	12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$58.36	\$0.00	\$17.94	\$19.78		\$30.42	\$0.37	\$12.61	\$1.95
Counterly Per Diem Rate Prior to Add-ons   CFRIV	13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allwinc % \$21.43 \$10.72 \$0.00 \$3.30 \$3.63 \$0.00 \$3.78 N/A N/A 16   Growth Allowance Percentage = 18.37%   Ln 14 x Grwth Allwinc % \$21.43 \$10.72 \$0.00 \$3.30 \$3.63 \$0.00 \$3.78 N/A N/A 17	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$129.05	\$58.36	\$0.00	\$17.94	\$19.78	:	\$20.56	\$0.37		\$1.95
15   Growth Allowance Percentage = 18.37%	Quarterly Per Diem Rate Prior to Add-one	·				: '				1	(FRV)	
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x. 75, up to max, or 0) 21 BIMS Add-on Per Diem 2.5% (to Routine Srvcs) 22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 34 Total Quarterly Per Diem Add-on Amounts 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Case Mix Based Per Diem Rate 26 Ln 19 + Ln 24 27 Squarterly Case Mix Based Per Diem Rate 27 Squarterly Case Mix Based Per Diem Rate 38 Squarterly Squarterly Squarterly Case Mix Based Per Diem Rate 39 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Squarterly Squarterly Case Mix Based Per Diem Rate 30 Squarterly Squarterly Squarterly Case Mix Based Per Diem Rate 39 Squarterly Case Mix Based Per Diem Rate 39 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Squarterly Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem Rate 30 Squarterly Case Mix Based Per Diem	•	Ln 14 x Grwth Allwnc %	\$21.43	\$10.72	\$0.00	\$3.30	\$3.63	: \$0.00	\$3.78	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.6714 18 Qrtrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem 1.0 Quarterly Medicaid CMA Allowed Per Diem 1.0 Quarterly Medicaid CMA Allowed Per Diem 1.0 Quarterly Per Diem Add-on Amounts 1.0 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 1.0 Efficiency Add-on Per Diem = 2.5% (to Routine Srvs) 1.0 Ln 19 Col b x CPS Add-on 1.0 Stnfg Add-on 1.0										1		\$1.95
18			4150140		40.00	<b>V21.2</b> 4	<b>\$20.41</b>	. 40.00	02.4.04	Ψ0.07	\$10.03	Ψ1.34
19 Quarterly Medicaid CMA Allowed Per Diem Rate RS = Ln 18, AllOthr = Ln 16 \$196.86 \$115.46 \$0.00 \$21.24 \$23.41 \$0.00 \$24.34 \$0.37 \$10.09 \$30.00 \$30.	· · · · · · · · · · · · · · · · · · ·	Ln 16 x Lп 17				1						
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$		RS = Ln 18, AllOlhr = Ln 16	\$196.86		\$0.00	\$21.24	\$23,41	\$0.00	\$24.34	\$0.37	\$10.09	\$1.95
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$	Quarterly Per Diem Add-on Amounts					!		i				
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.89 \$2.80 \$2.80 \$2.7		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	: \$0.00	\$0.00		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routino Sives) Ln 19 Cot b x Stifing Add-on \$3.46 \$3.46 \$  23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$  24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.61 \$6.88 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00			*		. 45.00	Joine	Ψ.σ.Ψ.1	0.00	\$5.00	i i	.00.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	· · · · · · · · · · · · · · · · · · ·		- 1			i i				: [		
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$24.61     \$6.88     \$0.00     \$0.22     \$0.41     \$0.00     \$17.10     \$0.00     \$0.00     \$0.00     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$221.47     \$122.34     \$0.00     \$21.46     \$23.82     \$0.00     \$41.44     \$0.37     \$10.09     \$30.00	• • • • • • • • • • • • • • • • • • • •	(Fixed Amount)	\$17.10			1			\$17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$221.47 \$122.34 \$0.00 \$21.46 \$23.82 \$0.00 \$41.44 \$0.37 \$10.09 \$3.00 \$3	24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23			\$0.00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
	25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.47			-	\$23.82	·		<del></del>		\$1.95
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$153.28	26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.20			<u>;                                    </u>			i			

Prvdr ID: 00142425A  Line Description	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: trly BIMS score	N/A	18.37%						
Line Description					32.5%	2.5%			d Overall CMI: Medicaid CMI:		1.4543 1.2289	1.3617 1.5382
Line Description			no por on one outra		4.20	3.0%	Ortrly Moaid		Medicald Civil: Wght Options:		1.2472	1.5656
		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C	ď	е	f	g	9	h	i
CASE MIX BASED RATE CAL	LCULATIONS					:						
1 Cost Center Peer Groups		(see Policy Manual)		1	. 1	1	1	1	. 1	1		
Type of Facility within Peer Gr	оир			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities	į .		:
Bed Size Range within Peer G	roup			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bod Sizes	All Bed Sizes		!	!
Peer Group Standards & Efficien	ncy Measure Limits	•				i i	-			1		:
2 Peer Group Standards: Percenti		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1 1		
3 Peer Group Standards: Multiplie		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%		1	i
4 Efficiency Measure Maximums	(see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed A	Amounts	of children rese							!	1		
5 As Filed Cost Center Costs (Ro	outine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,171,260.00	\$2,682,660	\$0	\$1,010,340	\$566,067	\$652,616	\$989,937	\$19,888	\$249,752	\$0
6 Audit Adjustments and Reallocat	tions to Cost Center Costs	FY12 C/R Audit AdjsImts	(\$23,396)	\$0	\$0	\$0	(\$2,745)	(\$3,165)	(\$16,351)	i i	(\$16,324)	\$15,189
7 Cost Center Costs After Audit A	djustments	FY12 Audited C/R	\$6,147,864	\$2,682,660	\$0	\$1,010,340	\$563,322	\$649,451	\$973,586	\$19,888	\$233,428	\$15,189
8 Total Nursing Facility Days	As Filed Days = 38,915	FY12 Audited C/R Days	38,915		:	1		·				
Total Nursing Facility Days Gl	L-PL Ins. Rpt As Filed Days = 37,881	FY 18 GL-PL Ins Rpt Days		-		i				37,881		:
9 Net Per Diems prior to Case Mix	Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.00	\$68.94	\$0.00	\$25.96	\$31.16	(with L&H)	\$25.02	\$0.53	\$6.00	\$0.39
10 Base Period Facility Case Mix	Index for All Residents	from 4 qtrs of FY12		1.4543						1		!
11 Routine Srvcs Case Mix Adjst	ld (CMA) Net Per Diem	Ln 9 / Ln 10		\$47,41	ŀ	1			1	1		l
12 Net Per Diems after Case Mix A	djstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.41	\$0.00	\$25.96	\$31.16		\$25.02	\$0.53	\$6.00	\$0.39
13 Per Diem Standards (After Statew	ride CMA for Rouline Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted	Allowed Per Diem	Lesser of £n 12 or Ln 13	\$129.92	\$47.41	\$0.00	\$25.96	\$23.09		\$20.56	\$0.53	11.98	\$0.39
Quarterly Per Diem Rate Prior to	Add one			:		:		1		1	(FRV)	
15 Growth Allowance Percentage		Ln 14 x Grwth Allwnc %	: • \$21.50	\$8.71	\$0.00	\$4,77	\$4.24	\$0.00	\$3.78	N/A	31/4	. NICA
16 CMA Allowed Per Diem (After Gro		Ln 14 + Ln 15	\$151,42	\$56.12	\$0.00	\$30.73	\$27.33	\$0.00	\$24.34	\$0.53	N/A \$11.98	N/A \$0.39
17 Quarterly Facility Case Mix Inc	·	per Current Qtr End	3131.42	1.2472	\$0.00	330.73	φ£1.33	\$0.00	\$24.54	\$0.55	\$11.90	\$0.38
18 Only Routine Srvcs Case Mix		Ln 16 x £n 17		\$69.99		: 1				:		
19 Quarterly Medicaid CMA Allowed		RS = Ln 18, AllOthr = Ln 16	\$165,29	\$69.99	\$0.00	\$30.73	\$27.33	\$0.00	\$24.34	\$0.53	\$11,98	\$0.39
Quarterly Per Diem Add-on Amo	a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de					:	•	•	:	;		:
20 Efficiency Add-on Per Diem ((St		(see Policy Manual)	\$0.75	\$0,53	\$0.00	\$0.22	\$0.00	60.00	\$0.00	1	50.00	
21 BIMS Add-on Per Diem =	2,5% (to Routine Srvs)		\$1.75		30.00	30.22	\$0.00	\$0.00	. 50.00	1	\$0.00	
	Per Diem: 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$1.75	\$1.75				•		1	:	
23 Nursing Home Provider Fee	1 of Diett. 270.00 (to transing Stars)	(Fixed Amount)	\$17.10			i i			\$17.10	1	:	
24 Total Quarterly Per Diem Add-on	Amounts	Sum of Las 20 thru 23	\$21.70	\$4.38	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per D		En 19 + Ln 24	\$186.99	\$74.37	\$0.00	\$30.95	\$27.33	\$0.00	\$41.44	\$0.53	\$0.00 , \$11.98	\$0.30
					20.00	430.53	, Ce.13¢	30.00	. 241,44	\$6.33	\$11.38	
26 Quarterly Per Diem Rate for Bed	Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.42	1								

1	ovider: Pine Knoll Nursing and Rehab Center vdr ID: 00142458A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Ad: 4/1/2021 12/31/20 Nurse Hours per 0	Qtr	th Allowance: y BIMS score	Facility Score N/A 28.2% 3,20	Add-on Percent 18,37% 1.0% 2,0%			i Overall CMI Medicaid CMI:		Facility <u>Specific</u> 1.4918 1.6041 1.6330	State- wide 1,4014 1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	¢	d	е	1	g		h	ı
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentife Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,033,430	\$1,643,752	\$0	\$263,493	\$137,206	\$122,047	\$529,205	\$10,987	\$326,740	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 G/R Audit Adjstmts	\$11,806	(\$1,979)	\$0	\$0	(\$703)	\$71	\$16,036		(\$12,308)	\$10,689
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,045,236	\$1,641,773	\$0	\$263,493	\$136,503	\$122,118	\$545,241	\$10,987	\$314,432	\$10,689
8	Total Nursing Facility Days As Filed Days = 18,890	FY14 Audited C/R Days	18,890									
l	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,777	FY 18 GL-PL Ins Rpt Days								39,777		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.91	\$86.91	\$0.00	\$13.95	\$13.69	(with L&H)	\$28.86	\$0.28	\$16.65	\$0.57
10	Base Period Facility Case Mix Index for All Residents	trom 4 qtrs of FY10		1,4918								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/En 10		\$58,26								}
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.95	\$13,69		\$28,86	\$0,28	\$16.65	\$0.57
13	Per Diem Standards (Alter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,31	\$0,00	\$19,52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118,59	\$58,26	\$0.00	\$13.95	\$13,69		\$24.02	\$0.28	7.82 (FRV)	\$0.57
15	Quarterly Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$20.1B	610.70	\$0,00	¢0.50	60.51	\$0.00	04.45	N//A	N/A	
16	CMA Allowed Per Diem (Atter Growth Allowance Add-on)	Ln 14 + Ln 15	\$20,18 \$138,77	\$10,70 \$68,96	\$0.00	\$2.56 \$16.51	\$2.51 \$16,20	\$0.00	\$4.41 \$28,43	N/A \$0,28	\$7,82	N/A \$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$190.17	1,6330	\$0.00	\$10.51	\$16,20	\$0,00	\$25,43	\$0,28	57.82	\$0.57
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112,61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182,42	\$112.61	\$0.00	\$16.51	\$16.20	\$0.00	\$28.43	\$0.28	\$7.82	\$0.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.25	\$2.25		1						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$21,64	\$3,91	\$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	\$204.06	\$116.52	\$0.00	\$16.73	\$16,61	\$0,00	\$45.53	\$0.28	\$7.82	\$0.57

	rovider: Pinehill Nursing Center		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
: -	Case Mix Per Diem Rate Effective Date:	4/1/2021	Q	trly BIMS score	37.1%	18.37% 2.5%		Quarterly I	d Overall CMI: Medicaid CMI:		1.0657 1.4532	1.3617 1.5382
1	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	2.88	3.0%	Ortrly Moaid	CMI w RUG 1	Wght Options:		1.4778	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· 			а	ь	С	d	e	f	9	9	h	i
: c	ASE MIX BASED RATE CALCULATIONS			:		1						
1	Cost Center Peer Groups Type of Facility 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 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	<b>\$</b> 2,432,258.00	\$1,228,619	\$0	\$257,152	\$119,501	\$215,874	\$313,657	\$39,808	\$257,647	\$0
6 7 8	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 17,835	FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	(\$265,533) \$2,166,725 17,835	(\$4,760) \$1,223,859	\$0 \$0	(\$3,865) \$253,287	(\$203) \$119,298	(\$1,902) \$213,972	(\$31,014) \$282,643		(\$241,103) \$16,544	\$17,314 \$17,314
i	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,209	FY 18 GL-PL Ins Rpt Days								28,209		! 
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$120.67	\$68.62	\$0.00	\$14.20	\$18.69	(with L&H)	\$15.85	\$1.41	\$0.93	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0657								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.39		1		i	!	1		
12	,	RS = Ln 11, AllOlhr = Ln 9		\$64.39	\$0.00	\$14.20	\$18.69	5	\$15.85	\$1.41	\$0.93	\$0.97
13	· · · · · · · · · · · · · · · · · · ·	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	:
14		Lesser of Ln 12 or Ln 13	\$124.33	\$64.39	\$0.00	\$14.20	\$18.69		\$15.85	\$1.41	8.82 (FRV)	\$0.97
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	i.n 14 x Grwth Allwnc %	\$20.78	\$11.83	\$0.00	\$2.61	\$3.43	\$0.00	\$2.91	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$145,11	\$76.22	\$0.00	\$16.81	\$22.12	\$0.00	\$18.76	\$1,41	\$8.82	\$0.97
17		per Current Otr End	J143,11	1,4778	\$0.00	0.01	<b>Д</b> 22.12	30.00	\$10.70	\$1.41	\$6.02	\$0.97
18		Ln 16 x Ln 17		\$112.64		<u> </u>						:
19		RS = Ln 18, AllOthr = Ln 16	\$181.53	\$112,64	\$0.00	\$16.81	\$22.12	\$0.00	\$18,76	\$1.41	\$8.82	\$0.97
	Quarterly Per Diem Add-on Amounts								:			
20	•	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	:
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82		; T.					, J. J. J. J. J. J. J. J. J. J. J. J. J.	:
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$3.38	\$3.38		1						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.83	\$6.73	\$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	\$206.36	\$119.37	\$0.00	\$17.03	\$22.53	\$0.00	\$36.23	\$1.41	\$8.82	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.95							······		

1	rovider: Pinewood Nursing Ctr rvdr  D: 00142205A  Case Mix Per Diem Rate Effective Date:	04/01/21		ercentages rth Allowance: ly BIMS score		Add-on <u>Percent</u> 18,37% 2,5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1,1182 1,5268	State- wide 1.3699 1.5382
	MDS & Nurse Hrs Data per Quarter Ending:		per On-Site Day/Qui			2.0%	Ortrly Meald		Wght Options:		1,5555	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-Pl. Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	9	g	h	i
C.	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts								1			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$3,330,501	\$1,392,804	\$0	\$386,517	\$203,433	\$226,921	\$619,301	\$7,203	\$494,322	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,066)	\$0	\$0	\$0	\$0	\$384	(\$66,450)		(\$30,963)	\$30,963
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,264,435	\$1,392,804	\$0	\$386,517	\$203,433	\$227,305	\$552,851	\$7,203	\$463,359	\$30,963
8	Total Nursing Facility Days As Filed Days = 22,071	FY13 Audited C/R Days	22,071				ļ					
_	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≈ 26,145	FY 18 GL-PL Ins Rpt Days								26,145		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.86	\$63.11	\$0.00	\$17,51	\$19.52	(with L&H)	\$25.05	\$0.28	\$20.99	\$1.40
11	Base Period Facility <u>Case Mix Index</u> for All Residents  Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY10 Ln 9 / Ln 10		1.1182 \$56,44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.44 \$56.44	\$0.00	\$17.51	\$19.52		\$25.05	\$0,28	\$20,99	24.40
13	Per Diem Standards (Alter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,90	\$0.00	\$17.51	\$19.52		\$23,46	\$0,28	\$20,99 N/A	\$1.40
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125,96	\$56.44	\$0.00	\$17.51	\$19,52	ļ }	\$23,46	\$0.00	7.35	\$1,40
	·		7.2	*****			1 410100		020110		(FRV)	Ψ1,10
	Quarterly Per Diem Rate Prior to Add-ons							 			-	
15	Growth Allowards Percentage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$21,49	\$10,37	\$0.00	\$3.22	\$3.59	\$0,00	\$4,31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Otr End	\$147,45	\$66.81	\$0.00	\$20.73	\$23,11	\$0.00	\$27.77	\$0.28	\$7.35	\$1,40
18	Quarterly Facility Case Mix Index for Medicaid Residents Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1,5555 \$103,92				!				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.56	\$103.92 \$103.92	\$0.00	\$20,73	\$23.11	\$0.00	S27.77	\$0.28	\$7.35	\$1.40
						,220		40.00	7=,		<b>4.135</b>	<b></b>
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ( Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	84.45	\$0,53	\$0.00	****			****			
21	BIMS Add-on Per Diem = 2,5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16 \$2.60	\$0.53 \$2.60	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Stycs)	Ln 19 Col b x Sting Add-on	\$2.08	\$2.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ				:	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.94	\$5.21	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	so.oo	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207,50	\$109,13	\$0.00	\$20,95	\$23,52	\$0.00	\$44.87	\$0.28	\$7,35	\$1,40
25	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75			l	1 ,	1 ,	7		1 73.23	¥.,55	70
40	Musiceny Fer Dient Bate for Ded Hold and Leave Days	(Ln 23 * Ln 23) 0.75	\$142.80									

100000	ovider: Pinewood Manor Nursing Home vdr ID: 00142513A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021		owth Allowance: trly BIMS score	Facility Score N/A 31.3% 4.15	Add-on Percent 18.37% 2.5% 3.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3181 1.4438 1.4689	State-wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	9	h	i
CA	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Page Davied Day Diam Allaward Amazunta	•			1000000000							
5	Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,583,932.00	\$1,748,716	\$0	\$519,903	\$269,657	\$173,308	\$517,509	\$39,528	\$315,311	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$134,777)	(\$37,321)	\$0	\$9,404	\$5,902	(\$2,359)	(\$107,744)	54500040000	(\$25,933)	\$23,274
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,449,155	\$1,711,395	\$0	\$529,307	\$275,559	\$170,949	\$409,765	\$39,528	\$289,378	\$23,274
8	Total Nursing Facility Days As Filed Days = 35,486	FY12 Audited C/R Days	35,486	41,111,000	40	4020,007	4270,000	ψ170,010	ψ100,700	\$65,025	Ψ200,070	QLO,L14
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,000	FY 18 GL-PL Ins Rpt Days								34,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$97.25	\$48.23	\$0.00	\$14.92	\$12.58	(with L&H)	\$11.55	\$1.16	\$8.15	\$0.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3181								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	\$8.15	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$85.37	\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	7.91	\$0.66
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$13.89	\$6.72	\$0.00	\$2.74	\$2.31	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$99.26	\$43.31	\$0.00	\$17.66	\$14.89	\$0.00	\$13.67	\$1.16	\$7.91	\$0.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4689	6/1/6/6/3/20	0.000000			10.F1(1/10.610/1/	57,000,000		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$63.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$119.57	\$63.62	\$0.00	\$17.66	\$14.89	\$0.00	\$13.67	\$1.16	\$7.91	\$0.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.59	\$1.59		, ,,,,,,	*****		\$3.37		\$3.30	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.91	\$1.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.13	\$4.03	\$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	\$141.70	\$67.65	\$0.00	\$17.88	\$15.30	\$0.00	\$31.14	\$1.16	\$7.91	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$93.45			1						
			7330									

\$147.00

\$97.43

(Ln 27 - Ln 23) \* 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

i	rovider: Pleasant View Nursing Center		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18,37%	Ças	e Mix Index (C	CMI) Data I Overali CMI:		Facility Specific 1,1323	State- wide 1.3617
١.	Case Mix Per Diem Rate Effective Date:	4/1/2021		trly BIMS score		2.5%			Medicaid CMI		1.3469	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hours pe	er On-Site Day/O	uality Incentive:	2.66	2.0%	Ortrly Mcaid	CMI w RUĠ V			1.3699	1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	1	g	9	h	ì
C	ASE MIX BASED RATE CALCULATIONS											
_												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,026,915.00	\$1,895,940	\$0	\$451,612	\$286,012	\$247,493	\$711,719	\$25,092	\$409,047	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$52,279)	\$0	\$0	\$0	\$0	\$0	(\$86,136)	}	\$5,825	\$28,032
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,974,636	\$1,895,940	\$0	\$451,612	\$286,012	\$247,493	\$625,583	\$25,092	\$414,872	\$28,032
8	Total Nursing Facility Days As Filed Days = 42,132	FY12 Audited C/R Days	42,132									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,362	FY 18 GL-PL Ins Rpt Days								39,362		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Gol a	\$94.39	\$45.00	\$0.00	\$10.72	\$12.66	(with L&H)	\$14.85	\$0.64	\$9.85	\$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1323</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$39.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS Ln 11, AllOthr Ln 9		\$39.74	\$0.00	\$10.72	\$12.66		\$14.85	\$0.64	\$9.85	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Poer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$86,91	\$39.74	\$0.00	\$10.72	\$12.66		\$14.85	\$0.64	7.63	\$0.67
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$14.33	\$7.30	\$0.00	\$1.97	\$2.33	\$0.00	\$2,73	N/A	N/A	N/A
16		Ln 14 + En 15	\$101.24	\$47.04	\$0.00	\$12.69	\$14.99	\$0.00	\$17.58	\$0.64	\$7.63	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	ψ,σι,ασ	1.3699	1	V,L.03	<b>\$14.33</b>	40.00	317.30		Ų7.00	Ψ0.07
18	<u> </u>	Ln 16 x Ln 17		S64,44		i						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$118.64	\$64.44	\$0.00	\$12.69	\$14.99	\$0.00	\$17.58	\$0.64	\$7.63	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.61	\$1.61								
22	Nurse Staff Hrs / Quality Add-on Per Diern = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.29	\$1.29								
23 24	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	***	60.55	60.00	<b>65.</b>	***	\$17.10	60.00	<b>*</b> 0 *0	<b>60.5</b> 0
$\vdash$	Total Quarterly Per Diem Add-on Amounts		\$21.53	\$3.43	\$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	\$140.17	\$67.87	\$0.00	\$12.91	\$15.40	\$0.00	\$35.05	\$0.64	\$7.63	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$92.30									

\$147.00

\$97,43

(Ln 27 - Ln 23) \* 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provid	· · · · · · · · · · · · · · · · · · ·		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr	D: UUZZZ36ZA Case Mix Per Diem Rate Effective Date:	4/1/2021		owth Allowance: triv BIMS score	N/A 47.7%	18.37% 5.5%			d Overall CMI: Medicaid CMI:		1.3070 1.7396	1,3617 1,5382
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		9.52	2.0%	Ortrly Moaid	CMI w RUG \			1.7731	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u></u>			а	ь	С	d	e	f	g	g	h	i
CASI	MIX BASED RATE CALCULATIONS				;					;		
1 Co	st Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1	.		:
	Type of Facility within Peer Group	, , ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	;		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		;
Pe	er Group Standards & Efficiency Measure Limits									:		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4   5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		: \$0.37 ·	i		
Ba	se Period Per Diem Allowed Amounts					: !			:	!		
5 /	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,491,932.00	\$1,705,395	\$0	\$325,262	\$250,159	\$240,904	\$516,031	\$58,342	\$395,839	\$0
6 A	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrats	(\$71,024)	\$0	\$0	\$0	\$0	\$0	(\$71,024)		(\$38,115)	\$38,115
7 0	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,420,908	\$1,705,395	\$0	\$325,262	\$250,159	\$240,904	\$445,007	\$58,342	\$357,724	\$38,115
8	Total Nursing Facility Days As Filed Days = 27,650	FY12 Audited C/R Days	27,650	!								1
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,351	FY 18 GL-PL Ins Rpt Days								27,351		
	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a .	\$123.74	\$61.68	\$0.00	\$11.76	\$17.76	(with L&H)	\$16.09	\$2.13	\$12.94	\$1.38
10 ;	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3070	•					i		t
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.19		;				ì		t.
	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.19	\$0.00	\$11.76	\$17.76	İ	\$16.09	\$2.13	\$12.94	\$1.38
	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	-
14 E	lase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.52	\$47.19	\$0.00	\$11.76	\$17.76		\$16.09	\$2.13	8.21	\$1.38
Qu	arterly Per Diem Rate Prior to Add-ons	!		i						:	(FRV)	(
15 0	Frowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.05	\$8.67	\$0.00	\$2.16	\$3.26	\$0.00	\$2.96	N/A	N/A	N/A
16 C	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.57	\$55.86	\$0.00	\$13.92	\$21.02	\$0.00	\$19.05	\$2.13	\$8.21	\$1.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7731		:		1		!		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ls 16 x Ln 17		\$99.05		1		:		:		
19 C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$164.76	\$99.05	\$0.00	\$13.92	\$21.02	\$0.00	\$19.05	\$2.13	\$8.21	\$1.38
Qu	arterly Per Diem Add-on Amounts			:								
	ifficiency Add-on Per Diem ((Stad - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	:	\$0.00	
	SIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.45	\$5.45			<del></del>		,	:	72.00	
22 1	lurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.98	\$1.98						:		
23 N	lursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1			\$17.10	:		
24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.06	\$7.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qu	arterly Case Mix Based Per Diem Rate	Ln 19 + Լո 24	\$190.82	\$107.01	\$0.00	\$14.14	\$21.43	\$0.00	\$36.52	\$2.13	\$8.21	\$1.38
26 0	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.29			·····						<u> </u>

	Powder Springs Center For Nursing & Healing ont ID: Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		owth Allowance: trly BIMS score	Facility Score N/A 33.7% 3.27	Add-on <u>Percent</u> 18.37% 2.5% 2.0%			i Overali CMI: viedicaid CMI;		Facility <u>Specific</u> 1.3795 1.4653 1.4875	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь ь	С	ď	е	f	g	9	h	i
<u>CA</u>	ASE MIX BASED RATE CALCULATIONS	!			i I				1			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts					:		:		:		
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,383,234.00	\$5,781,239	\$0	\$1,070,131	\$666,123	\$478,534	\$2,238,868	\$267,364	\$1,880,975	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$1,296,184)	(\$506,533)	\$0	(\$59,975)	\$371	\$45,785	(\$885,856)		(\$15,238)	\$125,262
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,087,050	\$5,274,706	\$0	\$1,010,156	\$666,494	\$524,319	\$1,353,012	\$267,364	\$1,865,737	\$125,262
8	Total Nursing Facility Days As Filed Days = 70,979	FY12 Audited C/R Days	70,979			1				1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≈ 66,423	FY 18 GL-PL ins Rpt Days		•						66,423		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.46	\$74.31	\$0.00	\$14.23	\$16.78	(with L&H)	\$19.06	\$4.03	\$26.29	\$1.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3795				:		1 :		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$53.87		:		:				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.87	\$0.00	The second second	\$16.78	:	\$19.06	\$4.03	\$26.29	\$1.76
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem  Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$121.86	\$53.87	\$0.00	\$14.23	\$16.78		\$19.06	\$4.03	12.13 (FRV)	\$1.76
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.09	\$9.90	\$0.00	\$2.61	\$3.08	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.95	\$63.77	\$0.00		\$19.86	\$0.00	\$22.56	\$4.03	\$12.13	\$1.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ.40.35	1.4875	. 40.00	\$10.04	\$13.00	\$0.00	\$22.00	34.03	\$12.15	\$1.70
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.86					!	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.04	\$94.86	\$0.00	\$16.84	\$19.86	\$0.00	\$22.56	\$4.03	\$12.13	\$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	1	\$0.00	1
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37		1				. :		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.90	\$1.90					: !	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.90	\$4.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.94	\$99.66	\$0.00	\$17.06	\$20.27	\$0.00	\$40.03	\$4.03	\$12.13	\$1.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.38	!		· · · · · · · · · · · · · · · · · · ·		••		·		

	vider: Premier Estate of Dublin		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Prv	dr ID: 00141281A			wth Allowance:	N/A	18.37%			d Overall CMI:		1.1528	1.3617
:	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	4/1/2021 12/31/20 Nurse Hour	Qi s per On-Site Day/Qi	triy BIMS score uality Inceptive:	24.6% 3.47	1.0% 2.0%	Ortro Meaid	Quarterly M CMI w RUG V	Medicaid CMI: Moht Ontions:		1.4468 1.4708	1.5382 1.5656
	· · · · · · · · · · · · · · · · · · ·						2007					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:			а	Ď	c	d	е	f	g	g	ħ	i
CA	SE MIX BASED RATE CALCULATIONS	'				:			:			
1 :	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1			•
	Type of Facility within Peer Group	(ess : ens) (iisinsal)		Alt Facilities	All Facilities		All Facilities	All Facilities	. All Facilities			!
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes	í		· I
	Peer Group Standards & Efficiency Measure Limits					1						
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%			ļ
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			,
- 1	Base Period Per Diem Allowed Amounts	ſ				1			:			
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,922,620.00	\$1,446,998	\$0	\$344,458	\$171,679	\$139,354	\$522,229	\$57,432	\$240,470	\$(
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$299,079)	(\$81,239)	\$0	(\$409)	(\$2,217)	(\$2,426)	(\$213,806)	:	(\$9,773)	\$10,79
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,623,541	\$1,365,759	\$0	\$344,049	\$169,462	\$136,928	\$308,423	\$57,432	\$230,697	\$10,79
8	Total Nursing Facility Days As Filed Days = 20,520	FY12 Audited C/R Days	20,520					i				! !
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,818	FY 18 GL-PL Ins Rpt Days						:	:	35,818		•
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$126.66	\$66.56	\$0.00	\$16.77	\$14.93	(with L&H)	\$15.03	\$1.60	\$11.24	\$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1528</u>		1						<b>(</b>
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/Ln 10		\$57.74		1		I				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$57.74	\$0.00	\$16.77	\$14.93		\$15.03	\$1.60	\$11.24	\$0.53
13	Per Diern Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.45	\$57.74	\$0.00	\$16.77	\$14.93		\$15.03	\$1.60	7.85	\$0.53
	Outstands Day Diago Date Date Add					1		1	:	1	(FRV)	ĺ
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$19.19	610.51	\$0.00	\$3.08	\$2.74	\$0.00	\$2.76		51/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.64	\$10.61 \$68.35	\$0.00		\$2.74 \$17.67	\$0.00	\$17.79	N/A \$1.60	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$133.04		\$0.00	\$18.05	\$17.07	\$0.00	\$ \$17.79	\$1.00	\$7.85	\$0.53
18	Orthly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4708 \$100.53		1			:			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$165.82	\$100.53	\$0.00	\$19.85	\$17.67	\$0.00	, \$17.79	\$1.60	\$7.85	\$0.5
	Auditerry Medicald CMA Allowed Cer Dietil	110 - 211 10, 7110111 - 211 10	\$105.02	g100.55	φ0.00	\$ (5.05	\$17.07	30.00	911.13	\$1.00	φ7.05	\$0.5
1	Quarterly Per Diem Add-on Amounts								ş			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	:		l I
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.65	\$3.55	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Dlem Rate	Ln 19 + Ln 24	\$187.47	\$104.08	\$0.00	\$20.07	\$18.08	\$0.00	\$35.26	\$1.60	\$7.85	\$0.53
26 (	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.78		***************************************	***************************************				·		***************************************

	vider: Presbyterian Home, Quitman, Inc. dr ID: 00142579A			wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C Base Period	CMI) Data d Overail CMI:		Facility Specific 1.1395	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hour	C s per On-Site Day/Q	trly BIMS score uality Incentive:	45.0% 3.68	5.5% 3.0%	Ortrly Mcaid		Medicald CMI: Wght Options:		1.3394 1.3613	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		}	3	ь	С	d	e	f	g	9	ħ	j
CA	ASE MIX BASED RATE CALCULATIONS									:		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1	:		
	Type of Facility within Peer Group	(see Folicy Manual)		. All Facilities	•	Free Standing	I All Facilities	All Facilities	: I : All Facilities	įl		
! !	Bed Size Range within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits	!				1						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			•
3 :	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
i	Base Period Per Diem Allowed Amounts	3		i		1						:
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,337,985.00	\$4,890,951	\$0	\$1,374,315	\$648,909	\$877,069	\$1,478,081	\$53,224	\$1,015,436	: S(
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$75,234)	\$0	\$0	\$0	(\$2,842)	(\$3,841)	(\$68,045)		(\$82,762)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,262,751	\$4,890,951		\$1,374,315	\$646,067		\$1,410,036	\$53,224	\$932,674	\$82,25
8	Total Nursing Facility Days As Filed Days = 65,959	FY12 Audited C/R Days	65,959		-		*******					:
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 64,824	FY 18 GL-PL Ins Rpt Days	55,555			į .		!	:	64,824	*	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.61	\$74.15	\$0.00	\$20.84	\$23.03	(with L&H)	\$21.38	\$0.82	\$14.14	\$1,2
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1395		*				1	*;	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.07		: :				i		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.07	\$0.00	\$20.84	\$23.03		\$21.38	\$0.82	\$14.14	\$1.2
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.60	\$65.07	\$0.00	\$18.41	\$23.03		\$20.56	\$0.82	19.46	\$1.2
. !								1			(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwng %	***						:			
1.0	Growth Allowarde Percentage = 18.37%	Ln 14 x Givan Anwiic %	\$23.34	\$11.95	\$0.00	\$3.38	\$4.23	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	t,π 14 + t,n 15 per Current Otr End	\$171.94	\$77.02	\$0.00	\$21.79	\$27.26	\$0.00	\$24.34	\$0.82	\$19.46	\$1.2
17	Quarterly Facility Case Mix Index for Medicaid Residents	Le 16 x Le 17		1.3613		1		i		1		
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.77	\$104.85 \$104.85	\$0.00	\$21.79	\$27.26	\$0.00	\$24.34	\$0.82	\$19.46	\$1.2
.5	Secretary modeled with relationed t of pictiff	rec an extratom - thrit	Φ199.//	. \$104.65	\$0.00	\$21.19	\$21.20	\$0,00	\$24.34	\$0.62	\$19.4b	\$1.2
	Quarterly Per Diem Add-on Amounts									:		l
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.57	\$0.53	\$0.00	\$0.00	\$0.04	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.77	\$5.77		:			:			
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00			1			\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 Ihru 23	\$9.49	\$9.45	\$0.00	\$0.00	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.26	\$114.30	\$0.00	\$21.79	\$27.30	\$0.00	\$24.34	\$0.82	\$19.46	\$1.2
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.95			· · · · · · · · · · · · · · · · · · ·				·		<u></u>

1	rovider: Presbyterian Village, Inc. Involr ID: 00362832A Case Mix Per Diem Rate Effective Date:	4/1/2021		Percentages owth Allowance:	Facility Score N/A 34.2%	Add-on Percent 18.37% 2.5%	Cas		CMI) Data d Overall CMI Medicaid CMI	•	Facility Specific 1.2644 1.6588	State- wide 1,3617 1,5382
ĺ	MDS & Nurse Hrs Data per Quarter Ending:		ırs per On-Site Day/Q		5.96	3.0%	Ortrly Mcaid		Wght Options		1,6900	1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
; <del></del>	1 		а	ь	С	d	е	f	9	g	h	1
: <u>c</u>	CASE MIX BASED RATE CALCULATIONS				•				!	: !		
1	Cost Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			:
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	de la la la la la la la la la la la la la	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts					:		1		i		:
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,048,766.00	\$3,497,168	\$0	\$656,133	\$463,367	\$501,200	\$1,342,874	\$37,499	\$550,525	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$87,647)	(\$14,696)	\$0	\$0	\$0	\$4,740	(\$77,691)	): i	(\$26,496)	\$26,496
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,961,119	\$3,482,472	\$0	\$656,133	\$463,367	\$505,940	\$1,265,183	\$37,499	\$524,029	\$26,496
8	Total Nursing Facility Days As Filed Days = 37,499	FY12 Audited C/R Days	37,499			1			-			:
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,475	FY 18 GL-PL Ins Rpl Days	:			1				35,475		:
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185.70	\$92.87	\$0.00	\$17.50	\$25.85	(with L&H)	\$33.74	\$1.06	\$13.97	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2644		1			1			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$73.45	!				1			1
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	·	\$73.45	\$0.00	\$17.50	\$25.85		\$33.74	\$1.06	\$13.97	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$152.69	\$71.51	\$0.00	\$17.50	\$23.09		\$20.56	\$1.06	18.26 (FRV)	\$0.71
	Quarterly Per Diem Rate Prior to Add-ons					1						1
15	· · · · · · · · · · · · · · · · · · ·	Ln 14 x Grwth Allwnc %	\$24.37	\$13.14	\$0.00	\$3.21	\$4.24	\$0.00			N/A	N/A
16		Ln 14 + Ln 15	\$177.06	\$84.65	\$0.00	\$20.71	\$27.33	\$0.00	\$24.34	\$1.06	\$18.26	\$0.71
17		per Current Qlr End	I	<u>1.6900</u>					:	1		
18 19	, , , , , , , , , , , , , , , , , , , ,	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$235.47	\$143.06 \$143.06	\$0.00	\$20.71	\$27.33	\$0.00	\$24.34	\$1.06	\$18.26	\$0.7
	Quarterly Per Diem Add-on Amounts			i		1			:		2.3100	
20	· ·	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.58	\$3.58	30.00	\$0.22	Ψ0.00	\$0.00	φυ.00	1	φυ.υυ	·
22	<u></u> ,,	Ln 19 Col b x Sting Add-on	\$4.29	\$4.29						1		i
23	· — ·	(Fixed Amount)	\$0.00						\$0.00	1		! !
24	,	Sum of Lns 20 thru 23	\$8.09	\$7.87	\$0.00	\$0,22	\$0.00	\$0.00			\$0.00	\$0.00
25		Ln 19 + Ln 24	\$243.56	\$150.93	\$0.00	\$20.93	\$27.33	\$0.00	·	+	\$18.26	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.67	<u> </u>					1	<u> </u>		J
	<u> </u>			1								

	rovider. Providence Healthcare of Sparta		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Pr	rvdr ID: 00142623A			owth Allowance:	N/A	18.37%			Overall CMI:		1.2494	1.3617
i	Case Mix Per Diem Rate Effective Date:	4/1/2021		liny BIMS score		5.5%			Medicaid CMI:		1.4901	1.5382
l (	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	ırs per On-Site Day/Q	iuality incentive:	2.63	3.0%	Qriny Mcaid	CMI w RUG \	Nght Options:		1.5170	1.5656
Line	Description	Sources /	Totals	Routine Services	Special Services	Dietary	·Laundry & Houskpng	Plant Operatns	Admin and	A&G- GL-PL Insurance	Property and	Taxes and
. #	i i	Calculations				i	<u> </u>	& Maint	General	1115414111	Related	Insurance
	·		. a	b	С	; d ,	e	<u>;                                    </u>	9	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS							i				3
1	Cost Center Peer Groups	(see Policy Manual)	:	1	1	2	1	. 1	1			-
	Type of Facility within Peer Group		:	All Facilities		Free Standing	All Facilities	All Facilities	All Facilities	İ		ì
	Bed Size Range within Peer Group		I	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
:	Peer Group Standards & Efficiency Measure Limits	I		1	l			!				! :
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			i
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%		105.0%			
-	Enticently measure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts			I	:							
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,804,770.00	\$1,453,605	\$0	\$286,258	\$175,513	\$200,891	\$390,719	\$40,376	\$257,408	. \$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,916)	(\$13,028)	\$0	\$0	\$1,992	\$2,279	(\$10,145)		(\$15,953)	\$19,93
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,789,854	\$1,440,577	\$0	\$286,258	\$177,505	\$203,170	\$380,574	\$40,376	\$241,455	\$19,93
8	Total Nursing Facility Days As Filed Days = 17,786	FY12 Audited C/R Days	17,786	:		1				1		
,	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,565	FY 18 GL-PL Ins Rpt Days	İ	i				1		20,565		-
. 9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.54	\$80.99	\$0.00	\$16.09	\$21.40	(with L&H)	\$21.40	\$1.96	\$13.58	\$1.1
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2494	: i	1		1				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	!	\$64.82	:				\$ {			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.82	\$0.00	\$16.09	\$21.40		\$21.40	\$1.96	\$13.58	\$1.1
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.67	\$64.82	\$0.00	\$16.09	\$21.40	:	\$20.56	\$1.96	8.72	\$1.1
	Quarterly Per Diem Rate Prior to Add-ons	•									(FRV)	!
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.58	\$11.91	\$0.00	\$2.96	\$3.93	\$0.00	\$3.78	N/A	N/A	N/A
: 16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.25	\$76.73	\$0.00	\$19.05	\$25.33	\$0.00	\$24.34	\$1.96	\$8.72	\$1.1
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$157.25	1.5170	50.00	\$19.00	\$20.00	\$0.00	\$24.34	\$1.90	<b>⊅0.7</b> ∠	\$1.1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$116.40	:					,		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.92	\$116.40	\$0.00	\$19.05	\$25.33	\$0.00	\$24.34	\$1.96	\$8.72	\$1,1
į	•	: :					425.00		1		40.112	
-00	Quarterly Per Diem Add-on Amounts			:								
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	;	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.40	\$6.40	}	1			•			
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.49	\$3,49						: :		
23 24	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10						\$17.10			1
	Total Quarterly Per Diem Add-on Amounts		\$28.15	\$10.42	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.07	\$126.82	\$0.00	\$19.27	\$25.74	\$0.00	\$41.44	\$1.96	\$8.72	\$1.1
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.98	(								

Provider:			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvár ID:		41410004		owth Allowance:		18.37%			d Overall CMI:		1.2794	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	uu urs per On-Site Day/Q	Itrly BIMS score		2.5% 3.0%	Ortriu Mesid		Medicaid CMI: Wght Options:		1.5154 1.5422	1.5382 1.5656
	indo a risto na dolo por acosto. Citaligi	7,000,000	or por on one boyra		0.00	0.074	Grany modelu	01121 17 1700	rigin Opnons.		1,0422	1.5050
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	, b	С	d	е	f	g	g	ħ	i
CASE	MIX BASED RATE CALCULATIONS					:						
						1 2 (	_					
1 Cost	Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	40.50.000	2 Free Standing	1 All Facilities	1 All Facilities	1	· !		
1	Bed Size Range within Peer Group			All Bed Sizes	1	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Facilities All Bed Sizes			
	•		{	, All Cod Sizes	AII 060 0/203	All Dea Sizes	All DEG GIZES	All Detr 3/263	All Ded Sizes	i .		
	Group Standards & Efficiency Measure Limits er Group Standards: Percentile	(see Policy Manual)	•	90.0%	90.0%	90.0%	85.0%		50.0%			
	er Group Standards: Percennie er Group Standards: Multiplier	(see Policy Manual)		. 100.0%	100.0%	100.0%	85.0% 100.0%		105.0%			
	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	,		
	Period Per Diem Allowed Amounts	<b>,</b> ,,		*****			••••				•	
	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,305,895.00	\$2,258,087	\$0	\$486,083	\$323,994	\$304,264	\$595,800	\$42,930	\$294,737	\$0
,	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$287,496)			, , ,	(\$2,349)	(\$2,205)	1 1			
- (	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,018,399	\$2,253,279	1		\$321,645	\$302,059	\$563,439	\$42,930	(\$259,981) \$34,756	\$21,612
	Total Nursing Facility Days As Filed Days = 36,622	FY12 Audited C/R Days	36,622	φ <u>ε,</u> ευυ,εισ	, 40	\$470,013	5021,040	\$302,039	\$300,439	; \$42,530 ;	\$34,730	\$21,012
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,325	FY 18 GL-PL Ins Rpt Days	, 30,022					!	:	31,325		1
	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$109.93	\$61.53	\$0.00	\$13.07	\$17.03	(with L&H)	\$15.39		\$0.95	\$0.59
	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$105.53	1,2794	\$0.00	\$13.01	CD.110	CHAIN COLLY	. \$15.55	31.37	\$0.53	\$0.59
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	ì	\$48.09		<u> </u>						
	Per Diems after Case Mix Adjstot (OMA) Net 1 et Bletti	RS = Ln 11, AllOthr = Ln 9		\$48.09	\$0.00	\$13.07	\$17.03	! 	\$15.39	\$1.37	\$0.95	\$0.59
	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	i i	\$71.51		1 1	\$23.09	i	\$20.56	\$0.00	30.95 N/A	\$0.59
- 1 1 - 1	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103,08	\$48.09	\$0.00		\$17.03	ļ	\$15.39	\$1.37	7,54	\$0.59
	•	Cessel Of Ell 12 Of Ell 13	\$105.06	\$40.09	\$0.00	\$15.07	\$17.03	:	\$15.39	\$1.51	1.54 (FRV)	\$0.59
	terly Per Diem Rate Prior to Add-ons							:	:	·		{
1	with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.19		\$0.00		\$3.13	\$0.00	\$2.83	N/A	N/A	N/A
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.27	\$56.92	\$0.00	\$15.47	\$20.16	\$0.00	\$18,22	\$1.37	\$7.54	\$0.59
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5422	1					:		
1	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.78				i	:	ļ ;		!
19 Qua	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.13	\$87.78	\$0.00	\$15.47	\$20.16	\$0.00	\$18.22	\$1.37	\$7.54	\$0.59
Quar	terly Per Diem Add-on Amounts				1			:		1		
20 Effi	ciency Add-on Per Dîem ([Strid - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIM	AS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19	<b>.</b>	:		,		:		
22 Nur	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.63	\$2.63	:							
23 Nur	sing Home Provider Fee	(Fixed Amount)	\$17.10	:	<u> </u>	1			\$17.10			
	al 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 Quar	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.58	\$93.13	\$0.00	\$15.69	\$20.57	\$0.00	\$35.69	\$1.37	\$7.54	\$0.59
20 0	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.11		<del></del>	· · · · · · · · · · · · · · · · · · ·		<u></u>		·		

	rovider: PruittHealth - Ashburn, LLC rvdr ID: 00140104A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hot		owth Allowance: trly BIMS score	Facility Score N/A 34.8% 3.68	Add-on <u>Percent</u> 18.37% 2.5% 3.0%	-	Quarterly i	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3806 1.5716 1.6020	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	ď	е	f	g	9	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37		:	
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,602,964.00	\$1,920,538	\$0	\$327,040	\$241,985	\$229,227	\$490,150	\$182,854	\$211,170	\$0
6 7 8	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 24,869	FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	(\$66,603) \$3,536,361 24,869	(\$11,693) \$1,908,845	\$0 \$0	\$0 \$327,040	\$1,933 \$243,918	\$1,059 \$230,286	(\$59,591) \$430,559	\$182,854	(\$23,561) \$187,609	\$25,250 \$25,250
_	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 23,000	FY 18 GL-PL Ins Rpt Days	24,003					: :		23,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.80	\$76.76	\$0.00	\$13.15	\$19.07	(with L&H)	\$17.31	\$7.95	\$7.54	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.3806		;				; :		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	1	\$55.60		1 .				:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.60	\$0.00	\$13,15	\$19.07	:	\$17.31	\$7.95	\$7.54	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	i ·	\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.02	\$55,60	\$0.00	\$13.15	\$19.07		\$17.31	\$7.95	8.92 (FRV)	\$1.02
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.31	\$10,21	\$0.00	\$2.42	\$3.50	: \$0.00	\$3.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$142.33	\$65.81	\$0.00	\$15.57	\$22.57	\$0.00	\$20.49	\$7.95	\$8.92	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	9142.33	1.6020	30.00	\$ 10,07	\$22,37	\$0.00	\$20.49	\$7.95	\$0.92	\$1.02
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	En 16 x Ln 17	:	\$105,43		1				1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = £n 16	\$181.95	\$105.43	\$0.00	\$15.57	\$22.57	\$0.00	\$20.49	\$7.95	\$8.92	\$1.02
	Quarterly Per Diem Add-on Amounts							1	! !			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Rouline Srvs)	in 19 Col b x CPS Add-on	\$2.64	\$2.64		!		}				
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16		1			İ			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.43	\$6.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.38	\$111.76	\$0.00	\$15.79	\$22.98	\$0.00	\$37.96	\$7.95	\$8.92	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.96								·	

Discription   Calculations   Services   Se		ovider: PruittHealth - Athens Heritage, LLC  vdr ID: 00141391A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		wth Allowance: trly BIMS score		Add-on <u>Percent</u> 18.37% 1.0% 5.0%	***************************************		d Overall CMI: Medicaid CMI:		Facility Specific 1.6031 1.6625 1.6933	State- wide 1.3617 1.5382 1.5656
Cost Center Pear Circuips   Fee Procurage   Fee Pearly Manages   Fee P	Line #	Description		Totals			Dietary		Operatns	and	1	and	
Control Peer Groups   Control Peer Groups   Control Peer Groups   Control Peer Groups   All Facilities   A				а	ь	С	d	e	f	. g	g	h	i
Control Peer Groups   Control Peer Groups   Control Peer Groups   Control Peer Groups   All Facilities   A	CA	ASE MIX BASED RATE CALCULATIONS			:		;			:			
2   Peer Group Standards: Melling Standards: Mell	1	Cost Center Peer Groups Typo of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Second   Part		Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 Cirk Audit Adjustments (\$152,415) (\$3,216) \$0 (\$776) \$18,081) \$15,090 (\$98,000) \$25,0221 \$355,561 \$115,11 \$70,000 \$15,000 \$33,807 \$712 Audited Cirk Crops \$38,007 \$33,242,500 \$0 \$538,111 \$516,881 \$473,717 \$881,671 \$250,0221 \$355,561 \$115,11 \$70,000 \$15,00		Base Period Per Diem Allowed Amounts	· ·				!						
Cost Center Casts After Audit Adjustments	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,526,388.00	\$3,246,116	\$0	\$538,887	\$534,762	\$490,607	\$977,971	\$250,221	\$487,824	\$0
8 Total Nursing Facility Days	6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$152,415)	(\$3,216)	\$0	(\$776)	(\$18,081)	(\$16,890)	(\$96,300)		(\$132,263)	\$115,111
Total Nursing Facility Days GL-PL Ins. Rpt	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,373,973	\$3,242,900	\$0	\$538,111	\$516,681	\$473,717	\$881,671	\$250,221	\$355,561	\$115,111
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 33,807	FY12 Audited C/R Days	33,807			:				ì		l r
10 Base Period Facility Case Mix Algority for All Residents from 4 qtrs of PY12 1.6031 1.10 S59.83		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,536	FY 18 GL-PL Ins Rpt Days							:	33,536		
11   Routine Srvcs Case Mix Adjist (CMA) Nat Per Diem   L. n 9 / Ln 10   S59,83   S0.00   S15,92   S29,30   S26,08   \$7,46   \$10,52   \$3.4   \$1.9   Per Diem Add-on Amounts   S19,83   S0.00   S15,92   S29,30   S26,08   S7,46   \$10,52   \$3.4   \$3.	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$188.60	\$95.92	\$0.00	\$15.92	\$29.30	(with L&H)	\$26.08	\$7.46	\$10.52	\$3,40
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.6031</u>	i	í :						
13   Per Diem Standards (After Statewide CMA for Routine Srvcs)   Per Peer Group Limits   \$71.51   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   \$NA     4   Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$147.45   \$59.83   \$0.00   \$15.92   \$23.09   \$20.56   \$7.46   \$17.19   \$3.44     Quarterly Per Diem Rate Prior to Add-ons	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.83				!		ì		
14       Base Period Case Mix Adjusted Allowed Per Diem       Lesser of Ln 12 or Ln 13       \$147.45       \$59.83       \$0.00       \$15.92       \$23.09       \$20.56       \$7.46       17.19       \$3.4         Quarterly Per Diem Rate Prior to Add-ons       15       Growth Allowance Percentage = 18.37%       Ln 14 x Grwth Allowne %       \$21.93       \$10.99       \$0.00       \$2.92       \$4.24       \$0.00       \$3.78       N/A	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.83	\$0.00	\$15.92	\$29.30		\$26.08	\$7.46	\$10.52	\$3.40
Quarterly Per Diem Rate Prior to Add-ons   CFRV	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	i i	\$20.56	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allwanc %   \$21.93   \$10.99   \$0.00   \$2.92   \$4.24   \$0.00   \$3.78   N/A	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.45	\$59.83	\$0.00	\$15.92	\$23.09		\$20.56	\$7.46		\$3.40
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 S169.38 S70.82 S0.00 S18.84 S27.33 S0.00 S24.34 S7.46 S17.19 S3.4  17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 S119.92 S17.19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 S218.48 S119.92 S0.00 S18.84 S27.33 S0.00 S24.34 S7.46 S17.19 S3.4  Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 S218.48 S119.92 S0.00 S18.84 S27.33 S0.00 S24.34 S7.46 S17.19 S3.4  Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem (IStnd - Alwd] x. 75, up to max, or 0) S18.84 S27.33 S0.00 S24.34 S7.46 S17.19 S3.4  Quarterly Per Diem Add-on Amounts Ln 19 Cal bx CPS Add-on S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S17.10 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S17.10 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S17.10 S0.00 S0.00 S0.00 S0.00 S0.00 S17.10 S0.00 S0.00 S0.00 S17.10 S0.00 S0.00 S17.10 S0.00 S0.00 S17.10 S0.00 S17.10 S0.00 S17.10 S0.00 S17.10 S0.00 S17.10 S0.00 S17.10 S0.00 S17.10 S0.00 S17.10 S0.00 S17.10 S0.00 S17.10 S0.00 S17.10 S0.00 S17.10 S0.00 S17.10 S17.10		Quarterly Per Diem Rate Prior to Add-ons	· '				!		:	1		(,,,,,	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Otr End 1.6933 18 Qrtrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem Ln 16 x Ln 17 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x. 75, up to max, or 0) 19 BIMS Add-on Per Diem = 1.0% (to Routine Srvcs) 10 Nursing Horne Provider Fee Rixed Amount) 10 Nursing Horne Provider Fee Rixed Amounts 11 Sun of Lns 20 thru 23 12 Quarterly Case Mix Based Per Diem Rate 11 Sun of Lns 20 thru 23 13 Quarterly Case Mix Based Per Diem Rate 15 Quarterly Redicaid CMA Allowed Red Diem 16 Ln 19 Col b x CPS Add-on 17 Sun of Lns 20 thru 23 18 Sun of S		• —		\$21,93	\$10.99	\$0.00	\$2.92	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
18	16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$169.38	\$70.82	\$0.00	\$18.84	\$27.33	\$0.00	\$24.34	\$7.46	\$17.19	\$3.40
19 Quarterly Medicaid CMA Allowed Per Diem Rate RS = Ln 18, AllOthr = Ln 16 \$218.48 \$119.92 \$0.00 \$18.84 \$27.33 \$0.00 \$24.34 \$7.46 \$17.19 \$3.44		· · · · · · · · · · · · · · · · · · ·	•				:		:		:		
Quarterly Per Diem Add-on Amounts   Efficiency Add-on Per Diem ([Stind - Alwd] x .75, up to max, or 0)   (see Policy Manual)   \$0.75   \$0.53   \$0.00   \$0.02   \$0.00	. ,								:				
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.75 \$0.53 \$0.00 \$	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.48	\$119.92	\$0.00	\$18.84	\$27.33	\$0.00	\$24.34	\$7.46	\$17.19	\$3.40
21       BIMS Add-on Per Diem =       1.0% (Io Routine Srvs)       Ln 19 Col b x CPS Add-on       \$1.20	: :	Quarterly Per Diem Add-on Amounts	:										
22 Nurse Staff Hrs / Quality Add-on Per Diem: 5.0% (to Routine Srvcs) 23 Nursing Home Provider Fee (Fixed Amount) \$17.10	20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
23     Nursing Home Provider Fee     (Fixed Amount)     \$17.10	21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	•	\$1.20	\$1.20	:	i :			ļ			
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$25.05     \$7.73     \$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     \$243.53     \$127.65     \$0.00     \$19.06     \$27.33     \$0.00     \$41.44     \$7.46     \$17.19     \$3.4	22	• • • • • • • • • • • • • • • • • • • •	•		\$6.00		:		:	ì			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$243.53 \$127.65 \$0.00 \$19.06 \$27.33 \$0.00 \$41.44 \$7.46 \$17.19 \$3.4	23	Nursing Home Provider Fee		\$17.10					:	\$17.10			
	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.05	\$7.73	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 · Ln 23) * 0.75 \$169.82	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.53	\$127.65	\$0.00	\$19.06	\$27.33	\$0.00	\$41.44	\$7.46	\$17.19	\$3.40
	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.82									

	ovider: PruittHealth - Augusta vdr ID: 00059463A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Houl		wth Allowance: trly BIMS score	13.6%	Add-on Percent 18.37% 0.0% 3.0%			d Overall CMI; Medicald CMI;		Facility <u>Specific</u> 1.4445 1.5290 1.5551	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
\			а	b	C	d	е	f	g	g	h	i i
C/	ASE MIX BASED RATE CALCULATIONS					:			[	:		
1	Cost Center Peer Groups Type of Facility within Peer Group Bod Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes	:	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts					1		:				
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,463,847.00	\$3,001,248	\$0	\$503,836	\$318,357	\$274,569	\$754,359	\$240,597	\$370,881	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,918)	(\$2,185)	\$0	(\$1,176)	\$0	\$264	(\$104,260)	į į	(\$54,548)	\$45,987
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,347,929	\$2,999,063	\$0	\$502,660	\$318,357	\$274,833	\$650,099	\$240,597	\$316,333	\$45,987
8	Total Norsing Facility Days As Filed Days = 33,329	FY12 Audited C/R Days	33,329		:			1				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,845	FY 18 GL-PL Ins Rpt Days						:		29,845		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a	\$161.30	\$89.98	\$0.00	\$15.08	\$17.80	(with L&H)	\$19.51	\$8.06	\$9.49	\$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4445</u>	:			ĺ				1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.29	1	1				:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.29	\$0.00	\$15.08	\$17.80	3	\$19.51	\$8.06	<b>\$</b> 9.49	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	Į.	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$133.48	\$62.29	\$0.00	\$15.08	\$17.80		\$19.51	\$8.06	9.36 (FRV)	\$1.38
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	***				40.00					:
16	Growth Allowance Percentage = 18.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$21.06 \$154.54	\$11.44 \$73.73	\$0.00 \$0.00	\$2.77 \$17.85	\$3.27	\$0.00	\$3.58	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$154,54	1.5551	\$0.00	\$17.85	\$21.07	\$0.00	\$23.09	\$8.06	\$9.36	\$1.38
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.66		1			1	:		:
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.47	\$114.66	\$0.00	\$17.85	\$21.07	\$0.00	\$23.09	\$8.06	\$9.36	\$1.38
:	Quarterly Per Diem Add-on Amounts									***		1
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37	1	\$0.00	!
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	45.00		40.77	\$5.00			45.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.44	\$3,44								-
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	, , , , ,					\$17.10	l i		l .
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.07	\$3.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	₹л 19 + Ln 24	\$217.54	\$118.63	\$0.00	\$18.07	\$21.48	\$0.00	\$40.56	\$8.06	\$9.36	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.33		<u> </u>	1 :			<u> </u>	L		<u> </u>

	PruittHealth Augusta Hills		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Prvdr ID:	00245055A  Case Mix Per Diem Rate Effective Date:	4/1/2021		with Allowance: trly BIMS score	N/A 41.2%	18.37% 2.5%			l Overall CMI: Medicaid CMI:		1.4845 1.6043	1,3617 1,5382
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		2.56	3.0%	Ortrly Moaid	CMI w RUG \			1.6334	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	g	g	h	i
CASE MI	X BASED RATE CALCULATIONS											
1 Cost Ce	enter Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1			:
7	ype of Facility within Peer Group	. , ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			1
; <i>8</i>	led Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	<u> </u>		
Peer Gr	oup Standards & Efficiency Measure Limits									:		
	Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			1
	Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			-
4 Efficie	ncy Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Pe	eriod Per Diem Allowed Amounts								:	:		
5 As File	ed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,172,759.00	\$3,380,409	\$0	\$617,908	\$441,955	\$331,762	\$781,007	\$303,153	\$316,565	\$0
6 Audit /	Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$134,996)	(\$5,407)	\$0	(\$1,267)	(\$4,788)	(\$4,137)	(\$115,669	)	(\$64,266)	\$60,538
7 Cost C	Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,037,763	\$3,375,002	\$0	\$616,641	\$437,167	\$327,625	\$665,338	\$303,153	\$252,299	\$60,538
8 Tota	al Nursing Facility Days As Filed Days = 37,879	FY12 Audited C/R Days	37,879			1						
	al Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,432	FY 18 GL-PL Ins Rpt Days				1				30,432		:
	er Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$161.35	\$89.10	\$0.00	\$16.28	\$20.19	(with L&H)	\$17.56	\$9.96	\$6.66	\$1.60
10 Bas	e Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4845</u>								:
,	itine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$60.02								-
	er Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	\$6.66	\$1.60
13 Per Di	em Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	-
14 Base I	Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.65	\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	9.04	\$1.60
Quarter	ly Per Diem Rate Prior to Add-ons					i :				1	(FRV)	
15 Growti	h Allowance Percentage = 18.37%	Ln 14 x Grwth Ailwnc %	\$20.96	\$11.03	\$0.00	\$2.99	\$3.71	\$0.00	\$3.23	N/A	N/A	N/A
16 CMA	Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$155.61	\$71.05	\$0.00	\$19.27	\$23.90	\$0.00	\$20.79	\$9.96	\$9.04	\$1.60
17 Qua	nterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6334					:	i		
18 Qrtr	ly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.05			:			1		}
19 Quarte	erly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.61	\$116.05	\$0.00	\$19.27	\$23.90	\$0.00	\$20.79	\$9.96	\$9.04	\$1.60
Quarter	ly Per Diem Add-on Amounts					1	•					
	ncy Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
i	Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90						1		
22 Nurse	Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.48	\$3.48		1			:			:
23 Nursin	g Home Provider Fee	(Fixed Amount)	\$17.10			t L			\$17.10	1		!
24 Total (	Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.01	\$6.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarter	ly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.62	\$122.96	\$0.00	\$19.49	\$24.31	\$0.00	\$38.26	\$9.96	\$9.04	\$1.60
26 Quarter	ly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.39			:			<u> </u>	<u>1</u> i		L

	ovider: PruittHealth - Austell vdr ID: 00059276A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 18.6% 3.02	Add-on <u>Percent</u> 18.37% 0.0% 6.0%	Case  Qrtrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5684 1.5750 1.6019	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,420,257.00	\$3,697,715	\$0	\$704,234	\$617,896	\$360,843	\$1,076,394	\$298,340	\$664,835	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$129,239)	(\$8,087)	\$0	(\$798)	(\$1,751)	(\$1,135)	(\$115,646)		(\$98,311)	\$96,489
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,291,018	\$3,689,628	\$0	\$703,436	\$616,145	\$359,708	\$960,748	\$298,340	\$566,524	\$96,489
8	Total Nursing Facility Days As Filed Days = 41,411	FY12 Audited C/R Days	41,411									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,344	FY 18 GL-PL Ins Rpt Days								41,344		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.09	\$89.10	\$0.00	\$16.99	\$23.57	(with L&H)	\$23.20	\$7.22	\$13.68	\$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5684</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.81	\$0.00	\$16.99	\$23.57		\$23.20	\$7.22	\$13.68	\$2.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.01	\$56.81	\$0.00	\$16.99	\$23.09		\$20.56	\$7.22	15.01 (FRV)	\$2.33
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.58	\$10.44	\$0.00	\$3.12	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.59	\$67.25	\$0.00	\$20.11	\$27.33	\$0.00	\$24.34	\$7.22	\$15.01	\$2.33
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6019</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.07	\$107.73	\$0.00	\$20.11	\$27.33	\$0.00	\$24.34	\$7.22	\$15.01	\$2.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.46	\$6.46								
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	\$24.31	\$6.99	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.38	\$114.72	\$0.00	\$20.33	\$27.33	\$0.00	\$41.44	\$7.22	\$15.01	\$2.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.46									

	ovider: PruittHealth - Blue Ridge, LLC		Add-on Data and		Facility Score	Add-on Percent	Case	e Mix Index (C			Facility Specific	State- wide
Pn	vdr ID: 00140973A			wth Allowance:	N/A	18.37%			Overall CMI:		1.5336	1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score	37.5% 3.91	2.5% 3.0%	Ortely Maniel		Medicaid CMI; Wght Options:		1.4888 1.5154	1.5382 1.5656
	wee a noise in a para par quarter Enting.	12/03/20 130/36 1300	is per on-one bayru	oanly uscernive.	J.31	3.076	Qittiy Wcalu	CIVII W ROO	regni Options.		1.5154	1.3030
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	đ	е	f	9	g	h	i
Ç/	ASE MIX BASED RATE CALCULATIONS					:						
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	   1	1		
	Type of Facility within Peer Group	(east sub) manually		All Facilities	All Facilities	Free Standing	All Facilities		All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	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	1		•
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,508,415.00	\$3,018,964	\$0	\$521,660	\$383,347	\$380,977	\$819,937	\$243,003	\$140,527	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$130,716)	(\$8,065)	\$0	(\$1,169)	(\$13,877)	(\$14,537)	(\$87,679)		(\$46,929)	\$41,540
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,377,699	\$3,010,899	\$0	\$520,491	\$369,470	\$366,440	\$732,258	\$243,003	\$93,598	\$41,540
8	Total Nursing Facility Days As Filed Days = 35,332	FY12 Audited C/R Days	35,332	:		. !			:			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,945	FY 18 GL-PL Ins Rpt Days				1 .			:	34,945		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$152,29	\$85.22	\$0.00	\$14.73	\$20.83	(with L&H)	\$20.73	\$6.95	\$2.65	\$1.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5336</u>		i			:			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.57		: :						
12 :	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.57	\$0.00	\$14.73	\$20.83		\$20.73	\$6.95	\$2.65	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.79	\$55.57	\$0.00	\$14.73	\$20.83		\$20.56	\$6.95	7.97	\$1.18
j	Quarterly Per Diem Rate Prior to Add-ons			:		1				,	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.53	\$10.21	\$0.00	\$2.71	\$3.83	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.32	\$65.78	\$0.00	\$17.44	\$24.66	\$0.00	\$24.34	\$6.95	\$7.97	\$1.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		<u>1.5154</u>					İ			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.68		ļ			:	!		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.22	\$99.68	\$0.00	\$17.44	\$24.66	\$0.00	\$24.34	\$6.95	\$7.97	\$1.18
. :	Quarterly Per Diem Add-on Amounts	•	!	1					:			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49			1	• •		1	,	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng 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	\$23.74	\$6.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.96	\$105.69	\$0.00	\$17.66	\$25.07	\$0.00	\$41.44	\$6.95	\$7.97	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.65			1			·	<u> </u>		

Provide			Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr II	D: 00140115A  Case Mix Per Diem Rate Effective Date:	4/1/2021		wth Allowance: trly BIMS score	N/A 28.2%	18.37% 1.0%			d Overall CMI: Medicaid CMI:		1.6566 1.8235	1.3617 1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.65	4.0%	Ortrly Meaid	CMI w RUĞ \	Nght Options:		1.8573	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	, b	С	đ	е	f	9	9	h	i
CASE	MIX BASED RATE CALCULATIONS					ļ,						
1 Cos	st Center Peer Groups Type of Facility within Peer Group Bad Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	<b>1</b> All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 P	er Group Standards & Efficiency Measure Limits der Group Standards: Percentile der Group Standards: Multipliar fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	se Period Per Diem Allowed Amounts .s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$10,389,770.00	\$5,803,797	\$0	\$918,297	\$680,287	\$401,738	\$1,408,001	\$377.738	\$799.912	\$0
6 A	udit Adjustments and Reallocations to Cost Center Costs ost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$200,389) \$10,189,381		\$0 \$0	\$4,793	(\$5,635) \$674,652		(\$157,358)		(\$127,055) \$672,857	\$120,089 \$120,089
8	Total Nursing Facility Days As Filed Days = 51,101 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 53,128	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	51,101						!	53,128		
9 N 10	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	\$199.11	\$113.14 <u>1.6566</u> \$68.30	\$0.00	\$18.06	\$20,81	(with L&H)	\$24.47	\$7.11	\$13.17	\$2.35
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs er Diem Standards (After Statowide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$68.30 \$71.51	\$0.00 \$0.00	\$18.06 \$18.41	\$20,81 \$23.09		\$24.47 \$20.56	\$7.11 \$0.00	\$13.17 N/A	\$2.35
14 B	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.95	\$68.30	\$0.00	\$18.06	\$20.81		\$20.56	\$7.11	11.76 (FRV)	\$2.35
: i	arterly Per Diem Rate Prior to Add-ons Frowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.47	\$12.55	\$0.00	\$3.32	\$3,82	\$0.00	\$3,78	N/A	N/A	N/A
i	MA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	Ln 14 + Ln 15 per Current Qlr End	\$172,42	\$80.85 1.8573	\$0.00	\$21.38	\$24.63	\$0.00	\$24.34	\$7.11	\$11.76	\$2.35
18 19 Q	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem tuarterly Medicald CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$241.73	\$150.16 \$150.16	\$0.00	\$21.38	\$24.63	\$0.00	\$24.34	\$7.11	\$11.76	\$2.35
20 E	arterly Per Diem Add-on Amounts fficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22 N	IMS Add-on Per Diem = 1.0% (to Routine Srvs)  urse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvs)  urse Denitate Technology	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on (Fined Amount)	\$1.50 \$6.01	\$1.50 \$6.01				· ·				
	lursing Home Provider Fee otal Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$25.77	\$8.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$267.50	\$158.20	\$0.00	\$21.60	\$25.04	\$0.00	\$41.44	\$7.11	\$11.76	\$2.35
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.80		<u> </u>	·			<del></del>	i		

1	Provider: Pruitt Covington	Ado	I-on Data and P		Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (C		_	Facility Specific	State- wide
"	Case Mix Per Diem Rate Effective Date:	4/1/2021		vth Allowance: Iv BIMS score		18.37%			d Overall CMI Medicaid CMI		1.3923 1.5854	1,4014 1,5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hours per C				3.0%	Ortrly Moaid		Wght Options		1.6145	1,5656
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
C	ASE MIX BASED RATE CALCULATIONS											
_												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Siza Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	· '							7 4. 200 000				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$4,350,870	\$2,108,885	\$0	\$444,031	\$256,227	\$338,422	\$654,103	\$170,824	\$378,378	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audil Adjslmls	(\$101,487)	\$0	\$0	\$0	\$0	\$0	(\$101,428)	)	(\$40,593)	\$40,534
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$4,249,383	\$2,108,885	\$0	\$444,031	\$256,227	\$338,422	\$552,675	\$170,824	\$337,785	\$40,534
8	Total Nursing Facility Days As Filed Days ≈ 25,202	FY14 Audited C/R Days	25,202									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 24,191	FY 18 GL-PL tos Rpt Days								24,191		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168.90	\$83.68	\$0.00	\$17.62	\$23.60	(with L&H)	\$21.93	\$7.06	\$13,40	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3923								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.10	\$0.00	\$17.62	\$23,60		\$21,93	\$7.06	\$13,40	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0,00	\$19,52	\$23,55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142,45	\$60,10	\$0.00	\$17.62	\$23.55		\$21,93	\$7,06	10,58	\$1,61
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$22.64	\$11.04	\$0.00	\$3,24	\$4.33	\$0.00	\$4.03	N/A	N/A	N/A
16		Լո 14 + Լո 15	\$165,09	\$71,14	\$0.00	\$20.86	\$27.88	\$0.00	\$25,96		\$10,58	\$1,61
17	· ·	per Current Qtr End	<b></b>	1,6145		425.55	<b>\$2,.00</b>	\$5,00	Q20,30	\$1,00	\$10,00	Ψ.,υ,
18		Ln 16 x Ln 17		\$114,86								
19	, , , , , , , , , , , , , , , , , , , ,	RS = Ln 18, AllOthr = Ln 16	\$208.81	\$114.86	\$0.00	\$20.86	\$27.88	\$0.00	\$25.96	\$7.06	\$10,58	\$1.61
							,	, ,				
000	Quarterly Per Diem Add-on Amounts	(ann Policy Marryst)	A1 10	***		AD	00.00	do on				
20		(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21 22	·	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on	\$1.15	\$1.15								
		LR 19 Col D X Sting Add-on (Fixed Amount)	\$3,45	\$3,45					617.17			
23 24		(rixed Amount) Sum of Lns 20 thru 23	\$17.10	05.40	50.00	60.00	60.00	*0.00	\$17.10		20.00	***
			\$22.82	\$5.13	\$0.00	\$0,22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$231,63	\$119,99	\$0.00	\$21.08	\$27.88	\$0.00	\$43,43	\$7.06	\$10,58	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 • Ln 23) * 0.75	\$160.90									
				]								

Case May Ref Pollen Rate Effective Date:   March State Pollen Rate Effective Date:   March State Pollen Rate Effective Date:   March State Pollen Rate Effective Date:   March State Pollen Rate Effective Date:   March State Pollen Rate Effective Date:   March State Pollen Rate Effective Date:   March State Pollen Rate Effective Date:   March State Pollen Rate Pol	Provider:			Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Carlo Labora   Process   Carlo Labora   Process   Carlo Labora	Prvdr ID;	Case Mix Per Diem Rate Effective Date:		Q	trly BIMS score		5.5%	Qddy Mcaid	Quarterly I	Medicaid CMI:		1.5390	1.3617 1.5382 1,5656
Cost Center Peer Groups   1	Line #	Description	,	Totals			Dietary		Operatns	and	·	and	Taxes and Insurance
Cost Center Pear Groups   Type of Facility within Pear Coccup   Type of Facility within Pear Coccup   Type of Facility within Pear Coccup   All Facilities				а	ь	С	d .	e	f	9	g	ħ	i
Type of Facility willing Prior Corus   All Facilities	CASE I	MIX BASED RATE CALCULATIONS			:						!		
## Paper Group Standards & Efficiency Measure Limits   Paper Group Standards & Efficiency Measure Limits   Paper Group Standards & Efficiency Measure Limits   Paper Group Standards & Efficiency Measure Limits   Paper Group Standards & Efficiency Measure Maintaining (new here) for writing   Paper Group Standards & Milled Maintaining (new here) for writing   Paper Group Standards & Efficiency Measure Maintaining (new here) for writing   Paper Group Standards & Milled Maintaining (new here) for writing   Paper Group Standards & Milled Maintaining (new here) for writing   Paper Group Standards & Milled Maintaining (new here) for writing   Paper Group Standards & Milled Maintaining (new here) for writing   Paper Group Standards & Milled Maintaining (new here) for writing   Paper Group Standards & Milled Maintaining   Paper G	1 Cost	Center Peer Grouns	(see Policy Manual)		1	. 1	,	1		4			
Peer Group Standards & Efficiency Measure Limits   2   Peer Group Standards & Efficiency Measure Limits   2   Peer Group Standards & Percentile   2   Peer Group Standards & Percentile   2   Peer Group Standards & Percentile   2   Peer Group Standards & Percentile   2   Peer Group Standards & Percentile   2   Peer Group Standards & Percentile   2   Peer Group Standards & Percentile   2   Peer Group Standards & Peer Group Standards		· · · · · · · · · · · · · · · · · · ·	(out 1 only teation)			All Facilities	~ :	•			[		
Peer Group Standards: Percentile   (see Policy Manual)   90.0%   90.	:	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2 Pere Group Standards: Percentile   (see Policy Manual)   (see	Peer	Group Standards & Efficiency Measure Limits					1						1
Base Period For Diem Allowed Amounts   (see Policy Manual)   (se	2 Pee	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			,
Base Period Per Diem Allowed Amounts   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles Continued   As Filed Charles   FY12 Audited CR   S4,059,218   S2,374,101   S0   S371,787   S246,361   S216,027   S488,925   S190,072   S147,154   S27   Total Nursing Facility Days CL-PL Ins. Rpt									1				,
As Filed Cost Center Casts (Routine & Special Sirves Combined) As Filed PY12 CIR Audit Adjustments and Resilications to Cost Center Costs PY12 CIR Audit Adjustments and Resilications to Cost Center Costs PY12 CIR Audit Adjustments and Resilications to Cost Center Costs PY12 CIR Audit Adjustments As Filed Days = 26.925 Total Nursing Facility Days As Filed Days = 26.925 Total Nursing Facility Days As Filed Days = 26.925 Total Nursing Facility Days As Filed Days = 25.297  Net Per Diams prior to Case Mix Adjustment Resulting Sizes Base Period Facility Case Mix Indigs for All Residents In Routine Sizes Case Mix Adjusted CAIR Residents In Routine Sizes Case Mix Adjusted Routine Sizes In Pul La 10 Resulting Sizes August Adjusted Allowed Per Diam Per Diams Size Case Mix Adjusted Allowed Per Diam Per Diams Size Case Mix Adjusted Allowed Per Diam Per Diams Size Case Mix Adjusted Allowed Per Diam Sizes Period Case Mix Adjusted Allowed Per Diam Lesser of Ln 12 or Ln 13 Sizes Sizes  Ln 14 x Growth Allows Sizes Covert Filed Sizes Covert Filed Sizes Covert Filed Sizes Covert Filed Sizes Covert Filed Sizes Covert Filed Sizes Covert Filed Sizes Covert Filed Sizes Covert Filed Sizes Size	4 Elli	ciency Measure Maximums (see line 20 for ectual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
6 Audil Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audil Adjustments 7 Cost Center Costs After Audil Adjustments 8 (\$74,729) \$(\$6,807) \$0 (\$1,240) \$(\$287) \$(\$1,099) \$(\$65,329) \$(\$24,958) \$246,361 \$216,027 \$488,925 \$190,072 \$147,154 \$247 \$247 \$247 \$246,361 \$216,027 \$488,925 \$190,072 \$147,154 \$247 \$247 \$247 \$246,361 \$216,027 \$488,925 \$190,072 \$147,154 \$247 \$247 \$247 \$247,041 \$247 \$247,041 \$247 \$247,041 \$247 \$247 \$247,041 \$247 \$247,041 \$247 \$247,041 \$247 \$247,041 \$247 \$247,041 \$247 \$247,041 \$247 \$247,041 \$247 \$247,041 \$247 \$247,041 \$	Base	Period Per Diem Allowed Amounts					1				1		
Cost Center Costs After Audit Adjustments  FY12 Audited CR Total Nursing Facility Days As Filed Days = 26,925 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,297 PY18 GL-PL Ins Rpt Days PY18 GL-PL Ins Rpt Days Net Per Diems prior to Case Mix Adjustnt to Routine Sirves Un 7 Lin 8 Cola Routine Sirves Case Mix Adjust (CMA) Net Per Diem Net Per Diems after Case Mix Adjust (CMA) Net Per Diem Net Per Diems after Case Mix Adjust (CMA) Net Per Diem Net Per Diems after Case Mix Adjust (CMA) Net Per Diem Net Per Diems Adjust (CMA) Net Per Diem Net Per Diems Adjust (CMA) Net Per Diem Net Per Diems Adjust (CMA) Net Per Diem Net Per Diems Adjust (CMA) Net Per Diem Net Per Diems Adjust (CMA) Net Per Diem Net Per Group Unities Net Per Diems Adjust (CMA) Net Per Diem Net Per Group Unities Net Per Diems Adjust (CMA) Net Per Diem Net Per Group Unities Net Per Diems Adjust (CMA) Net Per Diem Net Per Group Unities Net Per Open Rate Prior to Add-ons Net Per Diem Rate Prior to Add-ons Net Per Diem Rate Prior to Add-ons Net Per Diem Rate Prior to Add-ons Net Per Diem Rate Prior to Add-ons Net Per Diem Rate Prior to Add-ons Net Per Diem Rate Prior to Add-ons Net Per Diem Rate Prior to Add-ons Net Per Diem Add-on Amounts Net Per Diem Add-on Amounts Net Per Diem Add-on Amounts Net Per Diem Add-on Amounts Net Per Diem Add-on Amounts Net Per Diem Add-on Amounts Net Per Diem Add-on Amounts Net Per Diem Add-on Amounts Net Per Diem Add-on Amounts Net Per Diem Add-on Amounts Net Per Diem Add-on Amounts Net Per Diem Add-on Amounts Net Per Diem Add-on Per Diem Sale Pr Diem Add-on Per Diem Sale Pr Diem Add-on Per Diem Sale Pr Diem Add-on Per Diem Sale Pr Diem Add-on Per Diem Sale Pr Diem Add-on Per Diem Sale Pr Diem Add-on Per Diem Sale Pr Diem Add-on Per Diem Sale Pr Diem Add-on Per Diem Sale Pr Diem Add-on Per Diem Sale Pr Diem Add-on Per Diem Sale Pr Diem Net Pr Diem Net Pr Diem Add-on Net Pr Diem Sale Pr Diem Net Pr Diem Net Pr Diem Net Pr Diem Net Pr Diem Net Pr Diem Net Pr Diem Net Pr Diem Net Pr Diem Net Pr Diem Net Pr Diem	5 As	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,133,947.00	\$2,380,708	\$0	\$373,027	\$246,648	\$217,126	\$554,254	\$190,072	\$172,112	\$0
Total Nursing Facility Days	6 Aug	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,729)	(\$6,607)	\$0	(\$1,240)	(\$287)	(\$1,099)	(\$65,329)	1	(\$24,958)	\$24,791
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,297  Net Per Diems prior to Case Mix Adjatin to Routine Sivics  Ln 7 / Ln Bola  S151.21  S88.17  S0.00  S13.81  S17.17  (with L&H)  S18.16  S7.51  S5.47  S18.16  S7.51  S8.44  S1.67  S18.16  S7.51  S8.44  S18.16  S7.51  S8.44  S18.16  S7.51  S8.44  S18.16  S7.51  S8.44  S18.16  S7.51  S8.44  S18.16  S7.51  S8.44  S18.16  S7.51  S8.44  S18.16  S7.51  S8.44  S18.16  S7.51  S8.44  S18.16  S7.51  S8.44  S18.16  S7.51  S8.44  S18.16  S7.51  S8.44  S18.16  S7.51  S8.44  S18.16  S7.51  S8.44  S18.16  S7.51  S8.44  S18.16  S7.51  S8.47  S18.16  S7.51  S8.47  S18.16  S7.51  S8.47  S18.16  S7.51  S8.47  S18.16  S7.51  S8.47  S18.16  S7.51  S8.47  S18.16  S7.51  S8.47  S18.16  S7.51  S8.47  S18.16  S7.51  S8.47  S18.16  S7.51  S8.47  S18.16  S7.51  S8.47  S18.16  S7.51  S8.47  S18.16  S7.51  S8.47  S18.16  S7.51  S8.4	7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,059,218	\$2,374,101	\$0	\$371,787	\$246,361	\$216,027	\$488,925	\$190,072	\$147,154	\$24,791
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs  Ln 7 / Ln 8 Col a S151.21 S88.17 S0.00 S13.81 S17.17 With L&ty S18.16 S7.51 S5.47 S S5.47	8 : T	Total Nursing Facility Days As Filed Days = 26,925	FY12 Audited C/R Days	26,925			1						
10 Base Period Facility Case Mix Index for All Residents from 4 girs of PY12 1.5323   11 Routine Sirvos Case Mix Adjistd (CMA) Net Per Diem	1	Total Nursing Facility Days GL-Pt, Ins., Rpt As Filed Days = 25,297	FY 18 GL-PL Ins Rpt Days								25,297		
11 Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem  Ln 9/Ln 10  S57.54  12 Net Per Diems after Case Mix Adjistnt to Routine Srvcs  RS = Ln 11, AllOthr = Ln 9  S57.54  13 Per Diem Standards (After Statewide CMA for Routine Srvcs)  per Peer Group Limits  S71.51  S57.54  S0.00  S13.81  S17.17  S18.16  S7.51  S5.47  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S7.51  S18.16  S18.15  S10.00  S1.81  S10.07  S18.10  S10.00  S1.81  S10.00  S1.81  S10.00  S1.81  S10.00  S1.81  S10.00  S1.81  S10.00  S1.81  S10.00  S1.81  S10.00  S1.81  S10.00  S1.81  S10.00  S1.81  S10.00  S1.81  S10.00  S1.81  S10.00  S1.81  S10.00  S1.81  S10.00  S1.81	9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$151.21	\$88.17	\$0.00	\$13.81	\$17.17	(with L&H)	\$18,16	\$7.51	\$5.47	\$0.92
12 Net Per Diems after Case Mix Adjustrat to Routine Srvcs	10 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5323</u>						[ i		:
13 Per Diem Standards (After Statewide CMA for Routine Stross)	11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	1		\$57.54				1				:
14 Base Period Case Mix Adjusted Allowed Per Diem		•	·		\$57.54		1	•		\$18.16	\$7.51	\$5.47	\$0.92
Quarterly Per Diem Rate Prior to Add-ons   CFRV					1			,	1	\$20.56	1 :		
Quarterfy Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 18.37%	14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.55	\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7.51		\$0.92
15   Growth Allowance Percentage = 18.37%   Ln 14 x Grwth Allwnc % \$19.60 \$10.57 \$0.00 \$2.54 \$3.15 \$0.00 \$3.34 N/A N/A	Quar	terly Per Diem Rate Prior to Add-ons	ſ							•	<u> </u>	(FRV)	ì
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1,5896 RS = Ln 18, AllOthr = Ln 16 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 Quarterly Per Diem Add-on Amounts  Cfficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 5,55% (to Routine Srvcs) Nurse Staff Hrs / Quality Add-on Per Diem: 3,0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 Start 17, 10 Start 18, Star		-	Ln 14 x Grwth Allwnc %	\$19.60	\$10.57	\$0.00	\$2.54	\$3.15	\$0.00	\$3.34	N/A	N/A	N/A
17 Quarterly Facility Case Mix Adject (CMA) Net Per Diem Ln 16 x Ln 17 \$106.91  18 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$181.95 \$106.91 \$0.00 \$16.35 \$20.32 \$0.00 \$21.50 \$7.51 \$8,44 \$9.00 \$16.35 \$106.91 \$106.	16 CM	A Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$143.15		\$0.00	\$16.35	\$20.32	\$0.00				\$0.92
19 Quarterly Medicaid CMA Allowed Per Diem	17 0	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5696						!		
Quarterly Per Diem Add-on Amounts         Cerea 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% (lo Routine Srvs)         Ln 19 Col b x CPS Add-on         \$5.88         \$5	18 0	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.91		:		1				:
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.00 \$0.37 \$0.00 \$0.00 \$0.37 \$0.00 \$	19 Qua	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$181.95	\$106.91	\$0.00	\$16.35	\$20.32	\$0.00	\$21.50	\$7.51	\$8.44	\$0.92
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.00 \$0.37 \$0.00 \$0.00 \$0.37 \$0.00 \$	0	task Das Bissa Add Assault			ļ								
21 BIMS Add-on Per Diem = 5.5% (Io Routine Srvs) Ln 19 Col b x CPS Add-on \$5.88 \$5.88		•	(see Policy Manual)	¢1.52	40.52	\$0.00	\$0.77	¢0.44	50.00	\$0.97	:	\$0.00	
22       Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (Io Routine Srvos)       Ln 19 Col b x Stifng Add-on \$3.21       \$3.21         23       Nursing Home Provider Fee       (Fixed Amount)       \$17.10         24       Total Quarterly Per Diem Add-on Amounts       Sum of Lns 20 thru 23       \$27.72       \$9.62       \$0.00       \$0.22       \$0.41       \$0.00       \$17.47       \$0.00       \$0.00       \$0.00						φυ.υυ	\$0.22	3U.41	\$0.00	φυ.5 <i>1</i>	:	Φ0.00	:
23     Nursing Home Provider Fee     (Fixed Amount)     \$17.10     \$17.10       24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 lhru 23     \$27.72     \$9.62     \$0.00     \$0.22     \$0.41     \$0.00     \$17.47     \$0.00     \$0.00		· · · · ·		• • • • •					į.	}	l :		
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 lhru 23 \$27,72 \$9.62 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$		•			, QUEI				:	\$17.10			
		· ·	, , , , , , , , , , , , , , , , , , , ,	•	\$9.62	\$0.00	\$0,22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
	· · · · · · · · · · · · · · · · · · ·		Ln 19 + Ln 24		<del></del>	·	·		•	<del>}</del>	ļ	-/	\$0.92
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$144.43	26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75		:		<u> </u>				1		

	ovider: PruittHealth - Decatur  vdr ID: 00252942A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 29.5% 3.44	Add-on <u>Percent</u> 18.37% 1.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4114 1.4929 1.5180	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,512,345.00	\$4,785,707	\$0	\$686,216	\$560,740	\$447,601	\$1,146,606	\$351,272	\$534,203	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$160,012)	(\$1,918)	\$0	\$0	\$0	\$0	(\$157,824)		(\$76,999)	\$76,729
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,352,333	\$4,783,789	\$0	\$686,216	\$560,740	\$447,601	\$988,782	\$351,272	\$457,204	\$76,729
8	Total Nursing Facility Days As Filed Days = 49,032	FY12 Audited C/R Days	49,032									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,404	FY 18 GL-PL Ins Rpt Days								49,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$170.28	\$97.56	\$0.00	\$14.00	\$20.56	(with L&H)	\$20.17	\$7.11	\$9.32	\$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4114</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.13	\$0.00	\$14.00	\$20.56		\$20.17	\$7.11	\$9.32	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.10	\$69.13	\$0.00	\$14.00	\$20.56		\$20.17	\$7.11	15.57 (FRV)	\$1.56
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.76	\$12.70	\$0.00	\$2.57	\$3.78	\$0.00	\$3.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.86	\$81.83	\$0.00	\$16.57	\$24.34	\$0.00	\$23.88	\$7.11	\$15.57	\$1.56
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5180</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.25	\$124.22	\$0.00	\$16.57	\$24.34	\$0.00	\$23.88	\$7.11	\$15.57	\$1.56
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.45	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.29		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.73	\$3.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.52	\$5.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.39	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.77	\$129.72	\$0.00	\$16.79	\$24.75	\$0.00	\$41.27	\$7.11	\$15.57	\$1.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.75									

1	rovider: PruittHealth- Eastside		dd-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	_ C	ase Mix Index	(CMI) Data		Facility Specific Use Stwde	State- wide 1.4014
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hours pe	Q	trly BIMS score	32.0%	2.5% 3.0%	Ortrly Moa	Quarterly	y Medicaid CMI: Wght Options:		1.4592 1.4846	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	ſ	g		h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bod Size Rango within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			**************************************
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (seo lino 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			***************************************
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$2,831,833	\$1,274,956	\$0	\$230,025	\$182,842	\$208,077	\$647,837	\$216,538	\$71,558	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$269,785)	\$0	\$0	SO	\$0	\$0	(\$269,785)	0210,005	(\$16,881)	1
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$2,562,048	\$1,274,956	\$0	\$230,025	\$182,842	\$208,077	\$378,052	\$216,538	\$54,677	\$16,88
8	Total Nursing Facility Days As Filed Days = 13,874	12/31/14 Audited C/R Days	13,874				' '	, ,				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,369	FY 18 GL-Pt. Ins Rpt Days					ĺ			26,369		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / Ln 8 Col a	\$177.28	\$91.90	\$0,00	\$16.58	\$28.18	(with L&H)	\$27.25	\$8.21	\$3.94	\$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4014								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$65.58	\$0.00	\$16.58	\$28.18		\$27.25	\$8,21	\$3,94	\$1,2
13	Per Diem Standards (Alter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23,55		\$24,02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.45	\$65.58	\$0,00	\$16,58	\$23,55		\$24.02	\$8.21	11.29	\$1,2
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,4%	Ln 14 x Grwth Allwnc %	\$23.84	\$12.05	\$0.00	\$3.05	\$4,33	\$0,00	\$4,41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174,29	\$77.63	\$0,00	\$19,63	\$27,88	\$0.00	\$28.43	\$8.21	\$11.29	\$1.2
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End		1,4846								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.91	\$115.25	\$0,00	\$19.63	\$27.88	\$0.00	\$28.43	\$8.21	\$11.29	\$1.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Sting 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	\$24.19	\$6.87	\$0.00	\$0.22	\$0.00	\$0.00	\$17,10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.10	\$122.12	\$0.00	\$19,85	\$27,88	\$0.00	\$45.53	\$8.21	\$11.29	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164,25			1	1			<u></u>		1

	ovider: PruittHealth - Fairburn, LLC  dr ID: 00142997A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Ho		with Allowance: trly BIMS score	Facility Score N/A 18.6% 3.62	Add-on <u>Percent</u> 18.37% 0.0% 4.0%	***************************************		d Overall CMI; Medicaid CMI:	•	Facility <u>Specific</u> 1.4922 1.6891 1.7217	State- wide 1,3617 1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	C	d	е	f	9	9 ;	h	i
C/	ASE MIX BASED RATE CALCULATIONS							: }				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Fecilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bod Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	· · · · · · · · · · · · · · · · · · ·	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,504,987.00	\$2,992,534	\$0	\$468,427	\$298,723	\$327,561	\$818,722	\$197,290	\$401,730	50
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$106,459)	\$0	\$0	(\$200)	(\$7,317)	(\$8,026)	(\$81,078)	d i	(\$80,289)	\$70,451
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,398,528	\$2,992,534	\$0	\$468,227	\$291,406	\$319,535	\$737,644	\$197,290	\$321,441	\$70,451
8	Total Nursing Facility Days As Filed Days = 27,871	FY12 Audited C/R Days	27,871									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,028	FY 18 GL-PL Ins Rpt Days				į :		:		27,028		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$193.92	\$107.37	\$0.00	\$16.80	\$21.92	(with L&H)	\$26.47	\$7.30	\$11.53	\$2.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12	1	<u>1.4922</u>		1				1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$71.95					ı	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$71.95	\$0.00	\$16.80	\$21.92		\$26.47	\$7.30	\$11.53	\$2.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.86	\$71.51	\$0.00	\$16.80	\$21.92		\$20.56	\$7.30	14.24	\$2.53
	Quarterly Per Diem Rate Prior to Add-ons									: :	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.04	\$13.14	\$0.00	\$3.09	\$4.03	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.90	\$84.65	\$0.00	\$19.89	\$25.95	\$0.00	\$24.34	\$7.30	\$14.24	\$2.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7217		;		í	1			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.74						1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.99	\$145.74	\$0.00	\$19.89	\$25.95	\$0.00	\$24.34	\$7.30	\$14.24	\$2.53
	Quarterly Per Diem Add-on Amounts									: !		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00		į į						
22	Nurse Staff Hrs / Quality Add-on Per Diem: 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.83	\$5.83		1			Ì			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.56	\$5.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$263.55	<b>\$</b> 151.57	\$0.00	\$20.11	\$26.36	\$0.00	\$41.44	\$7.30	\$14.24	\$2.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.84			·		<u> </u>		٠		

1	rovider: PruittHealth- Fitzgerald rvdr  D: 00140995A  Case Mix Per Diem Rate Effective Date:	- 04/01/21		ercentages th Allowance: ly BIMS score		Add-on Percent 18,37% 0.0%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1,2807 1,6311	State- wide 1,3699 1,5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hours	per On-Site Day/Qua	ality Incentive:	3,31	2.0%	Ortrly Meald	CMI w RUG Y	Wght Options:		1,6619	1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$2,195,341	\$951,618	\$0	\$178,911	\$121,063	\$245,723	\$395,363	\$187,666	\$114,997	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$63,339)	(\$2,011)	\$0	so	\$0	\$0	(\$63,456)		(\$10,726)	\$12,854
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,132,002	\$949,607	\$0	\$178,911	\$121,063	\$245,723	\$331,907	\$187,666	\$104,271	\$12,854
8	Total Nursing Facility Days As Filed Days = 13,166	FY13 Audited C/R Days	13,166									
_	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,941	FY 18 GL-PL Ins Rpt Days	1							23,941		
9	Net Per Diems prior to Case Mix AdjsImt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.53	\$72,13	\$0.00	\$13.59	\$27.86	(with L&H)	\$25.21	\$7.84	\$7.92	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents  Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY10 Ln 9 / Ln 10		1,2807 \$56.32								
12	Net Per Diems after Case Mix Adjstot (CMA) Net Per Diems  Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56,32	\$0,00	\$13,59	\$27.86		\$25.21	\$7.84	\$7.92	\$0,98
13	Per Diem Standards (Alter Statewide CMA for Routine Stress)	per Peer Group Limits		\$73,90	\$0.00	\$19.14	\$23.27		\$23,46	\$0.00	97.92 N/A	90,30
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.99	\$56.32	\$0.00	\$13,59	\$23,27		\$23,46	\$7.84	11.53	\$0,98
				•		******	,,-			4/10	(FRV)	*****
1.	Quarterly Per Diem Rate Prior to Add-ons	La de la Caraba de la compa	•									
15	Growth Allowance Percentage = 18,37%  CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$21.43	\$10,35 \$66,67	\$0.00 \$0.00	\$2.50	\$4.27	\$0.00	\$4,31	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$158,42	1,6619	\$0.00	\$16,09	\$27.54	\$0,00	\$27.77	\$7.84	\$11.53	\$0.98
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17		\$110.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.55	\$110.80	\$0.00	\$16.09	\$27.54	\$0.00	\$27.77	\$7.84	\$11.53	\$0.98
	Guartariu Ban Blam Add an America											
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0,53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	1	\$0.00	30.00	30.22	\$0.00	φυ.υυ	φυ.00		30.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-or	1	\$2,22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1 7-12-					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.07	\$2.75	\$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	\$222,62	\$113.55	\$0.00	\$16.31	\$27,54	\$0,00	\$44.87	\$7.84	\$11.53	\$0,98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154,14		I	1	1		1	1		!
	<u> </u>		1 ,	1								

Description   Description	Provi Prvdr	v .	<b>4/1/2021</b> 12/31/20 Nurse Ho		owth Allowance: trly BIMS score	Facility Score N/A 18.5% 3.56	Add-on Percent 18.37% 0.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3512 1.4130 1.4373	State- wide 1.3617 1.5382 1.5656
CASE MIX BASED RATE CALCULATIONS   1 Cost Center Peer Groups   1 All Facilities   1 All		Description		Totais			Dietary	•	Operatns	and		and	Taxes and Insurance
Cost Center Peer Groups				a	ь	С	d	e	f	g	g	h	į
Part of Finality within Pear Group   Bard Sim Range within Pear Group   Bard Sim Range within Pear Group   Standards & Efficiency Massure Limits	CAS	E MIX BASED RATE CALCULATIONS		• •	!	:				1			İ
2   Peer Group Standards: Percentile   (see Pelicy Manual)   100.0%   100	1 C	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
S	2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days 9 As Field Days = 40,820 9 Total Nursing Facility Days 10 As Field Days = 40,820 10 Total Nursing Facility Days 10 As Field Days = 40,820 11 Total Nursing Facility Days 10 As Field Days = 40,820 12 Total Nursing Facility Days 10 As Field Days = 40,820 13 Not Per Diems prior to Case Mix Adjustm to Routine Struce 14 Routine Struck Case Mix Adjust (CMA) Net Per Diem 15 Routine Struck Case Mix Adjust (CMA) Net Per Diem 16 Base Period Facility Case Mix Adjust (CMA) Net Per Diem 17 Not Per Diems Safer Case Mix Adjust (CMA) Net Per Diem 18 Base Period Facility Case Mix Adjust (CMA) Net Per Diem 19 Per Diem Safer Case Mix Adjust (CMA) Net Per Diem 10 Struck 10 Base Period Facility Case Mix Adjust (CMA) Net Per Diem 10 Struck 10 Base Period Facility Case Mix Adjust (CMA) Net Per Diem 10 Struck 10 Struck 11 Routine Struck Case Mix Adjust (CMA) Net Per Diem 10 Struck 11 Routine Struck Case Mix Adjust (CMA) Net Per Diem 11 Routine Struck Case Mix Adjust (CMA) Net Per Diem 12 Net Per Diems Safer Case Mix Adjust (CMA) Net Per Diem 13 Struck 14 Base Period Case Mix Adjusted Alfowed Per Diem 14 Struck 15 Growth Allowance Percentage = 18.37½ Lesser of the 12 or th 13 Struck 16 CMA Allowed Per Diem (Alfor Control Allowance Add-on) 16 CMA Allowed Per Diem (Alfor Control Allowance Add-on) 17 Quarterly Medicaid CMA Allowance Add-on) 18 Currently Per Diem Add-on Amounts 19 Quarterly Medicaid CMA Allowance Add-on) 19 Quarterly Medicaid CMA Allowance Add-on) 20 Efficiency Add-on Per Diem (Sind-Alwolly x.75. up to max, or 0) 21 BIMS Add-on Per Diem (Sind-Alwolly x.75. up to max, or 0) 22 Ribbs Add-on Per Diem (Sind-Alwolly x.75. up to max, or 0) 23 Nursey Staff Mix (Quality Add-on Per Diem (Sind-Alwolly x.75. up to max, or 0) 24 Total Quarterly Per Diem Add-on Amounts 25 Lesser of the 20 bx x.958 Add-on 26 (Sind-Alwolly x.75. up to max, or 0) 27 Nursey Staff Mix	В	ase Period Per Diem Allowed Amounts											
FY12 Audited CR	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,844,982.00	\$3,167,076	\$0	\$578,322	\$465,823	\$278,761	\$800,194	\$288,717	\$266,089	\$0
Total Nursing Facility Days   As Filed Days = 40,820   FY12 Audited Cirk Days   40,820	6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$110,389)	(\$6,330)	\$0	(\$577)	\$1,727	\$1,033	(\$107,232)		(\$47,482)	\$48,472
Total Nursing Facility Days GL-PL Ins. Rp1 As Faled Days = 40,031  9 Net Per Diems prior to Case Mix Adjustm to Routine Srvcs 1 Ln 7 / Ln 8 Got a \$140,63 \$77.43 \$0.00 \$14.15 \$18.31 (with L&H) \$16.98 \$7.21 \$5.36 \$10 Base Period Facility Case Mix Adjustm to Routine Srvcs 1 Routine Srvcs Case Mix Adjust (CMA) Net Per Diem	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,734,593	\$3,160,746	\$0	\$577,745	\$467,550	\$279,794	\$692,962	\$288,717	\$218,607	\$48,472
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 40,820	FY12 Audited C/R Days	40,820						:	1		
Base Period Facility Case Mix Index for All Residents   from 4 qtrs of FY12   1.35		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,031									40,031		i .
Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem		·		\$140.63		\$0.00	\$14.15	\$18.31	(with L&H)	\$16.98	\$7.21	\$5.36	\$1.19
Net Per Diems after Case Mix Adjstmt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   S57,31   S0,00   S14,15   S18,31   S16,98   S7,21   S5,36		· ———	•							:			
Per Diem Standards (After Statewide CMA for Routine Sives)   Per Peer Group Limits   \$71.51   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   \$N/A	1 :	, , ,		1									İ
Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$122.73   \$57.31   \$0.00   \$14.15   \$18.31   \$16.98   \$7.21   7.58		·	·			1					1		\$1.19
Counterly Per Diem Rate Prior to Add-ons   CFRV		•	•	1	1		4 1 1 1 1						
15   Growth Allowance Percentage = 18.37%		·	Lesser of Ln 12 or Ln 13	\$122.73	\$57.31	\$0.00	\$14.15	\$18.31		\$16.98	\$7.21		\$1.19
CMA Allowed Per Diem (After Growth Allowance Add-on)   Lin 14 + Lin 15   \$142,34   \$67,84   \$0.00   \$16.75   \$21.67   \$0.00   \$20.10   \$7.21   \$7.58			Ln 14 x Grwth Allwnc %	\$19.61	\$10.53	\$0.00	\$2.60	\$3.36	\$0.00	\$3.12	N/A	N/A	N/A
17   Quarterly Facility Case Mix Index for Medicaid Residents   per Current QIr End   1.4373	1 :		Լո 14 + Ln 15		1			•			1		\$1.19
18   Ortrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem		*	per Current Qir End	1				<b>4</b> =	4-11-1			41,00	
Quarterly Per Diem Add-on Amounts         20       Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)       (see Policy Manual)       \$1.53       \$0.53       \$0.00       \$0.22       \$0.41       \$0.00       \$0.37       \$0.00         21       BIMS Add-on Per Diem =       0.0% (to Routine Srvs)       Ln 19 Col b x CPS Add-on       \$0.00	18	•	Ln 16 x Ln 17	1			1			:	1		i
Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.0	19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$172.01	\$97.51	\$0.00	\$16.75	\$21.67	\$0.00	\$20.10	\$7.21	\$7.58	\$1.19
21   BIMS Add-on Per Diem =   0.0% (to Routine Srvs)   Ln 19 Col b x CPS Add-on   \$0.00   \$0.00     22   Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)   Ln 19 Col b x Stfing 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   \$20.58   \$2.48   \$0.00   \$0.22   \$0.41   \$0.00   \$17.47   \$0.00   \$0.00     25   \$1.95   \$1.95   \$1.95     26   \$1.95   \$1.95   \$1.95     27   \$1.95   \$1.95   \$1.95     28   \$1.95   \$1.95   \$1.95     29   \$1.95   \$1.95   \$1.95     20   \$1.95   \$1.95   \$1.95     21   \$1.95   \$1.95     22   \$1.95   \$1.95     23   \$1.95   \$1.95     24   \$1.95   \$1.95     25   \$1.95   \$1.95     26   \$1.95   \$1.95     27   \$1.95   \$1.95     28   \$1.95   \$1.95     29   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     21   \$1.95   \$1.95     22   \$1.95   \$1.95     23   \$1.95   \$1.95     24   \$1.95   \$1.95     25   \$1.95   \$1.95     26   \$1.95   \$1.95     27   \$1.95   \$1.95     28   \$1.95   \$1.95     29   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     21   \$1.95   \$1.95     22   \$1.95   \$1.95     23   \$1.95   \$1.95     24   \$1.95   \$1.95     25   \$1.95   \$1.95     25   \$1.95   \$1.95     26   \$1.95   \$1.95     27   \$1.95   \$1.95     28   \$1.95   \$1.95     20   \$1.95   \$1.95     21   \$1.95   \$1.95     22   \$1.95   \$1.95     23   \$1.95   \$1.95     24   \$1.95   \$1.95     25   \$1.95   \$1.95     25   \$1.95   \$1.95     25   \$1.95   \$1.95     25   \$1.95   \$1.95     26   \$1.95   \$1.95     27   \$1.95   \$1.95     28   \$1.95   \$1.95     29   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1.95     20   \$1.95   \$1	Q	uarterly Per Diem Add-on Amounts			İ								
22     Nurse Staff Hrs / Quality Add-on Per Diem:     2.0% (to Routine Srvcs)     Ln 19 Col b x Stifng 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     \$20.58     \$2.48     \$0.00     \$0.22     \$0.41     \$0.00     \$17.47     \$0.00	20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	:	\$0.00	!
23     Nursing Home Provider Fee     (Fixed Amount)     \$17,10     \$17,10       24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$20.58     \$2.48     \$0.00     \$0.22     \$0.41     \$0.00     \$17.47     \$0.00	21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00		: !		!			:	1
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$20.58 \$2.48 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.95	\$1.95		: :						;
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					!	\$17.10			
25 Ounded Care No. Pared Day Date	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.58	\$2.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
20   QUARTERLY CASE MIX DASSEU FET DIRIT NAIRE \$192.59 \$99.99 \$0.00 \$16.97 \$22.08 \$0.00 \$37.57 \$7.21 \$7.58	25 Q	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.59	\$99.99	\$0.00	\$16.97	\$22.08	\$0.00	\$37.57	\$7.21	\$7.58	\$1.19
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$131.62	26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.62	:		,			•	······································		

	vider: PruittHealth - Franklin, Inc		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data	-	Facility Specific	State- wide
Prv	dr ID: 00141039A			wth Allowance:	N/A	18.37%			Overall CMI:		1.4254	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021		trly BIMS score		2.5%			Medicaid CMI:		1,2724	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	2.86	2.0%	Orthy Moaid	CMI w RUG	Wght Options:	i e	1.2934	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	C	d	e	f	g	g	h	i
СД	SE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups	/ B-EM		1	: · 1	2	1	1	1	i :		
	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	. All Facilities	Free Standing	7 All Facilities	All Facilities	All Facilities	1		
1	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits							!	:			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
1 (	Base Period Per Diem Allowed Amounts								F			
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,811,934.00	\$2,054,973	\$0	\$346,539	\$170,758	\$218,504	\$608,228	\$187,666	\$225,266	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,162)	(\$7,098)	\$0	\$0	\$0	\$0	(\$67,064)	1	(\$17,107)	\$17,107
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,737,772	\$2,047,875	\$0	\$346,539	\$170,758		\$541,164	\$187,666	\$208,159	\$17,107
8	Total Nursing Facility Days As Filed Days = 25,623	FY12 Audited C/R Days	25,623				,		1		,,	••
	Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 24,269	FY 18 GL-PL Ins Rpt Days		:						24.269		
9 !	Net Per Diems prior to Case Mix Adistmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146,27	\$79.92	\$0.00	\$13.52	\$15.19	(with L&H)	\$21,12	\$7.73	\$8.12	\$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	•	1.4254	;		*		:		*	•
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07				1				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.07	\$0.00	\$13.52	\$15,19		\$21.12	\$7.73	\$8.12	\$0.67
13 }	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.45	\$56.07	\$0.00	\$13.52	\$15.19		\$20.56	\$7.73	9.71	\$0.67
1 :	Overdeniu Ban Blans Bake Bake to Add and				{					1	(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allyne %	\$19.35	\$10,30	\$0.00	\$2.48	\$2.79		£2.70	N/A	NICA	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.80	\$10.30	\$0.00	\$2.48		\$0.00 \$0.00		1	N/A	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$142.60		\$0.00	\$16.00	\$17.98	\$0.00	\$24.34	\$7.73	\$9.71	\$0.67
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.2934 \$85.84					:			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AliOlhr = Ln 16	\$162.27	\$85.84	\$0.00	\$16.00	\$17.98	\$0.00	\$24.34	\$7.73	\$9.71	\$0.67
			V/02.12.			410.00	•			<b></b>	45.77	40.01
	Quarterly Per Diem Add-on Amounts		_		1				:			
20	Efficiency Add-on Per Diem {[Stnd - Alwd] x .75, up to max, or 0}	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15	:	1			[			
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.72	\$1.72	:	i		:				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.13	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Լո 24	\$184.40	\$90.24	\$0.00	\$16.22	\$18.39	\$0.00	\$41,44	\$7.73	\$9.71	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.48	:							,	
لللت		•	7	i								

	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	Gro	Percentages with Allowance: trly BIMS score uality Incentive:	N/A 38.4% 2.72	Percent 18.37% 2.5% 2.0%			Overall CMI: Medicaid CMI:		<u>Specific</u> 1.4082 1.2242 1.2463	wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:			а	b	С	d	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS				i i	1 1		i 		1		
1 Cost	Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		Z Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pee 3 Pee	Group Standards & Efficiency Measure Limits or Group Standards: Percentile or Group Standards: Multiplier clency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	:	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37		· •	:
Base	Period Per Diem Allowed Amounts		•	:								
	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,341,127,00	\$2,755,935	\$0	\$471,747	\$358,718	\$339,624	\$841,194	\$271,875	\$302,034	\$ \$0
	lit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$119,843)	(\$2,796)	\$0	\$0	(\$5,053)	(\$4,682)	1		(\$61,050)	
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,221,284	\$2,753,139	\$0	\$471,747	\$353,665	\$334,942		\$271,875	\$240,984	\$57,239
8 T	Total Nursing Facility Days As Filed Days = 36,395	FY12 Audited C/R Days	36,395			1				1		
7	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,930	FY 18 GL-PL Ins Rpt Days				1		!	:	33,930		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$144.00	\$75.65	\$0.00	\$12.96	\$18.92	(with L&H)	\$20.27	\$8.01	\$6.62	\$1.57
10 B	Base Period Facility Case Mix Index for All Residents	from 4 ctrs of FY12		1.4082					1	!		
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.72						i !		;
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.72	\$0.00	\$12.96	\$18.92		\$20.27	\$8.01	\$6.62	, , \$1.57
13 Per	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	: I	\$20.56	\$0.00	N/A	
1	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.28	\$53.72	\$0.00	\$12.96	\$18.92	1	\$20.27	\$8.01	9.83 (FRV)	\$1.57
	terly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	\$19.45	00.07		60.00	<b>CO 40</b>					
	wth Allowance Percentage = <u>18.37%</u> A Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$19.45	\$9.87 \$63.59	\$0.00 \$0.00	\$2.38 \$15.34	\$3.48	\$0.00		N/A	N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$144.73	1.2463	<b>⊅</b> 0.00	\$15.34	\$22.40	\$0.00	\$23.99	\$8.01	\$9.83	\$1.57
	Orthly Routine Strycs Case Mix Adjistd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.25		:				1		
	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.39	\$79.25	\$0.00	\$15.34	\$22.40	\$0.00	\$23.99	\$8.01	\$9.83	\$1.57
	terly Per Diem Add-on Amounts	į į										1
	ciency Add-on Per Diem ((Stad - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.38	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.22	1	\$0.00	į
	IS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.98	\$1.98	φυ,υυ	90,22	φ <b>υ.4</b> 1	φυ.00	30.22	1	\$U.UU	ĺ
3	se Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.59	\$1.59						1		
	sing Home Provider Fee	(Fixed Amount)	\$17.10	Ģ1.55					\$17.10	1		
	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.05	\$4.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.32	\$0.00	\$0.00	\$0.00
	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182,44	\$83.35	\$0.00	\$15.56	\$22.81	\$0.00	\$41.31	\$8.01	\$9.83	\$1.57
<del></del>	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.01	. ,		1	·		1		75,00	

Provi Prvd	· · · · · · · · · · · · · · · · ·	4/1/2021 12/31/20 Nurse Hou		owth Allowance: trly BIMS score	Facility Score N/A 40.0% 3.53	Add-on Percent 18.37% 2.5% 3.0%			d Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 1.3383 1.5640 1.5941	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	<u>, Б</u>	6	d	е	f	g	9	h	i
CAS	SE MIX BASED RATE CALCULATIONS	;		:								
1 0	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Paer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Е	Base Period Per Diem Allowed Amounts	:		:		1 1			!	1 I		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,598,275.00	\$1,814,648	50	\$313,153	\$240,444	\$213,026	\$539.982	\$166,012	\$311,010	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmls	(\$65,894)	1	\$0	(\$867)	\$147	\$480	(\$60,375	4 7 7 7	(\$23,339)	\$23,518
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,532,381	\$1,809,190	\$0	\$312,286	\$240,591	\$213,506		•	\$287,671	\$23,518
8	Total Nursing Facility Days As Filed Days = 23,575	FY12 Audited C/R Days	23,575				V,					
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,296	FY 18 GL-PL Ins Rpt Days		}		i				22,296		
9	Net Per Diems prior to Case Mix Adistmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.24	\$76,74	\$0.00	\$13,25	\$19,26	(with L&H)	\$20.34	1 1	\$12.20	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	***************************************	1.3383			Q10.20	. (	. 425.67	V. 10	<b>\$12.20</b>	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.34		: !			1	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$57,34	\$0.00	\$13,25	\$19.26	1	\$20.34	\$7.45	\$12.20	\$1,00
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09	1	\$20.54	1	N/A	φ1.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.70	\$57.34	\$0.00	\$13.25	\$19,26		\$20.30		8.06	\$1.00
,	base Feriod Case Mix Adjusted Allowed Fer Dieth	cessor of the 12 of the	\$120.70	\$37.34	\$0.00	313.23	\$19,20		\$20,34	\$1.45	6.00 (FRV)	\$1.00
	Quarterly Per Diem Rate Prior to Add-ons	:				:		1	1			
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.24	\$10.53	\$0.00	\$2,43	\$3,54	\$0.00	\$3.74	N/A	N/A	N/A
16 !	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.94	\$67.87	\$0.00	\$15.68	\$22.80	\$0.00	\$24.08	\$7.45	\$8.06	\$1.00
17 !	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qlr End		1.5941		i i						
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.26	\$108.19	\$0.00	\$15.68	\$22,80	\$0.00	\$24.08	\$7.45	\$8.06	\$1.00
c	Quarterly Per Diem Add-on Amounts											
	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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70	4		43.77	75.00			40.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3,25	\$3,25		1			i			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	45.20		1			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.37	\$6,48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.26		\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.63	\$114.67	\$0.00	\$15.90	\$23.21	\$0.00	\$41,34	· <del>†···</del>	\$8.06	\$1.00
<u>_</u>				7117.07	40.00	<b>4</b> (0.30	72.2.21	40.00	471.04	\$1,43	<b>40.00</b>	<b>\$1.00</b>
26 C	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$145.90									

Provider: PruittHealth -Holly Hill		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00141479A			wth Allowance:	N/A	18.37%			d Overall CMI:		1.4465	1.3617
Case Mix Per Diem Rate Effective Date:	4/1/2021		triy BIMS score	10.5%	0.0%			Medicaid CMI:		1.5592	1.5382
MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality incentive:	4.12	3.0%	цдпу мсаю	CMI w RUG \	wgnt Uptions:		1.5875	1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	С	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS								i	:		
1 Cost Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	1	1		
Type of Facility within Peer Group	(000 1 0/10) (101100)	i.	All Facilities	All Facilities	Free Standing	All Facilities	: All Facilities	All Facilities	1		
Bed Size Range within Peer Group			All Bed Sizes	!	All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits					1						
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%	1		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts					1			:	, i		
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,983,322.00	\$2,933,620	\$0	\$449,638	\$351,262	\$202,780	\$638,605	\$240,597	\$166.820	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$96,536)	(\$4,473)	I	\$0	(\$1,191)	1	1 1	1 1	(\$21,364)	1
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,886,786	\$2,929,147	\$0	\$449,638	\$350,071	\$201,771	\$549,235		\$145,456	\$20,871
8 Total Nursing Facility Days As Filed Days = 31,903	FY12 Audited C/R Days	31,903			i i				1	•	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,960	FY 18 GL-PL Ins Rpt Days				1				30,960		:
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$153,40	\$91.81	\$0.00	\$14.09	\$17.30	(with L&H)	\$17.22	\$7.77	\$4,56	\$0.65
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4465		i			:	1		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.47		1			:	1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.47	\$0.00	\$14.09	\$17.30		\$17,22	\$7.77	\$4,56	\$0.65
13 Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	}
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.41	\$63.47	\$0.00	\$14.09	\$17,30		\$17.22	\$7.77	8.91	\$0.65
Outstall Bar Diag Bala Diag Add and								:		(FRV)	:
Quarterly Per Diem Rate Prior to Add-ons  15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$20.59	\$11.66	\$0.00	\$2.59	\$3.18	\$0.00	\$3.16	N/A	N/A	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$150.00	\$75.13	\$0.00	\$16.68	\$20.48	\$0.00	\$20.38	1		N/A
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	\$150.00	1.5875	\$0.00	\$10.08	\$20.48	50.00	\$20.38	\$7.77	\$8.91	\$0.65
18 Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.27		1		-		i		· 3
19 Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$194.14	\$119.27	\$0.00	\$16.68	\$20.48	\$0.00	: \$20.38	\$7,77	\$8.91	\$0.65
19 Quarterly Medicald CMA Allowed Fel Dieff	13 - Eli 10, Alloui - Eli 10	\$194.14	\$119.27	. \$0.00	\$10.08	\$20.48	20.00	\$20.38	\$7.77	\$8.91	\$0.65
Quarterly Per Diem Add-on Amounts							:		1		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	!	\$0.00	
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00		!		1	:	1		ļ
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.58	\$3.58		1		:	:			}
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1		•	\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 lhru 23	\$22.21	\$4.11	\$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	\$216.35	\$123.38	\$0.00	\$16.90	\$20.89	\$0.00	\$37.85	\$7.77	\$8.91	\$0.65
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149,44	-				` .	<del></del>	·		<u> </u>

	rovider: PruittHealth -Jasper rvdr ID: 00142436A  Case Mix Per Diem Rate Effect	ive Date: 4/1/2021		Percentages wth Allowance:	Facility Score N/A 14.7%	Add-on Percent 18.37% 0.0%	Case		MI) Data  d Overall CMI: Medicaid CMI:		Facility Specific 1.5432 1.5586	State- wide 1.3617 1.5382
	MDS & Nurse Hrs Data per Quarte	r Ending: 12/31/20 Nurse Hou	ırs per On-Site Day/Qu	uality Incentive:	3.72	4.0%	Ortrly Mcaid	CMI w RUG \	Wght Options:		1.5879	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,489,198.00	\$1,791,839	\$0	\$318,216	\$240,656	\$235,571	\$521,067	\$144,358	\$237,491	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$64,230)	(\$1,144)	\$0	(\$105)	(\$2,408)	(\$2,401)	(\$55,212)		(\$44,522)	\$41,562
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,424,968	\$1,790,695	\$0	\$318,111	\$238,248	\$233,170	\$465,855	\$144,358	\$192,969	\$41,562
8	Total Nursing Facility Days As Filed Days = 19,472	-	19,472									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,054									19,054		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.05	\$91.96	\$0.00	\$16.34	\$24.21	(with L&H)	\$23.92	\$7.58	\$9.91	\$2.13
10	·	from 4 qtrs of FY12		1.5432								
11	3,000 (00 )	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$59.59	<b>#0.00</b>	040.04	<b>#04.04</b>		#00.00	<b>#7.50</b>	<b>#0.04</b>	00.40
12 13	· ·	per Peer Group Limits		\$59.59 \$71.51	\$0.00 \$0.00	\$16.34 \$18.41	\$24.21 \$23.09		\$23.92 \$20.56	\$7.58 \$0.00	\$9.91 N/A	\$2.13
14	,	Lesser of Ln 12 or Ln 13	\$147.14	\$71.51 \$59.59	\$0.00	\$16.34	\$23.09		\$20.56	\$7.58	17.85	\$2.13
14	Dase Period Case Mix Adjusted Allowed Per Diem	Ecosor of En 12 of En 10	\$147.14	φυσ.υσ	φυ.υυ	φ10.54	φ23.09		φ20.50	φ1.30	(FRV)	φ2.13
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$21.97	\$10.95	\$0.00	\$3.00	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$169.11	\$70.54	\$0.00	\$19.34	\$27.33	\$0.00	\$24.34	\$7.58	\$17.85	\$2.13
17 18		per Current Qtr End  Ln 16 x Ln 17		1.5879 \$112.01								
19	, , ,	RS = Ln 18, AllOthr = Ln 16	\$210.58	\$112.01	\$0.00	\$19.34	\$27.33	\$0.00	\$24.34	\$7.58	\$17.85	\$2.13
	·		•		,		,		,	,	•	,
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Rout	· · · · · · · · · · · · · · · · · · ·	\$0.75	\$0.00	φυ.υυ	φυ.∠∠	φυ.υυ	φυ.υυ	φυ.υυ		φυ.υυ	
22		Ln 19 Col b x Stfng Add-on	\$4.48	\$4.48								
23	· —	(Fixed Amount)	\$17.10	ψτο					\$17.10			
24		Sum of Lns 20 thru 23	\$22.33	\$5.01	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.91	\$117.02	\$0.00	\$19.56	\$27.33	\$0.00	\$41.44	\$7.58	\$17.85	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.86						I		<u> </u>	

1	Provider: PruittHealth -Lafayette, LLC Prvdr ID: 00254394A			wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas		d Overall CMI:		Facility Specific 1.2862	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarler Ending:		Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	25.7% 2.87	1.0% 3.0%	Ortrly Moaid		Medicaid CMI; Wght Options:		1.5350 1.5632	1.5382 1.5656
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u></u>	7.7.7.4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		a	ь	C	d	е	f	g	. 9	h	i
. 0	CASE MIX BASED RATE CALCULATIONS		1					: }				
1	Cost Center Peer Groups	(see Policy Manual)		,	1	2	1	1	1	1		
1	Type of Facility within Peer Group	(see Folicy Mandar)		All Facilities	•	Free Standing	ı Ali Facililles	All Facilities	All Facilities	i i		
3	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	1			1
i	Peer Group Standards & Efficiency Measure Limits	$\frac{i}{i}$				:		· ·		1		
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	( }	50.0%	i i		i
3	1	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	4	105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	'	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			:
	Base Period Per Diem Allowed Amounts	:				: ;		:		1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,937,452.00	\$2,647,154	\$0	\$487,285	\$349,490	\$267,630	\$698,980	\$240,597	\$246,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$93,574)	(\$9,162)	\$0	(\$1,591)	\$1,750	(\$1,029)	(\$84,777)	1	(\$19,897)	\$21,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,843,878	\$2,637,992	\$0	\$485,694	\$351,240	\$266,601	\$614,203	\$240,597	\$226,419	\$21,132
8	Total Nursing Facility Days As Filed Days = 32,593	FY12 Audited C/R Days	32,593					ļ.	1			
i	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,261	FY 18 GL-PL Ins Rpt Days		!		:		1	-	29,261		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.46	\$80.94	\$0.00	\$14.90	\$18.96	(with L&H)	\$18.84	\$8.22	\$6.95	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2862		:		} :				1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.93		:				1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.93	\$0.00	\$14.90	\$18.96	í	\$18.84	\$8.22	\$6.95	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14		Lesser of Ln 12 or Ln 13	\$132.23	\$62.93	\$0.00	\$14.90	\$18.96	t •	\$18.84	\$8.22	7.73 (FRV)	\$0.65
[	Quarterly Per Diem Rate Prior to Add-ons			;		: [			1	: .		
15		Ln 14 x Grwth Allwnc %	\$21.24	\$11.56	\$0.00	\$2.74	\$3.48	\$0.00	1		N/A	N/A
16	,	Ln 14 + Ln 15	\$153.47	\$74.49	\$0.00	\$17.64	\$22.44	\$0.00	\$22.30	\$8.22	\$7.73	\$0.65
17	, , , , , , , , , , , , , , , , , , , ,	per Current Qlr End		<u>1.5632</u>					1	· ·		
18		Ln 16 x Ln 17	****	\$116.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.42	\$116.44	\$0.00	\$17.64	\$22.44	\$0.00	\$22.30	\$8.22	\$7.73	\$0.65
	Quarterly Per Diem Add-on Amounts	1 7				: !		•	•	:		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	:
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16		1			i	: [		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Rouline Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.49	\$3.49		: !			1			
23	· · · · · ·	(Fixed Amount)	\$17.10	:					\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.28	\$5.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.70	\$121.62	\$0.00	\$17.86	\$22.85	\$0.00	\$39.77	\$8.22	\$7.73	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.20									
		1		)								

Provider: PruittHealth - Lakehaven Prvdr ID: 00141721A	-		wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C Base Period	MI) Data I Overall CMI:		Facility <u>Specific</u> 1.4944	State- <u>wide</u> 1.3617
Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending		Q s per On-Site Day/Q	trly BIMS score uality Incentive:	25.9% 3.07	1.0% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG \	Medicaid CMI: Nght Options:		1.5432 1.5712	1.5382 1.5656
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:		а	b	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)	!	1	4	2	1	1				
Type of Facility within Peer Group	(add i dilo) manadi)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits									1		
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		;			1				. !		
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,802,486.00	\$2,808,236	\$0	\$455,377	\$290,503	\$209,303	\$661,892	\$216,538	\$160,637	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$85,328)	(\$6,292)	\$0	\$0	\$0	(\$1,472)	(\$77,564)	į	(\$25,340)	\$25,340
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,717,158	\$2,801,944	\$0	\$455,377	\$290,503	\$207,831	\$584,328	\$216,538	\$135,297	\$25,340
8 Total Nursing Facility Days As Filed Days = 31,097	FY12 Audited C/R Days	31,097			1				1		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,418	FY 18 GL-PL Ins Rpt Days				1				30,418		:
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$151.84	\$90.10	\$0.00	\$14.64	\$16.03	(with L&H)	\$18.79	\$7.12	\$4.35	\$0.81
10 Base Period Facility Case Mix Index for All Residents	from 4 ctrs of FY12	:	1.4944		1			:			: !
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.29		1				1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.29	\$0.00	\$14.64	\$16.03		\$18.79	\$7.12	\$4.35	\$0.81
13 Per Diem Standards (After Statewide CMA for Routine Saves)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	:
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.89	\$60.29	\$0.00	\$14.64	\$16.03		\$18.79	\$7.12	7.21	\$0.81
Quarterly Per Diem Rate Prior to Add-ons			! !		:					(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.16	\$11.08	\$0.00	\$2.69	\$2.94	\$0.00	\$3.45	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	£п 14 + Ln 15	\$145.05	\$71.37	\$0.00	\$17.33	\$18.97		\$22.24	\$7.12	\$7.21	\$0.81
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	4140.05	1.5712	. 40.00	\$11.05	\$10.51	\$0.00	Ψ22.24	\$1.1Z	Ψ7.21	30.01
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	i .	\$112.14		1						
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.82	\$112.14	\$0.00	\$17.33	\$18.97	\$0.00	\$22.24	\$7.12	\$7.21	\$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	1	\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs		\$1.12	\$1.12	Ψ0.00	ψυ.22	φ <b>0.4</b> 1	. 40.00	. 90.37	1	φυ.υυ	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfing Add-on	\$3.36	\$3.36				:	:	1 )		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ0.30		1			\$17.10			:
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.11	\$5.01	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.93	\$117.15	\$0.00	\$17.55	\$19.38	\$0.00	\$39.71	\$7.12	\$7.21	\$0.81
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.87			1		×	<u> </u>	<u>:                                    </u>		

	rovider. PruittHealth - Lanier		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
P	rvdr ID: 00140456A			wth Allowance:	N/A	18.37%			d Overall CMI:		1.4690	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score	31.9% 2.93	2.5% 3.0%	044.14.44		Medicaid CMI:		1.3867	1.5382
	MDS & Mulse his Data per Quarter Ending.	12/3 1/20 Nuise Hou	is per Oil-Site Day/Q	basky incentive:	2.93	3.0%	Citily Mcald	CMI W RUG	Wght Options:		1.4090	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
4		,				,					:	
: *	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	Free Standing	1 All Facilities	1 All Facilities	All Facilities	1 :		
:	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	l i		
	Peer Group Standards & Efficiency Measure Limits					, ar Boa Cinco	7111 2002 01200	7111 200 01200	707 Dea Ontoo			
2	Peer Group Standards & Enciency measure Limits Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%		,	
. 3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	 	\$0.37			
:	Base Period Per Diem Allowed Amounts	!		!					:			
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$6,130,722.00	\$3,379,589	\$0	\$531,864	\$406,769	\$259,301	\$855,162	\$281,499	\$416,538	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$139,413)	(\$11,236)	\$0	\$0	(\$1,408)	(\$1,043)	(\$124,288)		(\$53,719)	\$52,281
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,991,309	\$3,368,353	\$0	\$531,864	\$405,361	\$258,258	\$730,874	\$281,499	\$362,819	\$52,281
8	Total Nursing Facility Days As Filed Days = 38,430	FY12 Audited C/R Days	38,430	1		1 :		 		!		
i I	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,046	FY 18 GL-PL Ins Rpt Days		i : :					1	33,046	,	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi s	\$157.10	\$87.65	\$0.00	\$13.84	\$17.27	(with L&H)	\$19.02	\$8.52	\$9.44	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4690	!	i :			:			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Łn 9 / Ln 10		\$59.67					:	i		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.67	\$0.00	\$13.84	\$17.27		\$19.02	\$8.52	\$9.44	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.53	\$59.67	\$0.00	\$13.84	\$17.27		\$19.02	\$8.52	8.85	\$1.36
	Quarterly Per Diem Rate Prior to Add-ons					1				1	(FRV)	
15		Ln 14 x Grwth Allwnc %	\$20.16	\$10.96	\$0.00	\$2.54	\$3,17	\$0.00	\$3.49	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Լո 14 + Ln 15	\$148.69		\$0.00	\$16.38	\$20.44	\$0.00	\$22.51		\$8.85	\$1.36
17		per Current Qir End	41.0.00	1,4090	1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	420.77	45.00	Ų	00.01	45.00	•
18		Ln 16 x Ln 17		\$99.52	!	1		l		1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Lπ 18, AllQthr = Ln 16	\$177.58	\$99.52	\$0.00	\$16.38	\$20.44	\$0.00	\$22.51	\$8.52	\$8.85	\$1.36
1	Quarterly Per Diem Add-on Amounts	· ·			!				:		;	
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49			7-411			;	1	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$2.99	i	!							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	!	: :	1			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.11	\$6.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.69	\$105.53	\$0.00	\$16.60	\$20.85	\$0.00	\$39.98	\$8.52	\$8.85	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.44	<u>;                                    </u>	<u> </u>	4 :		<u> </u>		i.		
	addition, . or one in reaction bed flore and coare bays	(20120 20120) 0.10	\$ 120,44	_								

2ND OWNER C/R

**FINAL** 

Facility Facility Add-on Provider: PruittHealth - Laurel Park Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data Prvdr ID: 00908553A Growth Allowance: N/A 18.37% Base Period Overall CMI: 1.2708 04/01/21 Case Mix Per Diem Rate Effective Date: **Qtrly Cognitive Performance Scale:** 7.7% 0.0% Quarterly Medicaid CMI: 1.4846 MDS & Nurse Hrs Data per Quarter Ending: 12/31/20 Nurse Hours per On-Site Day/Quality Incentive: 3.52 5.0% Qrtrly Mcaid CMI w RUG Wght Options: 1.5138

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related
			а	b	С	d	е	f	g		h
<u>C</u>	ASE MIX BASED RATE CALCULATIONS										
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1		
'	Type of Facility within Peer Group	(occ r one) mandar)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		
	,										
	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		00.00/	00.00/	00.00/	05.00/		50.00/		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%		
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	, ,		100.0%	100.0%	100.0%	100.0%		105.0%		
4	Elliciation weasure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37		
	Base Period Per Diem Allowed Amounts										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	FY2012 C/R -FY 2018 GL-PL Rpt	\$1,951,062	\$921,724	\$0	\$129,053	\$104,115	\$150,194	\$390,704	224,989	\$30,283
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	,	(\$11,159)
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,726,073	\$921,724	\$0	\$129,053	\$104,115	\$150,194	\$390,704		\$19,124
8	Total Nursing Facility Days As Filed Days = 7,283	FY12 Audited C/R Days	7,283								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								30,556	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$244.36	\$126.56	\$0.00	\$17.72	\$34.92	(with L&H)	\$53.65	7.36	\$2.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2708							
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.59							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$99.59	\$0.00	\$17.72	\$34.92		\$53.65	\$7.36	\$2.63
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		NA
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.40	\$71.51		\$17.72	\$23.09		\$20.56	\$7.36	\$2.63
	Overstands Ban Blanc Bata Britanta Add ann										
15	Quarterly Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.41	\$13.14	\$0.00	\$3.26	\$4.24	\$0.00	\$3.78		N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.81	\$84.65	\$0.00	\$20.97	\$27.33	\$0.00	\$24.34	\$7.36	\$22.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	φ100.01	1.5138	φ0.00	φ20.97	φ27.33	φ0.00	φ24.54		φ22.93 (FRV)
18	Quarterly Facility Case Mix Hidex for inedicald residents  Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.14							i nv)
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.60	\$128.14	\$0.00	\$20.97	\$27.33	\$0.00	\$24.34	\$7.36	\$22.93
	Quality Modicald SW/7/Mowed For Broth		ΨΕΘΕ.ΘΟ	ψ12 <b>0</b> .14	ψ0.00	Ψ20.07	ΨΕ7.00	φ0.00	ΨΣ4.04	Ψ1.50	Ψ22.50
	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		\$0.22	\$0.00		\$0.00		NA
21	Cogntv Perfrm Scale Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00							
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.41	\$ 6.41							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.73	\$6.41	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.33	\$134.54	\$0.00	\$21.19	\$27.33	\$0.00	\$41.44	\$7.36	\$22.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.42		1	1	1	1	1	'	

Provide	··· · · · · · · · · · · · · · · · · ·		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr II				wth Allowance:	N/A	18.37%			Overall CMI:		1.4971	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		trly BIMS score		2.5% 3.0%	Order March		Medicaid CMI:		1.7544	1.5382
	MDS & Noise his Data per Quarter Ending.	12/31/20 Nuise 7/00	rs per On-Site Day/Q	uality incentive:	3.18	3.076	одноу мсаю	CMI w RUG \	wgni Opiions:		1.7860	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:			а	b	С	d	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS								!			
1 Cos	st Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	1	: i		
. 1	Type of Facility within Peer Group	,,,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	. All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	i		
Pee	er Group Standards & Efficiency Measure Limits	-			l					<u> </u>		
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	Í	50.0%	1		
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	: i		:
Bas	se Period Per Diem Allowed Amounts				!							
5 A	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,921,988.00	\$4,521,861	\$0	\$739,167	\$558,342	\$428,180	\$990,593	\$365,708	\$318,137	\$0
6 A	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$156,135)	(\$2,080)	\$0	\$0	(\$2,822)	(\$5,475)	(\$143,736)		(\$84,953)	\$82,931
7 C	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,765,853	\$4,519,781	\$0	\$739,167	\$555,520	\$422,705	\$846,857	\$365,708	\$233,184	\$82,931
8	Total Nursing Facility Days As Filed Days = 50,561	FY12 Audited C/R Days	50,561		! !	1			!	1		
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 49,357	FY 18 GL-PL Ins Rpt Days				:				49,357		:
9 N	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$153.77	\$89.39	\$0.00	\$14.62	\$19.35	(with L&H)	\$16.75	\$7,41	\$4.61	\$1.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4971	!					: !		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.71	t.			, }		1		
12 N	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	\$4.61	\$1.64
13 P	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	? !	\$20.56	\$0.00	N/A	:
14 B	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.86	\$59.71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	7.38	\$1.64
1.		:								:	(FRV)	i
	arterly Per Diem Rate Prior to Add-ons rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	**************************************	£40.07		22.00	20.55					
		En 14 + Ln 15	\$20.29	\$10.97	\$0.00		\$3.55	\$0.00	\$3.08	N/A	N/A	N/A
17	MA Allowed Per Diem (After Growth Allowance Add-on)	per Current Citr End	\$147.15	\$70.68	\$0.00	\$17.31	\$22.90	\$0.00	\$19.83	\$7.41	\$7.38	\$1,64
	Quarterly Facility Case Mix Index for Medicaid Residents	•		1.7860	:	1				: [		
18 Q	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 х іл 17 RS = Ln 18, AllOthr = Ln 16	E000 70	\$126.23		647.04	#00.00	60.00	640.00			
is Q	uarterly Medicaid CMA Allowed Per Diem	NS - LIS 18, AllOWIF - LIT 16	\$202.70	\$126.23	\$0.00	\$17.31	\$22.90	\$0.00	\$19.83	\$7.41	\$7.38	\$1,64
Qua	arterly Per Diem Add-on Amounts					1		!		i i		
20 E	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21 B	IMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16	(			l :		: 1		
22 N	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.79	\$3.79	!	1			İ	: 1		
23 N	ursing Home Provider Fee	(Fixed Amount)	\$17.10			1		!	\$17.10	: '		
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.58	\$7.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Lis 19 + Lin 24	\$228.28	\$133.71	\$0.00	\$17.53	\$23.31	\$0.00	\$37.30	\$7.41	\$7.38	\$1.64
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - £n 23) * 0.75	\$158.39		***************************************							

	ovider: PruittHealth -Macon, LLC vdr ID: 00141908A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 29.4% 3.25	Add-on <u>Percent</u> 18.37% 1.0% 4.0%	Case  Qrtrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4638 1.4421 1.4677	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,857,372.00	\$6,829,497	\$0	\$921,338	\$874,444	\$653,027	\$1,547,849	\$548,562	\$482,655	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$240,269)	(\$23,336)	\$0	\$0	(\$247)	\$55,018	(\$271,704)	* /	(\$133,221)	\$133,221
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,617,103	\$6,806,161	\$0	\$921,338	\$874,197	\$708,045	\$1,276,145	\$548,562	\$349,434	\$133,221
8	Total Nursing Facility Days As Filed Days = 75,230	FY12 Audited C/R Days	68,796									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,330	FY 18 GL-PL Ins Rpt Days								67,330		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$169.04	\$98.93	\$0.00	\$13.39	\$23.00	(with L&H)	\$18.55	\$8.15	\$5.08	\$1.94
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4638</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.58	\$0.00	\$13.39	\$23.00		\$18.55	\$8.15	\$5.08	\$1.94
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.97	\$67.58	\$0.00	\$13.39	\$23.00		\$18.55	\$8.15	8.36 (FRV)	\$1.94
	Quarterly Per Diem Rate Prior to Add-ons										` ,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.51	\$12.41	\$0.00	\$2.46	\$4.23	\$0.00	\$3.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.48	\$79.99	\$0.00	\$15.85	\$27.23	\$0.00	\$21.96	\$8.15	\$8.36	\$1.94
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4677</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	****	\$117.40	40.00	445.05	407.00	***	404.00	20.15	40.00	***
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.89	\$117.40	\$0.00	\$15.85	\$27.23	\$0.00	\$21.96	\$8.15	\$8.36	\$1.94
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.19	\$0.53	\$0.00	\$0.22	\$0.07	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.70	\$4.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.16	\$6.40	\$0.00	\$0.22	\$0.07	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.05	\$123.80	\$0.00	\$16.07	\$27.30	\$0.00	\$39.43	\$8.15	\$8.36	\$1.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.96									

Provide	- · · · · · · · · · · · · · · · · · · ·		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr II		(14)0004		wth Allowance:	N/A	18.37%			Overall CMI:		1.4894	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	Q Irs per On-Site Day/Q	trly BIMS score	30.0% 3.68	2.5% 3.0%	Oddu Masid	Quarterly I CMI w RUG I	Medicaid CMI:		1.7115 1.7414	1.5382 1.5656
	MD3 & Nuise ras Data per Quarter Endrag.	12/31/20 Nuise Flau	irs per On-one Dayro	Dailly Incessive.	3.00	3.0%	Citity Mcaid	CIVILW RUG	wgni Opiions:		1.7414	1.5555
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
. :			а	ь	С	d	е	f	g	9	h	Ĭ
CASE	MIX BASED RATE CALCULATIONS	!			!							
-	st Center Peer Groups											
1 60	St Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		. 1 . All Facilities	10 0-30-	2 Free Standing	1 All Facilities	' 1 : All Facilities	. 1 All Facilities	1		
: i	Bed Size Range within Peer Group	!		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		
Dar	er Group Standards & Efficiency Measure Limits									1		
	Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%			
	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			
Bas	se Period Per Diem Allowed Amounts											
	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt ;	\$6,467,213.00	\$3,139,685	\$0	\$631,640	\$340,257	\$408,626	\$878.818	\$240,597	\$827.590	\$0
. {	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$95,616)	(\$1,858)	,	(\$220)	(\$550)	\$0	(\$92,988)		(\$122,467)	\$122,467
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,371,597	\$3,137,827	\$0	\$631,420	\$339,707	\$408.626	\$785,830	\$240,597	\$705,123	\$122,467
8	Total Nursing Facility Days As Filed Days = 32,413	FY12 Audited C/R Days	32,413		:	7331,123	***************************************		1	0.000	4.00,,20	<b>V</b> 122, 10.
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,284	FY 18 GL-PL Ins Rpt Days	02,710	:						32,284		
9 N	let Per Diems prior to Case Mix Adistmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.60	\$96.81	\$0.00	\$19.48	\$23.09	(with L&H)	\$24,24	\$7.45	\$21,75	\$3,78
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1,4894		1	425.00	3 (	)	,	421170	<b>V</b> 0
11	Routine Srvcs Case Mix Adistd (CMA) Net Per Diem	En 9 / En 10		\$65.00	:	ş - 1		:		:		
12 N	let Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$65.00	\$0.00	\$19.48	\$23.09	:	\$24,24	\$7.45	\$21.75	\$3.78
13 P	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20,56	\$0.00	N/A	•
14 B	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.36	\$65.00	\$0.00	\$18,41	\$23.09		\$20.56	\$7.45	28.07	\$3.78
		!									(FRV)	
	arterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	000.04		****							
	Growth Allowance Percentage = 18.37%	Ln 14 + Ln 15	\$23.34	\$11.94	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 C	CMA Allowed Per Diem (Alter Growth Allowance Add-on)	per Current Otr End	\$189.70	\$76.94	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$7.45	\$28.07	\$3.78
18	Quarterly Facility Case Mix Index for Medicaid Residents	En 16 x Ln 17		1.7414		1		1	}			
,	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	£046.74	\$133.98		504.70	607.00	***	<b>***</b>	07.45	200.07	00.70
19 0	Roartery Medicaid CIMA Allowed Fer Dieth	K3 - Eli 10, AllOlit - Eli 10	\$246.74	\$133.98	\$0.00	\$21,79	\$27.33	\$0.00	\$24.34	\$7.45	\$28.07	\$3.78
Qua	arterly Per Diem Add-on Amounts	<b>,</b>		:								
20 E	fficiency 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	1	\$0.00	
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.35	\$3.35	:				:	1		
22 N	lurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.02	\$4.02	· ·	$\epsilon = -I$			İ	* · · · · · · · · · · · · · · · · · · ·		
23 N	łursing Home Provider Fee	(Fixed Amount)	\$17.10			1		:	\$17.10	1		
24   To	otal Quarterly Per Diern Add-on Amounts	Sum of Lns 20 thru 23	\$25.00	\$7.90	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qu:	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$271.74	\$141.88	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$7.45	\$28.07	\$3.78
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190,98			.i		:				
	onen, i or oran rate for bed find this teath bajo	(thirds thirty off)	\$150.50									

	rovider: PruittHealth- Marietta	Ad-	d-on Data and P	ercentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data	•	Facility Specific 1,2754	State- wide 1,3699
•	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/21 12/31/20 Nurse Hours per 0	Qtr	ly BIMS score	42.7%	2.5% 3.0%	Ortrly Mcaid	Quarterly i	Medicaid CMI: Wght Options:		1,7140 1,7446	1.5382 1,5656
Line	Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	đ	е	f	g	g	ħ	ì
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(===-, ====,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts			***								
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$3,693,187	\$1,767,178	\$0	\$324,734	\$172,319	\$198,133	\$591,297	\$286,311	\$353,215	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$99,058)	(\$1,336)	\$0	(\$1,490)	(\$590)		1	, , , , , , , , , , , , , , , , , , , ,	(\$28,397)	\$29,365
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,594,129	\$1,765,842	\$0	\$323,244	\$171,729	\$197,380	\$495,440	\$286,311	\$324,818	\$29,365
8	Total Nursing Facility Days As Filed Days = 19,843	FY13 Audited C/R Days	19,843									·
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,456	FY 18 GL-PL Ins Rpt Days								40,456		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$173.78	\$88.99	\$0.00	\$16.29	\$18.60	(with L&H)	\$24.97	\$7.08	\$16.37	\$1.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2754								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.78	\$0.00	\$16,29	\$18,60		\$24,97	\$7.08	\$16,37	\$1,48
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,90	\$0.00	\$19,14	\$23,27		\$23,46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.60	\$69.78	\$0.00	\$16.29	\$18.60		\$23,46	\$7.08	15,91	\$1,48
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwih Allwing %	\$23,54	\$12.82	\$0.00	\$2,99	\$3.42	\$0.00	\$4,31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176,14	\$82,60	\$0.00	\$19.28	\$22.02	\$0.00	\$27.77	\$7.08	\$15,91	\$1,48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,7446								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$237.64	\$144,10	\$0.00	\$19.28	\$22.02	\$0.00	\$27.77	\$7.08	\$15.91	\$1.48
	Quarterly Per Diem Add-on Amounts				,							
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0,00		\$0,00	
21	BIMS Add-on Per Diern = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$3.60	\$3.60				. /				
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$4.32	\$4.32				; )				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					!	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.18	\$8,45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$263.82	\$152.55	\$0.00	\$19.50	\$22.43	\$0.00	\$44.87	\$7,08	\$15,91	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185,04		1	1	Į.		L			1
د،	Asserting 1 or Scientific to see Hote and Leave Days	factor threat and	\$ 105,04	J								

	rovider: PruittHealth - Millen rvdr ID: 00140269A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Ho		owth Allowance: trly BIMS score	Score N/A 37.7% 3.78	Add-on <u>Percent</u> 18.37% 2.5% 4.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5517 1.7085 1.7398	State- wide 1.3617 1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,352,163.00	\$2,217,000	\$0	\$455,767	\$279,794	\$289,272	\$715,657	\$240,597	\$154,076	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$133,526)	(\$1,536)	\$0	(\$1,020)	\$0	(\$214)	(\$123,095)		(\$26,023)	\$18,362
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,218,637	\$2,215,464	\$0	\$454,747	\$279,794	\$289,058	\$592,562	\$240,597	\$128,053	\$18,362
8	Total Nursing Facility Days As Filed Days = 30,270	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	30,270							00.040		
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,649  Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$139.53	\$73.19	\$0.00	\$15.02	\$18.79	(with L&H)	\$19.58	29,649 \$8.11	\$4.23	\$0.61
10	·	from 4 qtrs of FY12	ф139.53	1.5517	φυ.υυ	\$15.02	\$10.79	(WILLI LOTI)	φ19.36	фо.11	<b>Φ4.23</b>	φυ.61
11	,	Ln 9 / Ln 10		\$47.17								
12	, , ,	RS = Ln 11, AllOthr = Ln 9		\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	\$4.23	\$0.61
13	•	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.40	\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	15.12	\$0.61
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.48	\$8.67	\$0.00	\$2.76	\$3.45	\$0.00	\$3.60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.88	\$55.84	\$0.00	\$17.78	\$22.24	\$0.00	\$23.18	\$8.11	\$15.12	\$0.61
17		per Current Qtr End		1.7398								
18	, , ,	Ln 16 x Ln 17		\$97.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.19	\$97.15	\$0.00	\$17.78	\$22.24	\$0.00	\$23.18	\$8.11	\$15.12	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22		Ln 19 Col b x Stfng Add-on	\$3.89	\$3.89								
23		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.95	\$6.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.14	\$104.00	\$0.00	\$18.00	\$22.65	\$0.00	\$40.65	\$8.11	\$15.12	\$0.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.03									

Line # CASE MIX B	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:  Description  BASED RATE CALCULATIONS	4/1/2021 12/31/20 Nurse Hours Sources / Calculations		with Allowance: trly BIMS score uality Incentive: Routine	N/A 36.2% 3.63	18.37% 2.5% 3.0%	Ortrly Mcaid		Overall CMI: Medicaid CMI: Vght Options:		1.2064 1.4326 1.4565	1.3617 1.5382 1.5656
CASE MIX B	MDS & Nurse Hrs Data per Quarter Ending:  Description  BASED RATE CALCULATIONS	12/31/20 Nurse Hours Sources /	s per On-Site Day/Q	uality Incentive:	3.63		Ortrly Moaid				1.4326	1.5382
CASE MIX B	Description BASED RATE CALCULATIONS	Sources /				3.0%	Ortrly Moaid	CMI w RUG V	Vght Options:		1.4565	1.5656
CASE MIX B	BASED RATE CALCULATIONS		Totals	Routine								
1				Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1			а	ь	С	d	е	f	g	g	h	i
1 Cont Cont		1				:						
	r Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
1	of Facility within Peer Group	(add t olicy mariod)	i	All Facilities	•	Free Standing	All Facilities	All Facilities	All Facilities	:		
	Size Range within Peer Group		,	All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes				
Peer Group	Standards & Efficiency Measure Limits	į.		,		: :						
	p Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%		:	
	p Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Efficiency	Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	į i		
Base Perio	d Per Diem Allowed Amounts					:						
5 As Filed C	Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,654,415.00	\$2,010,478	\$0	\$317,824	\$273,019	\$299,773	\$493,783	\$199,696	\$59,842	\$0
6 Audit Adju	stments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$87,423)	(\$9,313)	\$0	(\$452)	\$0	(\$839)	(\$76,819)		(\$17,824)	\$17,824
7 Cost Cent	er Costs After Audit Adjustments	FY12 Audited C/R	\$3,566,992	\$2,001,165	\$0	\$317,372	\$273,019	\$298,934	\$416,964	\$199,696	\$42,018	\$17,824
8 Total No	ursing Facility Days As Filed Days = 24,301	FY12 Audited C/R Days	24,301				-	1				
Total N	ursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,782	FY 18 GL-PL Ins Rpt Days								26,782		
9 Net Per Di	iems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.03	\$82.35	\$0.00	\$13.06	\$23.54	(with L&H)	\$17.16	\$7.46	\$1.73	\$0.73
10 Base Pe	eriod Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2064						į i		
11 Routine	Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.26				[ :		: :		
12 Net Per Di	iems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	,	\$68.26	\$0.00	\$13.06	\$23.54		\$17.16	\$7.46	\$1.73	\$0.73
13 Per Diem :	Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14 Base Perio	od Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.45	\$68.26	\$0.00	\$13.06	\$23.09		\$17.16	\$7.46	9.69	\$0.73
Quarterly P	er Diem Rate Prior to Add-ons										(FRV)	
	lowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22,33	\$12.54	\$0.00	\$2.40	\$4.24	\$0.00	\$3.15	N/A	N/A	N/A
1	ved Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.78	\$80.80	\$0.00	\$15.46	\$27.33	\$0.00	\$20.31	\$7.46	\$9.69	\$0.73
	Ty Facility Case Mix Index for Medicaid Residents	per Current Qtr End	<b>\$101110</b>	1.4565	40.00	0,0.40	Ψ27.05	\$0.00	QL0.01	01.40	40.03	Ψ0.10
	Loutine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.69				' i		1		
	Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.67	\$117.69	\$0.00	\$15.46	\$27.33	\$0.00	\$20.31	\$7.46	\$9.69	\$0.73
Quarterly P	er Diem Add-on Amounts	¥.	!									
	Add-on Per Diem ((Sind - 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	: 1	\$0.00	
	I-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94	40.00		\$2.55	<b>42.50</b>	-0.01		45.00	
	ff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$3.53	\$3.53								
;	ome Provider Fee	(Fixed Amount)	\$17.10						\$17.10	i i		
24 Total Quar	rterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.69	\$7.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly C	ase Mix Based Per Diem Rate	£n 19 + Ln 24	\$223.36	\$124.69	\$0.00	\$15.68	\$27.33	\$0.00	\$37.78	\$7.46	\$9.69	\$0.73
26 Quarterly P	er Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.70			:						

Provider: Prvdr ID:		Case Mix Per Diem Rate Effective Date:	4/1/2021	Q	owth Allowance: trly BIMS score	23.9%	Add-on Percent 18.37% 1.0%		Quarterly I	d Overall CMI: Medicaid CMI:		Facility Specific 1,4840 1,3902	State- wide 1.3617 1.5382
:	MDS	& Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hot	urs per On-Site Day/Q	uality Incentive:	3.77	3.0%	Ortrly Micaid	CMI w RUG \	Wght Options:		1.4176	1.5656
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				а	ь	С	d	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULA	TIONS		İ	i							i	
1 Cost	Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	,	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes			:
2 Peei 3 Peei	Group Standards & Efficiency Mea: r Group Standards: Percentile r Group Standards: Multiplier ciency Measure Maximums (see line 2		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37		- to exchange	:
Base	Period Per Diem Allowed Amounts	:					)			•			;
5 As F	Filed Cost Center Costs (Routine & Sp	pecial Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,886,734.00	\$1,814,293	\$0	\$336,184	\$285,278	\$234,537	\$563,197	\$163,606	\$489,639	\$0
6 Audi	it Adjustments and Reallocations to C	Cost Center Costs	FY12 C/R Audit Adjstmts	(\$68,459)	(\$5,284)	\$0	(\$880)	\$0	\$0	(\$62,295)		(\$12,027)	\$12,027
7 Cost	t Center Costs After Audit Adjustmen	ls	FY12 Audited C/R	\$3,818,275	\$1,809,009	\$0	\$335,304	\$285,278	\$234,537	\$500,902	\$163,606	\$477,612	\$12,027
8 To	otal Nursing Facility Days	As Filed Days = 22,836	FY12 Audited C/R Days	22,836					İ	:	1		!
	otal Nursing Facility Days GL-PL Ins.	•	FY 18 GL-PL Ins Rpt Days	:			1			:	23,376		;
	Per Diems prior to Case Mix Adjstmt		Ln 7 / Ln 8 Col a	\$167.03	\$79.22	\$0.00	\$14.68	\$22.76	(with L&H)	\$21.93	\$7.00	\$20.91	\$0.53
	ase Period Facility Case Mix Index fo		from 4 qtrs of FY12		1.4840		į.				1		
	loutine Srvcs Case Mix Adjstd (CMA)		Ln 9 / Ln 10	:	\$53.38	:							
	Per Diems after Case Mix Adjstmt to		RS = Lπ 11, AliOthr = Ln 9		\$53.38	\$0.00	\$14.68	\$22.76		\$21.93	\$7.00	\$20.91	\$0.53
	Diem Standards (After Statewide CMA F		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base	e Period Case Mix Adjusted Allowed I	Per Diem	Lesser of Ln 12 or Ln 13	\$137.47	\$53.38	\$0.00	\$14.68	\$22.76		\$20.56	\$7.00	18.56 : (FRV)	\$0.53
1 .	erly Per Diem Rate Prior to Add-on				i	1	i i			:			
1 :	wth Allowance Percentage =	<u>18,37%</u>	Ln 14 x Grwth Allwnc %	\$20.47	\$9.81	\$0.00	\$2.70	\$4.18	\$0.00	\$3.78	N/A	N/A	N/A
	A Allowed Per Diem (After Growth Allow	· ·	Ln 14 + Ln 15	\$157.94	\$63.19	\$0.00	\$17.38	\$26.94	\$0.00	\$24.34	\$7.00	\$18.56	\$0.53
1 :	tuarterly Facility Case Mix Index for M		per Current QIr End	1	1.4176					:	[	and the	Ì
1 -	Artry Routine Srvcs Case Mix Adjstd (	' '	Ln 16 x Ln 17		\$89.58								
19 Qua	rterly Medicaid CMA Allowed Per Die	m	RS = £n 18, AliOthr = £n 16	\$184.33	\$89.58	\$0.00	\$17.38	\$26.94	\$0.00	\$24.34	\$7.00	\$18.56	\$0.53
Quart	erly Per Diem Add-on Amounts						1						i
20 Effic	ciency 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 BIM	S Add-on Per Diem =	1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90				!	:		g.	
	se Staff Hrs / Quality Add-on Per Dien	n: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$2.69	\$2.69		!		İ			A-1	i
1 (	sing Home Provider Fee		(Fixed Amount)	\$17.10	:		ļ.		1	\$17.10	·	}	:
24 Tota	al Quarterly Per Diem Add-on Amount	\$	Sum of Lns 20 thru 23	\$21.69	\$4.12	\$0.00	\$0.22	\$0.25	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quart	erly Case Mix Based Per Diem Rate	9	£n 19 + Ln 24	\$206.02	\$93.70	\$0.00	\$17.60	\$27.19	\$0.00	\$41.44	\$7.00	\$18.56	\$0.53
26 Quarte	erly Per Diem Rate for Bed Hold an	d Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.69								•	

	rovider: PruittHealth- Ocilla	A	udd-on Data and F Grov	ercentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (f	CMI) Data 1 Overall CMI:	•	Facility Specific 1,2894	State- wide 1,3699
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/21 12/31/20 Nurse Hours pe		ly BIMS score	31.9% 4.52	2.5% 2.0%	Ortrly Moaid	Quarterly	Medicaid CMI: Wght Options:		1.7546 1.7885	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	ď	е	f	g	g	h	ì
С	ASE MIX BASED RATE CALCULATIONS											
ı '	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 Ali Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
ı	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY13 C/R	\$2,182,584	\$1,021,452	\$0	\$189,330	\$134,583	\$156,353	\$367,726	\$199,696	\$113,444	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,843)	(\$596)	\$0	(\$1,057)	\$0	\$0	(\$73,521)		(\$4,692)	\$13,023
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,115,741	\$1,020,856	\$0	\$188,273	\$134,583	\$156,353	\$294,205	\$199,696	\$108,752	\$13,020
8	Total Nursing Facility Days As Filed Days = 12,967	FY13 Audited G/R Days	12,967									
	Total Nursing Facility Days GL-Pt, Ins. Rpt As Filed Days = 23,080	FY 18 GL-PL Ins Rpt Days						)   		23,080		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.42	\$78.73	\$0.00	\$14.52	\$22.44	(with L&H)	\$22.69	\$8.65	\$8.39	\$1,00
10	Base Period Facility Case Mix Index for All Residents	from 4 glrs of FY10		1,2894								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.06	\$0.00	\$14.52	\$22.44		\$22,69	\$8,65	\$8,39	\$1.0
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,90	\$0,00	\$19,14	\$23,27		\$23,46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139,31	\$61.06	\$0.00	\$14.52	\$22.44	! [	\$22,69	\$8.65	8,95	\$1.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	1	Lis 14 x Grwth Allwine %	\$22,18	\$11,22	\$0,00	\$2,67	\$4,12	\$0.00	\$4.17	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$161,49	\$72,28	\$0.00	\$17,19	\$26,56	\$0,00	\$26.86	\$8.65	\$8.95	\$1,0
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,7885							23,20	,,,,
18		Ln 16 x Ln 17		\$129.27				} Y				
19		RS = Ln 18, AllOthr = Ln 16	\$218.48	\$129.27	\$0.00	\$17.19	\$26.56	\$0.00	\$26.86	\$8.65	\$8.95	\$1.00
	Overtedu Des Diens Add en Asseunts							<b>!</b>				
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	\$1,53	\$0,53	\$0.00	\$0.22	60 **	60.00	00.07		60.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0}  BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual)	\$1.53 \$3.23	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22		Ln 19 Col b x Sting Add-on	\$3.23 \$2.59	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$2.59	\$c,39					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.45	\$6,35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	· · · · · · · · · · · · · · · · · · ·	Ln 19 + Ln 24	\$242.93	\$135.62	\$0.00	\$17.41	\$25.97	\$0.00	\$44.33	\$8.65		
				\$135,62	\$0,00	\$17,41	\$20,97	\$0.00	\$44.33	\$8.65	\$8,95	\$1,00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.37									

	ovider: PruittHealth - Old Capitol vdr ID: 00142304A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Endino:	4/1/2021 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 32.1% 2.89	Add-on Percent 18.37% 2.5% 2.0%			l Overall CMI: dedicaid CMI:		Facility <u>Specific</u> 1.2935 1.3695 1.3930	State- wide 1,3617 1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	e	f	g	9	h	i
С	ASE MIX BASED RATE CALCULATIONS							:				
1	Cost Center Peer Groups Typo of Facility within Poor Group Bed Size Range within Peer Group	(see Policy Manual)		† All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
:	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,892,389.00	\$2,956,703	\$0	\$535,070	\$480,839	\$285,393	\$776,842	\$344,054	\$513,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$147,523)	(\$6,095)	\$0	(\$1,602)	(\$4,084)	(\$2,989)	(\$128,395)		(\$62,054)	\$57,696
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,744,866	\$2,950,608	\$0	\$533,468	\$476,755	\$282,404	\$648,447	\$344,054	\$451,434	\$57,696
8	Total Nursing Facility Days As Filed Days = 45,401	FY12 Audited C/R Days	45,401						,	:		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,972	FY 18 GL-PL Ins Rpt Days								42,972		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$126.96	\$64.99	\$0.00	\$11.75	\$16.72	(with L&H)	\$14.28	\$8.01	\$9.94	\$1.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2935</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24								! !
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$50.24	\$0.00	\$11.75	\$16.72		\$14.28	\$8.01	\$9.94	\$1.27
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.25	\$50.24	\$0.00	\$11.75	\$16.72	:	\$14.28	\$8.01	7.98	\$1.27
	Quarterly Per Diem Rate Prior to Add-ons							:	;		(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwinc %	\$17.08	\$9.23	\$0.00	\$2,16	\$3.07	\$0.00	\$2.62	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Lп 15	\$127.33	\$59.47	\$0.00		\$19.79	\$0.00	\$16.90	\$8.01	\$7.98	\$1.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	<b>4127.00</b>	1.3930			410.73			40.01	Ψ1.50	¥1,.2.
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.84	:				i			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$150.70	\$82.84	\$0.00	\$13.91	\$19.79	\$0.00	\$16.90	\$8.01	\$7.98	\$1.27
į									:			
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	¢4.50		\$0.00	00.00	60.44	60.00			***	
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$2.07	\$0.53 \$2.07	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$1.66	\$1.66					I	:		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	91.00		-			\$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	\$17.10	\$0.00	\$0.00	\$0.00
		Ln 19 + Ln 24				<del> </del>		<del></del>	<del>.</del>	<del>;</del>		
25	Quarterly Case Mix Based Per Diem Rate	LII 19 T LII 24	\$173.06	\$87.10	\$0.00	\$14.13	\$20.20	\$0.00	\$34.37	\$8.01	\$7.98	\$1.27

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$116.97

(Ln 25 - Ln 23) \* 0.75

• • • •		<u></u>	dd-on Data and	Percentages wth Allowance:	Score N/A	Percent 18.37%	<u>c</u>	ase Mix Index	(CMI) Data od Overall CMI:		Facility Specific 1.3544	State- <u>wide</u> 1,4014
	dr ID: 00142337A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hours per	Q	trly BIMS score	35.0%	2.5% 3.0%	Qrtrly Mca	Quarterly	y Medicaid CMI: Wght Options:		1,5639 1,5933	1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		——————————————————————————————————————	а	b	c	d	е	f	g		h	i
CAS	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	( B-()		1	1	2	1	1				
	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			-
	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	***************************************		, , , , , , , , , , , , , , , , , , ,
,	Base Period Per Diem Allowed Amounts											
- 1	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$10,035,853	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$2,158,384	\$601,493	\$525,008	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$1,099,099)	\$0	\$0	\$0	\$0	\$0	(\$1,099,099)		(\$37,252)	\$37,252
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$8,936,754	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$1,059,285	\$601,493	\$487,756	\$37,252
8	Total Nursing Facility Days As Filed Days = 60,292	12/31/14 Audited C/R Days	60,292									
- 1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 79,384	FY 18 GL-PL Ins Rpt Days								79,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / Ln 8 Col a	\$145.83	\$72.52	\$0.00	\$13.90	\$25.55	(with L&H)	\$17.57	\$7.58	\$8.09	\$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.3544</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53,54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.54	\$0.00	\$13.90	\$25.55		\$17,57	\$7,58	\$8,09	\$0.63
13	Per Diem Standards (Alter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,31	\$0,00	\$19,52	\$23.55		\$24.02		N/A	
1	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.47	\$53.54	\$0.00	\$13.90	\$23,55		\$17.57	\$7,58	8,71 <i>(FRV)</i>	\$0,62
1	Quarterly Per Diem Rate Prior to Add-ons	1 44 0	*** **									
1	Growth Allowance Percentage = 18,4%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$19,95	\$9,84	\$0.00	\$2.55	\$4.33	\$0.00	\$3.23	N/A	N/A	N/A
16 { 17 }	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	Ln 14 + Ln 15 per Current Otr End	\$145.42	\$63.38	\$0.00	\$16.45	\$27,88	\$0,00	\$20,80	\$7,58	\$8,71	\$0,62
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1,5933 \$100.98								
- 1	Quarterly Medicaid CMA Allowed Per Diem	AS = Ln 18, AllOthr = Ln 16	\$183.02	\$100.98	\$0.00	\$16.45	\$27.88	\$0,00	\$20.80	\$7.58	\$8,71	\$0.62
	Quarterly Per Diem Add-on Amounts					the						
	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stvcs)	Ln 19 Col b x Sting 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	\$23.77	\$6.08	\$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	\$206,79	\$107,06	\$0.00	\$16.67	\$27.88	\$0.00	\$38.27	\$7,58	\$8,71	\$0,62
26 (	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.27							•		

Provider: Prvdr ID:		e, LLC  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	4/1/2021 12/31/20 Nurse Hot		owth Allowance: trly BIMS score	Facility Score N/A 42.7% 4.11	Add-on Percent 18.37% 2.5% 2.0%			l Overall CMI: dedicaid CMI:		Facility <u>Specific</u> 1.4021 1.5540 1.5811	State- wide 1.3617 1.5382 1.5656
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>				a	b	С	d	e	f	9	9	ħ	i
CASE	MIX BASED RATE CALC	CULATIONS								i i			
1 Cost	Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Grou		(see Policy Manual)	!	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		:	
2 Pee 3 Pee	Group Standards & Efficiency er Group Standards: Percentile er Group Standards: Multiplier ciency Measure Maximums (se		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37		:	:
1	Period Per Diem Allowed Am	-	,,				:						
1 1 1 1 1 1	Filed Cost Center Costs (Routi		As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,408,690,00	\$4,050,040	\$0	\$669,820	\$481,400	\$414.957	\$920.986	\$293,529	\$577,958	\$0
	lit Adjustments and Reallocation		FY12 C/R Audit Adjstmts	(\$137,112)	1 ' '			(\$5,708)			1	(\$119,471)	
	st Center Costs After Audit Adju		FY12 Audited C/R	\$7,271,578	\$4,047,307	\$0		\$475,692	\$410,036	\$804,194		\$458,487	\$112,628
8 T	Total Nursing Facility Days	As Filed Days = 42,749	FY12 Audited C/R Days	42,749							:		
T	Total Nursing Facility Days GL-P	PL Ins. Rpt As Filed Days = 41,326	FY 18 GL-PL Ins Rpt Days	•			i i			!	41,326		
9 Net	Per Diems prior to Case Mix A	djstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$170.34	\$94.68	\$0.00	\$15.67	\$20.72	(with L&H)	\$18,81	\$7.10	\$10.73	\$2.63
. 10 E	Base Period Facility <u>Case Mix In</u>	ndex for All Residents	from 4 qtrs of FY12		<u>1.4021</u>						i		
11 F	Routine Srvcs Case Mix Adjstd (	(CMA) Net Per Diem	Ln 9 / Ln 10		\$67.53						1		
12 Net	Per Diems after Case Mix Adjs	stmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.53	\$0.00	\$15.67	\$20.72		\$18.81	\$7.10	\$10.73	\$2.63
13 Per	Diem Standards (After Statewide	CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	se Period Case Mix Adjusted All	lowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.06	\$67.53	\$0.00	\$15.67	\$20.72		\$18.81	\$7.10	15.60 (FRV)	\$2.63
Quart	terly Per Diem Rate Prior to A	dd-ons				!				i		(, , , , , , , , , , , , , , , , , , ,	
	wth Allowance Percentage =	<u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.56	\$12.41	\$0.00	1	\$3.81	\$0.00	\$3,46	N/A	N/A	N/A
1 1	A Allowed Per Diem (After Growt	lh Allowance Add-on)	Ln 14 + Ln 15	\$170.62	\$79.94	\$0.00	\$18.55	\$24.53	\$0.00	\$22.27	\$7.10	\$15.60	\$2.63
	Quarterly Facility <u>Case Mix Index</u>	-	per Current Qlr End		<u>1.5811</u>		1		!	i	: i		
	Ortrly Routine Srvcs Case Mix A		Ln 16 x £n 17		\$126.39					i ·	1	:	
19 Qua	arterly Medicaid CMA Allowed P	er Diem	RS = Ln 18, AllOthr = Ln 16	\$217.07	\$126.39	\$0.00	\$18.55	\$24.53	\$0.00	\$22.27	\$7.10	\$15.60	\$2.63
	terly Per Diem Add-on Amour				:					v 1		:	
20 Effic	ciency Add-on Per Diem ([Stnd	- Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	: !	\$0.00	
1 :	IS Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16		1			:			
1 1	-	er Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53		1						
1 -	sing Home Provider Fee		(Fixed Amount)	\$17.10	! I		i		:	\$17.10		:	
24 Tota	al Quarterly Per Diem Add-on A	mounts	Sum of Lns 20 thru 23	\$24.32	\$6.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Die	m Rate	Ln 19 + Ln 24	\$241.39	\$132.61	\$0.00	\$18.77	\$24.94	\$0.00	\$39.74	\$7.10	\$15.60	\$2.63
26 Quart	terly Per Diem Rate for Bed H	old and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.22									

1	rovider: PruittHealth-Rome	Adv	d-on Data and P	ercentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data d Overall CMI		Facility Specific 1,3499	State- wide 1,4014
「	Case Mix Per Diem Rate Effective Date:	4/1/2021		n Allowance: ly BIMS score		18,37%			d Overall CMI: Medicaid CMI:		1,3499	1,4014
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hours per 0	On-Site Day/Qua	ality Incentive:	3,98	2.0%	Ortrly Meaid	CMI w RUG Y	Wght Options:		1,6428	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g		h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		,	1	2	1	1				
l '	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	ı All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	·	(east and market)			45,05	70.22	<b>40.</b> / ·		40.07			
_	Base Period Per Diem Allowed Amounts	A. T T T										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt FY14 C/R Audit Adistmts	\$3,269,285	\$1,421,270	\$0	\$302,768	\$145,782	\$429,310	\$569,705	\$240,597	\$159,853	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY14 C/A Audit Adjstms  FY14 Audited C/R	(\$78,774) \$3,190,511	\$0 \$1,421,270	\$0 \$0	\$0 \$302,768	\$605 \$146,387	\$1,781 \$431,091	(\$81,716) \$487,989	\$240,597	(\$25,246) \$134,607	\$25,802 \$25,802
8	Total Nursing Facility Days As Filed Days = 18,323	FY14 Audited C/R Days	18,323	\$1,421,270	20	\$302,700	φ140 <sub>1</sub> 307	\$431,031	\$407,309	\$240,397	\$134,007	\$25,002
ľ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,387	FY 18 GL-PL Ins Rpt Days	10,020							34,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$168,00	\$77.57	\$0,00	\$16.52	\$31.52	(with L&H)	\$26.63	\$7.00	\$7,35	\$1.41
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY10	•	1,3499			•	,			•	• • • • • • • • • • • • • • • • • • • •
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$57.46								
12	Net Per Diems after Case Mix Adjstrnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.46	\$0,00	\$16,52	\$31.52		\$26.63	\$7.00	\$7,35	\$1.41
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23,55		\$24,02	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$140,92	\$57,46	\$0,00	\$16,52	\$23,55		\$24.02	\$7.00	10.96	\$1.41
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$22,33	\$10.56	\$0.00	\$3.03	\$4.33	\$0.00	\$4,41	N/A	N/A	N/A
16	CMA Allowed Per Diem (Atter Growth Allowance Add-on)	Ln 14 + Ln 15	\$163,25	\$68,02	\$0.00	\$19.55	\$27.88	\$0.00	\$28.43	\$7.00	\$10.96	\$1,41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	, .	1,6428	1	,	• • • • • • • • • • • • • • • • • • • •	,			******	7.7
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.97	\$111.74	\$0.00	\$19.55	\$27.88	\$0.00	\$28.43	\$7.00	\$10.96	\$1.41
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ( Sind - 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 Routino Srvs)	Ln 19 Gol b x CPS Add-on	\$2.79	\$2,79	\$3,00	40,2,2	Ψ0,00	\$0.00	Ψ5.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	En 19 Col b x Sting 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	\$22.87	\$5.55	\$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	\$229.84	\$117.29	\$0.00	\$19.77	\$27.88	\$0.00	\$45.53	\$7,00	\$10,96	\$1,41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.56			1			1			
L	I	<u> </u>	I	J								

#### FINAL

Pr	ovider: Pruitt Health - Savannah vdr ID: 00238323A H/B ?: No Case Mix Per Diem Rate Effective Di MDS & Nurse Hrs Data per Quarter Endi			ita and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 9.7% 3.32	Add-on Percent 18.37% 0.0% 2.0%		Quarterl	(CMI) Data od Overall CMI: y Medicaid CMI: 6 Wght Options:		Facility Specific 1.5049 1.8342 1.8702	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and insurance
			a	b	<u> </u>	<u>d</u>	е	<u>f</u>	g	<u> </u>	<u> </u>	<u> </u>
CA	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group  Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile  Peer Group Standards: Multiplier  Efficiency Measures (Maximums)  Per Diem Costs and Add-ons GL-PL- Insurance Costs  Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs)  Allowed @ 95% of Std  Growth Allowance  18.4%  CMA Allowed Per Diem (After Growth Alowance) Quarterty Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterty Medicaid CMA Allowed Per Diem	FY2018 GL-PL Ins. Rpl FY2018 GL-PL Ins. Rpl FY 2012 Peer Group Lim		1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$12.48 \$80.41 1.8702 \$150.38 \$5150.38	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	85.0% 100.0% \$0.41 \$23.09 \$21.94		1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$25.51 \$25.51 \$25.51 (FRV Rato) \$25.51	
	Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% (to Routine S Nurse Staff Hrs / Quality Add-on Per Diem = 2. Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts	vs) 1%	\$0.00 \$3.01 \$17.10 \$20.11	\$0.00 \$3.01					17.10			
	Quarterly Case Mix Based Per Diem Rate		\$273.84	\$153.39		\$20.70	\$25.97	<u> </u>	\$40.22	\$7.13	\$25,51	\$0.92
L	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$192,55										

Provider: PruittHealth - Shepherd Hills, LLC		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00142964A  Case Mix Per Diem Rate Effective Date:	4/1/2021		wth Allowance: Idy BIMS score	N/A 18.2%	18.37% 0.0%			d Overall CMI; Medicaid CMI;		1.4305 1.4017	1.3617 1.5382
MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Qເ		3.50	2.0%	Ortrly Mcaid	CMI w RUG \			1.4251	1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	9	h	i
CASE MIX BASED RATE CALCULATIONS		i					!	:			
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	,	. 1	1	·	
Type of Facility within Peer Group	(44-1-4-1-4)	:	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	!		
Bed Size Range within Peer Group	·	:	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bod Sizes			
Peer Group Standards & Efficiency Measure Limits	:								!		
2 Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%	1	105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	· ·	\$0.53	\$0.00	\$0.22	\$0.41	İ	\$0.37			
Base Period Per Diem Allowed Amounts					1		` }				
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,573,146.00	\$3,139,645	\$0	\$526,560	\$391,236	\$294,748	\$752,684	\$269.469	\$198,804	\$0
6 Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$122,716)	(\$7,258)	\$0	1	(\$6,672)		1 1	1	(\$42,168)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,450,430	\$3,132,387	\$0		\$384,564	\$289,042	\$653,360	\$269,469	\$156,636	\$38,785
8 Total Nursing Facility Days As Filed Days = 39,683	FY12 Audited C/R Days	39,683	i			•	!			•	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,862	FY 18 GL-PL ins Rpt Days		1		1		1	:	37,862		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$137,68	\$78.94	\$0.00	\$13.26	\$16,97	(with L&H)	\$16.46	\$7.12	\$3.95	\$0.98
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4305		1 1		'	: 1		,	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	Ì	\$55.18		1					!	
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$55.18	\$0.00	\$13.26	\$16,97	1	\$16.46	\$7.12	\$3.95	\$0.98
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	!	\$71.51	\$0.00	\$18.41	\$23.09	İ	\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.66	\$55.18	\$0.00	\$13.26	\$16.97		\$16.46	\$7.12	6.69	\$0.98
Quarterly Per Diem Rate Prior to Add-ons					1					(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwric %	\$18.72	\$10.14	\$0.00	\$2,44	\$3.12	\$0.00	\$3.02	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$135.38	\$65.32	\$0.00	•	\$20.09	\$0.00	\$19.48	\$7.12	\$6.69	\$0.98
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4251			<b>4</b>	i		,	40.00	40.00
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$93.09					:	;		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.15	\$93.09	\$0.00	\$15.70	\$20.09	\$0.00	\$19.48	\$7.12	\$6.69	\$0.98
Quarterly Per Diem Add-on Amounts			;		:		<i>t</i> :	*	!		
20 Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	i	\$0.00	
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Co! b x CPS Add-on	\$0.00	\$0.00				į	:	!		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$1.86	\$1.86				ì	1	1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10					:	\$17.10	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.49	\$2.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.64	\$95.48	\$0.00	\$15.92	\$20.50	\$0.00	\$36.95	\$7.12	\$6.69	\$0.98
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.91		<u> </u>	·		<del></del>	<del></del>	<u></u>		

	rovider: PruittHealth -Spring Valley, LLC		Add-on Data and	***************************************	Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pi	rvdr ID: 00143096A	41410004		wth Allowance:	N/A	18.37%			Overail CMI:		1.3401	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	rs per On-Site Day/Q	trly BIMS score uality Incentive:	36.8% 3.56	2.5% 3.0%	Ortrly Moaid	CMI w RUG \	Medicaid CMI: Wght Options:		1.5766 1.6053	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	!		а	b	С	d	е	f	g	g	h	i
c	ASE MIX BASED RATE CALCULATIONS			:		:		! !	]			
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	. 1	. 1			
•	Type of Facility within Peer Group	(coor one) manuary		All Facilities	All Facilities		All Facilities	All Facilities	All Facilities	:		
	Bed Size Range within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits	\$						,				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
. 3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	.		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			:
	Base Period Per Diem Allowed Amounts				ı			<u> </u>				: :
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,128,444.00	\$1,595,716	\$0	\$306,856	\$236,002	\$185,738	\$554,227	\$144,358	\$105,547	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,694)	(\$852)	\$0	\$0	(\$2,164)	(\$2,923)	(\$56,789)	ĺ	(\$15,218)	\$14,252
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,064,750	\$1,594,864	\$0	\$306,856	\$233,838	\$182,815	\$497,438	\$144,358	\$90,329	\$14,252
8	Total Nursing Facility Days As Filed Days = 20,610	FY12 Audited C/R Days	20,610					i *				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,123	FY 18 GL-PL Ins Rpt Days				:				18,123		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.67	\$77.38	\$0.00	\$14.89	\$20.22	(with L&H)	\$24.14	\$7.97	\$4.38	\$0.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3401		1		F		1		i
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74		1			i			:
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.74	\$0.00	\$14.89	\$20.22		\$24.14	\$7.97	\$4.38	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.67	\$57.74	\$0.00		\$20.22		\$20,56	\$7.97	8.60	\$0.69
		·		1				t t	İ		(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwac %	000.04					• • • • • • • • • • • • • • • • • • • •	***			
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwin Allwing %	\$20,84	\$10.61	\$0.00		\$3.71	\$0.00	\$3.78		N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$151.51	\$68.35	\$0.00	\$17.63	\$23.93	\$0.00	\$24.34	\$7.97	\$8.60	\$0.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6053</u>		: 1			i	1		
. 18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.72		:!						:
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192,88	\$109.72	\$0.00	\$17.63	\$23.93	\$0.00	\$24.34	\$7.97	\$8.60	\$0.69
· !	Quarterly Per Diem Add-on Amounts				,	1		: I	1	1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2,74					1	:		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29		1			1	-		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	i					\$17.10			:
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.29	\$6.56	\$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	\$217.17	\$116.28	\$0.00	\$17.85	\$24.34	\$0.00	\$41.44	\$7.97	\$8.60	\$0.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.05			<u>-i</u>		I	!	·		<b>-</b>
		,,,	4,00.00									

	rovider: PruittHealth - Sunrise, LLC rodr ID: 00143173A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 31.8% 4.11	Add-on <u>Percent</u> 18.37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3624 1.5737 1.6038	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
		(coor only manaal)		00.00	<b>40.00</b>	V0.22	<b>Q</b> 0		00.07			
_	Base Period Per Diem Allowed Amounts	As Filed EVAN C/D EV 2040 CL DL Dwt	#0.070.000.00	04 440 050		#000 4F7	<b>#</b> 400.405	#000 F04	£400.404	0444.050	#000 00F	
5 6	As Filed Cost Center Costs (Routine & Special Srvcs Combined)  Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$2,978,696.00 (\$58,620)	\$1,446,356 (\$2,358)	\$0 \$0	\$308,457 (\$869)	\$188,495 \$0	\$220,501 \$0	\$462,134 (\$55,393)	\$144,358	\$208,395 (\$20,929)	\$0 \$20,929
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,920,076	\$1,443,998	\$0	\$307,588	\$188,495	\$220,501	\$406,741	\$144,358	\$187,466	\$20,929
8	Total Nursing Facility Days As Filed Days = 21,352	FY12 Audited C/R Days	21,352	ψ1,110,000	ų,	4007,000	<b>\$100,100</b>	<b>\$220,00</b> .	<b>\$100,111</b>	\$111,000	ψ.σ.,.σσ	\$20,020
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,808	FY 18 GL-PL Ins Rpt Days	,							19,808		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137.29	\$67.63	\$0.00	\$14.41	\$19.15	(with L&H)	\$19.05	\$7.29	\$8.78	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3624								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.64	\$0.00	\$14.41	\$19.15		\$19.05	\$7.29	\$8.78	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.37	\$49.64	\$0.00	\$14.41	\$19.15		\$19.05	\$7.29	9.85	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.79	\$9.12	\$0.00	\$2.65	\$3.52	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.16	\$58.76	\$0.00	\$17.06	\$22.67	\$0.00	\$22.55	\$7.29	\$9.85	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6038								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.64	\$94.24	\$0.00	\$17.06	\$22.67	\$0.00	\$22.55	\$7.29	\$9.85	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.83	\$2.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.82	\$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	\$198.46	\$99.96	\$0.00	\$17.28	\$23.08	\$0.00	\$40.02	\$7.29	\$9.85	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.02			"				,		

	rovider: PruittHealth - Swainsboro, LLC		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Pı	rvdr ID: 00143195A			wth Allowance:	N/A	18.37%			Overall CMI		1.4255	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021		trly BIMS score	30.4%	2.5%			viedicaid CMI:		1.5777	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	ırs per On-Site Day/Q	uality Incentive:	3.77	3.0%	Ortrly Moaid	CMI w RUG V	Nght Options:		1,6067	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	С	д	е	f	g	9	b	ì
С	ASE MIX BASED RATE CALCULATIONS							1				
1	Cost Center Peer Groups	(see Policy Manual)	i 	1	1	2	1	1	1	1	;	
	Type of Facility within Peer Group	(add i dilay indisad)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	į į		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	i i	1	
	Peer Group Standards & Efficiency Measure Limits		I .					1		1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	i		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	!	105.0%	!		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37			
	Base Period Per Diem Allowed Amounts	i	i I			1			:			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,119,026.00	\$2,891,203	\$0	\$435,802	\$347,652	\$266,372	\$680,876	\$247,815	\$249,306	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,673)	(\$10,147)	\$0	(\$297)	(\$1,732)	(\$1,002)	(\$87,254)	ıİ İ	(\$32,185)	\$30,944
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,017,353	\$2,881,056	\$0	\$435,505	\$345,920	\$265,370	\$593,622	\$247,815	\$217,121	\$30,944
8	Total Nursing Facility Days As Filed Days = 33,677	FY12 Audited C/R Days	33,677			1		1		:		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,277	FY 18 GL-PL Ins Rpt Days		· .		1			:	29,277		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$150.09	\$85.55	\$0.00	\$12.93	\$18.15	(with L&H)	\$17.63	\$8.46	\$6.45	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4255							:	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$60.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$12.93	\$18.15		\$17.63	\$8.46	\$6.45	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.00	\$60.02	\$0.00	\$12.93	\$18,15		\$17.63	\$8.46	8.89	\$0.92
l	Quarterly Per Diem Rate Prior to Add-ons	l	! I	1						'	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.98	\$11.03	\$0.00	\$2.38	\$3.33	\$0.00	\$3.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.98	\$71.05	\$0.00	1	\$21.48	\$0.00	\$20,87	3 1	\$8.89	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	3140.86	1.6067	\$0.00	313.31	\$21.40	\$0.00	\$20.07	30,40	20.09	\$0.92
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.16						1 :		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.09	\$114.16	\$0.00	\$15.31	\$21.48	\$0.00	\$20.87	\$8.46	\$8.89	\$0.92
1					42.00					33.70	\$3.00	40,04
200	Quarterly Per Diem Add-on Amounts	(and Balliou Manual)					<i>me</i>	60.00	#n	· .		
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85						1	:	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$3.42	\$3.42		1					\$	
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10		60.00	****	<b></b>		\$17.10			An
24	Total Quarterly Per Diem Add-on Amounts		\$24.90	\$6.80	\$0.00	<del> </del>	\$0,41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$214.99	\$120.96	\$0.00	\$15.53	\$21,89	\$0.00	\$38.34	\$8.46	\$8.89	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.42									
			1	1								

Provider: PruittHealth- Sylvester	A	dd-on Data and		Facility Score	Add-on Percent	<u>c</u>	ase Mix Index		•	Facility Specific	State- wide
Prvdr ID: 00143206A	*/* 1000-		wth Allowance:	N/A	18.37%			od Overall CMI:		1,3730	1.4014
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hours pe		trly BIMS score uality Incentive:	29.4% 3.97	1.0% 3.0%	Ortrly Moa		y Medicaid CMI: a Wght Options:		1,3349 1,3565	1.5382 1.5656
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	e	ſ	g		h	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	,	1	1			
Type of Facility within Peer Group	(oco r oroy manoan		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90,0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,586,489	\$1,830,958	\$0	\$352,690	\$278,432	\$442,485	\$1,057,601	\$281,499	\$342,824	
6 Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$517,210)	\$0	\$0	\$0	\$0	\$0	(\$517,210)		(\$21,498)	\$21,4
7 Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$4,069,279	\$1,830,958	\$0	\$352,690	\$278,432	\$442,485	\$540,391	\$281,499	\$321,326	\$21,4
8 Total Nursing Facility Days As Filed Days = 27,754	12/31/14 Audited C/R Days	27,754									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,792	FY 18 GL-PL Ins Rpt Days								38,792		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$143.74	\$65.97	\$0.00	\$12.71	\$25.98	(with L&H)	\$19.47	\$7.26	\$11.58	\$0.
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3730								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.05								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$48,05	\$0,00	\$12,71	\$25,98		\$19.47	\$7.26	\$11.58	\$0.
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.42	\$48.05	\$0.00	\$12,71	\$23,55		\$19,47	\$7,26	9,61	\$0.
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 18,4%	En 14 x Grwth Allwne %	\$19.07	\$8.83	\$0.00	\$2.33	\$4.33	\$0,00	\$3,58	N/A	N/A	N
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.49	\$56.88	\$0.00	\$15,04	\$27,88	\$0,00	\$23,05	\$7,26	\$9,61	\$0.
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Ofr End	·	1,3565								
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.16								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AlfOthr = Ln 16	\$160,77	\$77.16	\$0.00	\$15.04	\$27.88	\$0.00	\$23.05	\$7.26	\$9,61	\$0.
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0,00	\$0.22	\$0,00	\$0,00	\$0,37		\$0.00	
21 BIMS Add-on Per Diem = 1,0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,77	\$0.77							23.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2,31	\$2.31								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	, , ,					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.30	\$3,61	\$0.00	\$0.22	\$0.00	\$0.00	\$17,47	\$0.00	\$0.00	\$0.
25 Quarterly Case Mix Based Per Diem Rate	Ln (9 + Ln 24	\$182,07	\$80.77	\$0.00	\$15.26	\$27.88	\$0,00	\$40,52	\$7.26	\$9,61	\$0.7
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123,73			L	1	L	1	<u> </u>		

Provide Prvdr 1		<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 33.0% 3.39	Add-on Percent 18.37% 2.5% 3.0%		Quarterly I	MI) Data I Overall CMI: Medicald CMI: Vght Options:		Facility <u>Specific</u> 1.5108 1.4115 1.4336	State- wide 1,3617 1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
i			а	b	С	d	е	f	9	g	h	i
CASE	E MIX BASED RATE CALCULATIONS	,										
	•					:				:		
1 .00	st Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	. 1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range wilhin Peer Group			All Bed Sizes	All Bed Sizes	All Bod Sizes		All Bed Sizes				
Pe	er Group Standards & Efficiency Measure Limits							:	:	: !		
2 F	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	i i	į	
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1	1	1
Bas	se Period Per Diem Allowed Amounts		:			1			!	1	:	
5 A	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,489,354.00	\$4,645,295	\$0	\$873,232	\$697,934	\$433,691	\$1,250,187	\$435,481	\$153,534	\$0
6 A	kudit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$202,781)	(\$18,549)	\$0	(\$354)	(\$6,453)	(\$6,099)	(\$169,982)	1	(\$48,498) <sup>1</sup>	\$47,154
7 0	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,286,573	\$4,626,746	\$0	\$872,878	\$691,481		\$1,080,205	\$435,481	\$105,036	\$47,154
8	Total Nursing Facility Days As Filed Days = 60,191	FY12 Audited C/R Days	60,191							1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,413	FY 18 GL-PL Ins Rpt Days	·		:					57,413		:
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.03	\$76.87	\$0.00	\$14.50	\$18,59	(with L&H)	\$17.95	\$7.59	\$1.75	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5108								i
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.88		:				i .		i
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.88	\$0.00	\$14.50	\$18.59		\$17.95	\$7.59	\$1.75	\$0.78
13 P	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 B	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.97	\$50.88	\$0.00	\$14.50	\$18.59		\$17.95	\$7.59	6.68	\$0.78
	arterly Per Diem Rate Prior to Add-ons					1				] :	(FRV)	;
1	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.72	\$9.35	\$0.00	\$2.66	\$3.41	\$0.00	\$3.30	N/A	N/A	N/A
(	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.69	\$60.23	\$0.00	\$17.16	\$22.00	\$0.00	\$21.25	\$7.59	\$6.68	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	***************************************	1.4336			422.00	40.00	<b>V</b>	1 47.00	40.00	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.35		1		:		1		
19 C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.81	\$86.35	\$0.00	\$17.16	\$22.00	\$0.00	\$21.25	\$7.59	\$6.68	\$0.78
	and only Dec Diagram & dall are & constant					1				: :		
1 1	arterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Stnd - Alvd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37	1	\$0.00	ı
	SIMS Add-on Per Diem = 2.5% (to Routine Srys)	Ln 19 Col b x CPS Add-on	\$2.16	\$0.53	. au.uu	90.22	φ0.41	φυ,υψ	<b>30.3</b> 1	F	Φ0.00	
, :	lurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.59	\$2,59							:	
1 1	Jursing Home Provider Fee	(Fixed Amount)	\$17.10	ψε,υσ	:				\$17.10	1	3	
	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.38	\$5.28	\$0.00	\$0,22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
<del> </del>	arterly Case Mix Based Per Diem Rate	Ln 19 + £n 24	\$185.19	\$91.63	\$0.00	<del></del>	\$22.41	\$0.00	\$38.72	\$7.59	\$6.68	\$0.78
				301.03	45.00		- VEE.41	φυ.υυ	\$30.1Z	\$1,33	φυ.00	
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.07									

	rovider: PruittHealth - Toomsboro, LLC rodr ID: 00409494A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: atrly BIMS score	Score N/A 21.4% 3.26	Add-on <u>Percent</u> 18.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3444 1.5648 1.5943	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,076,559.00	\$1,544,994	\$0	\$302,818	\$187,131	\$250,455	\$452,237	\$149,170	\$189,754	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$61,734)	(\$5,005)	\$0	(\$758)	(\$882)	\$102	(\$55,009)		(\$25,537)	\$25,355
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,014,825	\$1,539,989	\$0	\$302,060	\$186,249	\$250,557	\$397,228	\$149,170	\$164,217	\$25,355
8	Total Nursing Facility Days As Filed Days = 20,394	FY12 Audited C/R Days	20,394									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,031	FY 18 GL-PL Ins Rpt Days								20,031		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$147.96	\$75.51	\$0.00	\$14.81	\$21.42	(with L&H)	\$19.48	\$7.45	\$8.05	\$1.24
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.3444 \$56.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.17 \$56.17	\$0.00	\$14.81	\$21.42		\$19.48	\$7.45	\$8.05	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	Ψ1.23
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.56	\$56.17	\$0.00	\$14.81	\$21.42		\$19.48	\$7.45	13.99	\$1.24
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.55	\$10.32	\$0.00	\$2.72	\$3.93	\$0.00	\$3.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.11	\$66.49	\$0.00	\$17.53	\$25.35	\$0.00	\$23.06	\$7.45	\$13.99	\$1.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5943								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.63	\$106.01	\$0.00	\$17.53	\$25.35	\$0.00	\$23.06	\$7.45	\$13.99	\$1.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.87	\$4.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.50	\$110.78	\$0.00	\$17.75	\$25.76	\$0.00	\$40.53	\$7.45	\$13.99	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.30									

Provider: PruittHealth - Valdosta Prvdr ID: 00141369A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			with Allowance: Iny BIMS score	Facility Score N/A 24.5% 3.47	Add-on <u>Percent</u> 18.37% 1.0% 2.0%			d Overall CMI Medicald CMI		Facility <u>Specific</u> 1.6176 1.5619 1.5908	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	!	а	b	c	d	е	f	9	g	h	i
CASE MIX BASED RATE CALCULATIONS	f			l f					1	:	;
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Renge within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1	1 All Facilities All Bed Sizes			; ; ;
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts							f		1		1
5 : As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,327,017.00	\$2,993,919	\$0	\$460,159	\$341,308	\$275,624	: \$816,515	\$235,785	\$203,707	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$97,943)	(\$5,060)		\$0	(\$2,159)			4	(\$37,125)	\$35,839
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,229,074	\$2,988,859	\$0	\$460,159	\$339.149	\$272,975			\$166,582	\$35,839
8 Total Nursing Facility Days As Filed Days = 33,103	FY12 Audited C/R Days	33,103					,	**********			<b>*</b>
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,977	FY 18 GL-PL Ins Rpt Days				1			1	31,977	İ	
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.20	\$90.29	\$0.00	\$13.90	\$18.49	(with L&H)	\$22.04	\$7.37	\$5.03	\$1.08
10 Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		<u>1.6176</u>		! !		ì		1		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.82		: i				1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllQlhr = Ln 9		\$55.82	\$0.00	\$13,90	\$18.49		\$22.04	\$7.37	\$5.03	\$1.08
13 Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.66	\$55.82	\$0.00	\$13.90	\$18.49		\$20.56	\$7.37	9.44 (FRV)	\$1.08
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwno %	\$19.98	\$10.25	\$0.00	\$2.55	\$3,40	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.64	\$66.07	\$0.00	\$16.45	\$3.40 \$21.89	\$0.00	\$24.34	\$7.37	\$9.44	\$1.08
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	3140.04	1.5908	\$0.00	\$10.45	\$21.09	. 40.00	\$24.34	\$1.37	39.44	\$1.00
18 Ontrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17	:	\$105.10							i	
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$185.67	\$105.10	\$0.00	\$16.45	\$21.89	\$0.00	\$24.34	\$7.37	\$9.44	\$1.08
Quarterly Per Diem Add-on Amounts	1			:	1				1	·	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	: :	\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05	<del></del>				1	1	2-100	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	£n 19 Col b x Stfng Add-on	\$2.10	\$2.10		· · · · · · · · · · · · · · · · · · ·						
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1	l	
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.41	\$3.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.08	\$108.78	\$0.00	\$16.67	\$22.30	\$0.00	\$41.44	\$7.37	\$9.44	\$1.08
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.49									

Provider: PruittHealth - Virginia Park Prvdr ID: 00140401A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		with Allowance: triy BIMS score	Facility Score N/A 33.3% 3.31	Add-on Percent 18.37% 2.5% 3.0%			Overall CMI Medicaid CMI		Facility <u>Specific</u> 1.4219 1.5735 1.6029	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	e	f	9	, g	h	i
CASE MIX BASED RATE CALCULATIONS			'		i i			1	:		
Cost Center Peer Groups     Type of Facility wilhin Peer Group     Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes		:	
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts					: i						
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,547,096.00	\$4,755,817	\$0	\$719,530	\$339,759	\$298,657	\$1,327,791	\$306,121	\$799,421	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$7,650	(\$7,451)	\$0	\$0	\$32,997	\$27,922	(\$111,623)	) i	(\$8,698)	\$74,503
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,554,746	\$4,748,366	\$0	\$719,530	\$372,756	\$326,579	\$1,216,168	\$306,121	\$790,723	\$74,503
8 Total Nursing Facility Days As Filed Days = 40,111	FY12 Audited C/R Days	40,111							1		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,304	FY 18 GL-PL Ins Rpt Days				1			•	41,304		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$213.05	\$118.38	\$0.00	\$17.94	\$17.43	(with L&H)	\$30.32	\$7.41	\$19.71	\$1.86
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4219</u>		;			1		-	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.26		:						
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.26	\$0.00	\$17.94	\$17.43		\$30.32	\$7.41	\$19.71	\$1.86
13 Per Diem Standards (After Statewide CMA for Routine Stross)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem  Quarterly Per Diem Rate Prior to Add-ons	Lesser of En 12 or En 13	\$148.61	\$71.51	\$0.00	\$17.94	\$17.43		\$20.56	\$7.41	11.90 (FRV)	\$1.86
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.42	\$13.14	\$0.00	\$3.30	\$3.20	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.03	\$84.65	\$0.00	\$21.24	\$20.63	\$0.00	\$24.34		\$11.90	\$1.86
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End	ψ172,00	1.6029	40.00	921.24	920.03		JE4.54	ψr. <del>-4</del> 1	911.50	\$1,00
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.69					:			
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.07	\$135.69	\$0.00	\$21.24	\$20.63	\$0.00	\$24.34	\$7.41	\$11.90	\$1.86
Quarterly Per Diem Add-on Amounts			!						i		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.39	\$3.39					1	: [		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$4.07	\$4.07						i i	i	
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.19	\$7.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17,10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	ิโก 19 + Ln 24	\$248.26	\$143.15	\$0.00	\$21.46	\$21.04	\$0.00	\$41,44	\$7.41	\$11.90	\$1.86
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	{Ln 25 - Ln 23) * 0.75	\$173.37					÷	***************************************			

Provider: Pruitt Health - Washington Prvdr ID: 00143569A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.5606	State- wide 1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			trly BIMS score		2.5%	Ortrly Mcaid		Medicaid CMI:		1.5438 1.5707	1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	<u>.</u>	а	b	C	d	е	f	9	9	h	i
CASE MIX BASED RATE CALCULATIONS	: (		:		1		1			:	
1 Cost Center Peer Groups				·	1			i .			
Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	. 1	2 Free Standina	1 All Facilities	40.55-000	: 1 : All Facilities	· 1		
Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		: All Bed Sizes			
								Tim Bob Gizad	1		
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	•	105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts	:				1		İ		1		
5 As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,448,193,00	\$1,253,489	S0	\$233,916	\$148,864	\$200 047	\$397,926	6442.004	\$94,100	\$0
	FY12 C/R Audit Adjstmts				1 1 1		\$206,817				
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$44,144)	(\$2,500)	\$0 \$0	(\$600)	\$0	\$1,342	(\$42,386)	1	(\$21,413)	\$21,413
8 Total Nursing Facility Days As Filed Days = 16,572	FY12 Audited C/R Days	\$2,404,049 16,572	\$1,250,989		\$233,316	\$148,864	\$208,159	\$355,540	\$113,081	\$72,687	\$21,413
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,786	FY 18 GL-PL Ins Rpt Days	16,372			1		ļ		44 700	:	
9 Net Per Diems prior to Case Mix Adjstrat to Routine Stros	Ln 7 / Ln 8 Col a	\$145.89	<b>\$</b> 75.49	\$0.00	\$14.08	\$21.54	(with L&H)	\$21,45	14,786 \$7.65	\$4.39	\$1,29
10 Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$140,09	1.5606	. 40.00	\$14.00	\$21.54	(Mitti Lori)	\$21.45	\$1.03	\$4.59	\$1.29
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.37		1				1	1	
12 Net Per Diems after Case Mix Adjstrit to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.08	£04 £4	! !	CO4 45	67.05	£4.00	£4.00
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$40.57 \$71,51	\$0.00	: 1	\$21.54 \$23.09		\$21,45 \$20,56		\$4.39 N/A	\$1.29
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.10	\$48.37	\$0.00	\$18.41 \$14.08	\$23.09 \$21.54	I	\$20.56		8.61	\$1.29
Dase Fendo Case Mix Adjusted Allowed Fen Dietit	Cosser of En 12 of En 13	φ122.10	. <del>191</del> 0.37	\$0.00	314.00	\$21,34	}	\$20.56	\$7.65	(FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons	:								1	(F1347 :	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.22	\$8.89	\$0.00	\$2.59	\$3.96	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.32	\$57.26	\$0.00	\$16.67	\$25.50	\$0.00	\$24.34	\$7.65	\$8.61	\$1.29
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Olr End		<u>1.5707</u>		1		f ·		1	i	
18 Qrdrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.94		:		!	i	1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.00	\$89.94	\$0.00	\$16.67	\$25.50	\$0.00	\$24.34	\$7.65	\$8.61	\$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)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
21 BIMS Add-on Per Diem = 2,5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25	;	1	+	45,00	30.00	1	45.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.80	\$1.80		1		i !			;	
23 Nursing Home Provider Fee	(Fixed Amount)	\$17,10	1					\$17,10	:		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.31	\$4.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10		\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Լո 19 + Լո 24	\$196.31	\$94.52	\$0.00	\$16.89	\$25.91	\$0.00			\$8.61	\$1.29
		• • • • • • • • • • • • • • • • • • • •	957.52	40.00	710.03	423.31	40.00		41.03	30.01	91.23
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.41									

Provid			Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr	ID: 00256088A  Case Mix Per Diem Rate Effective Date;  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Ho		with Allowance: trly BIMS score uality Incentive:	N/A 18.8% 3.39	18.37% 0.0% 3.0%	Qrtrly Mcaid	Quarterly I	d Overall CMI; Medicaid CMI; Wght Options:		1.3473 1.4580 1.4837	1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	, с	, d	е	f	g	. g	h	i
CAS	SE MIX BASED RATE CALCULATIONS			:		i				,		
1 0	ost Center Peer Groups	(see Policy Manual)		. 1	. 1	2	1	. 1	1	:		i
. 00	Type of Facility within Peer Group	(see I oney Manualy		All Facilities	All Facilities	1 :	, All Facilities	All Facilities	All Facilities	1		i
. !	Bed Size Range within Peer Group		:	All Bed Sizes		All Bod Sizes	All Bed Sizes	All Bed Sizes		1		i
	eer Group Standards & Efficiency Measure Limits		;			1						V .
	Peer Group Standards & Emicrency measure Emms  Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		:
	Peer Group Standards: Nulliplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	1		1
	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41	í	\$0.37			
R.	ase Period Per Diem Allowed Amounts					:		:	1	1		
	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,403,277.00	\$3,356,562	\$0	\$587,511	\$437,095	\$551,516	\$917.961	\$288,717	\$263,915	\$
6 /	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$116,610)	(\$7,200)	\$0		\$579	\$731	(\$110,176)		(\$63,714)	\$64.06
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,286,667	\$3,349,362	\$0	\$586,617	\$437,674	\$552,247	\$807,785		\$200,201	\$64,06
8	Total Nursing Facility Days As Filed Days = 39,588	FY12 Audited C/R Days	39,588				* 101,017		4551,155		4130,110	***
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,621	FY 18 GL-PL Ins Rpt Days				1				34,621		1
9 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$159.86	\$84.61	\$0.00	\$14.82	\$25.01	(with L&H)	\$20,40	\$8.34	\$5.06	\$1.6
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	:	1.3473			420.07	[,,,,,,	1		Ψ0.00	• • • • • • • • • • • • • • • • • • • •
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.80	!	i į				i :		
	Net Per Diems after Case Mix Adistmt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$62.80	\$0.00	\$14.82	\$25.01		\$20,40	\$8.34	\$5.06	\$1.6
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	į	\$20.56	\$0.00	N/A	
	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141,13	\$62.80	\$0.00	\$14.82	\$23.09		\$20.40	\$8.34	10.06	\$1.6
;	•			402.00	, ,	\$14.02	<b>\$25.05</b>	;	\$20.40	90.04	(FRV)	\$1.0
	uarterly Per Diem Rate Prior to Add-ons				; (	1		1		1		
	Growth Allowance Percentage = 18.37%	Lл 14 x Grwth Allwnc %	\$22.25	\$11.54	\$0.00	\$2.72	\$4.24	\$0.00	\$3.75	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.38	\$74.34	\$0.00	\$17.54	\$27.33	\$0.00	\$24.15	\$8.34	\$10.06	\$1.6
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4837</u>				ļ r				:
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	;	\$110.30	1			ŀ		1		!
19 (	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$199.34	\$110.30	\$0.00	\$17.54	\$27.33	\$0.00	\$24.15	\$8.34	\$10.06	\$1.6
Qı	uarterly Per Diem Add-on Amounts				ļ.			l r	1	1		:
20 (	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.87	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.12	: :	\$0.00	:
21 8	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22 1	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$3,31	\$3.31	l	:			i	. [		
23 1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	:		:
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.28	\$3.84	\$0.00	\$0.22	\$0.00	\$0.00	\$17.22	\$0.00	\$0.00	\$0.0
25 <b>Q</b> t	uarterly Case Mix Based Per Diem Rate	Լռ 19 + Ln 24	\$220.62	\$114.14	\$0.00	\$17.76	\$27.33	\$0.00	\$41.37	\$8.34	\$10.06	\$1.6
	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - En 23) * 0.75	\$152.64		l	<u>i</u>		!	1	·		<del></del>

Provi Prvdi	• • • • • • • • • • • • • • • • • • • •	4/1/2021 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 46.5% 3.67	Add-on Percent 18.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2112 1.4497 1.4787	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	С	ď	e	f		g	h	i
CAS	SE MIX BASED RATE CALCULATIONS	:			:	*						
1 C	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes		1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
В	Base Period Per Diem Allowed Amounts					1				!		ſ
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,924,434.00	\$1,412,018	\$0	\$363,070	\$250,246	\$301,794	\$458,107	\$76,642	\$62,557	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,033)	(\$1,698)	\$0	(\$1,501)	(\$2,268)	\$1,578	(\$61,577)	:	(\$32,836)	\$32,269
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,858,401	\$1,410,320	\$0	\$361,569	\$247,978	\$303,372	\$396,530	\$76,642	\$29,721	\$32,269
8	Total Nursing Facility Days As Filed Days = 22,301	FY12 Audited C/R Days	22,301						:			İ
: 1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,006	FY 18 GL-PL Ins Rpt Days				1			:	22,006		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$128.21	\$63.24	\$0.00	\$16.21	\$24.72	(with L&H)	\$17.78	\$3.48	\$1.33	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2112</u>		1			:	:		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$52.21		;			1	:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.21	\$0.00	\$16.21	\$24.72		\$17.78	\$3.48	\$1.33	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.08	\$52.21	\$0.00	\$16.21	\$23.09		\$17.78	\$3.48	9.86 (FRV)	\$1.45
	Quarterly Per Diem Rate Prior to Add-ons					1						
. }	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.08	\$9.59	\$0.00	\$2.98	\$4.24	\$0.00	\$3,27	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + En 15 per Current Otr End	\$144.16	\$61.80	\$0.00	\$19.19	\$27.33	\$0.00	\$21.05	\$3.48	\$9.86	\$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	Le 16 x Le 17		1.4787	1					1		
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$173.74	\$91.38 \$91.38	\$0.00	\$19.19	\$27.33	\$0.00	\$21.05	\$3.48	\$9.86	\$1.45
n	Quarterly Per Diem Add-on Amounts	****		•		į i		: 				:
. ?	Efficiency Add-on Per Diem ((Stad - Alwel) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	1	\$0.00	į
: }	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.03	\$5.03	<del></del>	1 - ;		,	:	1		
: :	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ls 19 Col b x Sifng Add-on	\$2.74	\$2.74	!							Į.
. 1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		!	\$17.10	:		1
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.99	\$8.30	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Q	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.73	\$99.68	\$0.00	\$19.41	\$27.33	\$0.00	\$38.52	\$3.48	\$9.86	\$1.45
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.97		·	·		<del></del>		L		<u>i</u>

#### FINAL

Leave/Bed Hold Per Diem Rate (Per D	Diem Rate - Pydr Fee) x 75%	\$163.31				İ						
Quarterly Case Mix Based Per D			\$234,85	\$127,86		\$20.70	\$25.97		\$40.22	\$0.29	\$19.72	\$0.09
Total Quarterly Per Diem Add-Or	n Amounts		\$17.10						17.10			
Nurse Staff Hrs / Quality Add-or Nursing Home Provider Fee	n Per Diem = 3.0%		\$3.72 \$17,10	\$3.72					17.10			
BIMS Add-on Per Diem =	0.0% (to Routine Srvs)		\$0.00	\$0.00								
Quarterly Per Diem Add-On A												
Quarterly Medicaid CMA Allowe			\$214.03	\$124.14		\$20.70	\$25.97		\$23.12	\$0.29	\$19.72	\$0.09
Qrlly Routine Srvcs Case Mix A	djstd (CMA) Net Per Diem			\$124.14								
Quarterly Facility Case Mix Inde				<u>1.5438</u>							(FRV Rate)	
CMA Allowed Per Diem (After G			\$170.30	\$80.41		\$20.70	\$25.97		\$23.12	\$ 0.29	\$19.72	\$0.09
Growth Allowance 18.49	/o		\$23,31	\$12,48		\$3.21	\$4.03		\$3.59			
Allowed @ 95% of Std	·	1	\$146.70	\$67.93		\$17.49	\$21.94		\$19.53		\$19.72	\$0.09
Standard Per Diem (After CMA)		FY 2012 Peer Group Lin	1 1	\$71.51		\$18,41	\$23.09		\$20,56	,	\$19,72	\$0.09
Total Nursing Facility Days GL-I	PL Ins. Rot	FY2018 GL-PL Ins. Rp	" 1 1							41,659		
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Ro						<b>*</b>		\$ 12,007		
Per Diem Costs and Add-ons	<del>,</del>			90.00	30.00	30.22	30.41		\$0,51			
Efficiency Measures (Maximums				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Peer Group Standards: Percenti Peer Group Standards: Multiplie				90.0% 100.0%	100.0%	100.0%	100.0%		105.0%			
Peer Group Standards: & Efficie				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards & Efficie.				All Deu Sizes	All Beu Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	]		
Type of Facility within Peer Bed Size Range within Pee				All Facilities All Bed Sizes	All Bed Sizes	Freestanding All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	]		-
Cost Center Peer Groups per So				1 All Facilities	All Facilities	2 Eronalander	All Conition	1 44 Facilis	All Capitals			
CASE MIX BASED RATE CALCULAT			, ,							4		
			a	<u> </u>	<u> </u>	<u> </u>	<u>e</u>	lf	99	<u></u> _	<u> </u>	<u> </u>
Line # Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nu	irse Hours per On-Site	Day/Quality Incentive;	3,70	3.0%	Qrtrly M	caid CMI w RUC	Wght Options:		1.5438	1.5713
H/B ?: No	Case Mix Per Diem Rate Effective Date:			BIMS:	16.4%	0.0%			/ Medicaid CMI:		1,5173	1,5438
Prvdr ID: 00150279A				Growth Allowance;	N/A	18.37%			od Overall CMI:		1.2702	1,3617
Provider: Quinton Memorial Health	Саге		Add-on Da	ita and Percentages	Score	Percent		Case Mix Index	(CMI) Data		Specific	wide
					Facility	Add-on					Facility	State-

Provid			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr I				wth Allowance:	N/A	18.37%			Overall CMI:		1.4547	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	Q s per On-Site Day/Q	trly BIMS score	10.7% 3.42	0.0% 2.0%	Ortrly Mesid		Medicaid CMI: Wght Options:		1.5019 1.5289	1.5382 1.5656
	mos a noise nis bata per quarter Estaing.	123725 (10361)	s per our one bayra	DERTY RICCHEVO.	J.72	2.070	Cartily Inicato	OWN W INCO	rrgiit Options.		1.0209	1.5050
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
L		:	a	ь	С	ď	е	f	g	g	h	i
CAS	E MIX BASED RATE CALCULATIONS	!										
:	st Center Peer Groups	(see Policy Manual)		4	. 1	2	1	1	1	:		
. 00	Type of Facility within Peer Group	(see Folicy Manual)		All Facilities	All Facilities	1	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Pe	er Group Standards & Efficiency Measure Limits	!										
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			
3 F	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	i		!
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	i		
Ва	se Period Per Diem Allowed Amounts							!	:	į ;		
5 A	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp1	\$6,119,462.00	\$3,567,704	\$0	\$675,301	\$331,978	\$411,925	\$644,456	\$10,006	\$478,092	\$0
: 6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audil Adjstmts	(\$16,132)	(\$1,606)	\$0	(\$2,389)	\$0	\$0	(\$14,526)	;	(\$486)	\$2,875
7 (	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,103,330	\$3,566,098	\$0	\$672,912	\$331,978	\$411,925	\$629,930	\$10,006	\$477,606	\$2,875
8	Total Nursing Facility Days As Filed Days = 34,984	FY12 Audited C/R Days	34,984						:			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,329	FY 18 GL-PL Ins Rpt Days							1	33,329		
9 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$174.47	\$101.94	\$0.00	\$19.23	\$21.26	(with L&H)	\$18.01	\$0.30	\$13.65	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		<u>1.4547</u>				i		,		<b>,</b>
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.08		:			£	i		
12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$70.08	\$0.00	\$19.23	\$21.26	:	\$18.01	\$0.30	\$13.65	\$0.08
13 F	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$70.08	\$0.00	\$18.41	\$21.26	: !	\$18.01	\$0.30	20.47 (FRV)	\$0.08
- 1	parterly Per Diem Rate Prior to Add-ons			:					1			
: 1	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwno %	\$23.47	\$12.87	\$0.00	\$3.38	\$3.91		\$3.31	N/A	N/A	N/A
1 1	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.08	\$82.95	\$0.00	\$21.79	\$25.17	\$0.00	\$21.32	\$0.30	\$20.47	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5289</u>					1	!		
. 18	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.82		!		1				
19 0	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.95	\$126.82	\$0.00	\$21.79	\$25.17	\$0.00	\$21.32	\$0.30	\$20.47	\$0.08
Qu	rarterly Per Diem Add-on Amounts	' '						i i				
20 E	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 E	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00		1		:	:	:		
22 N	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54		:						
23 N	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					:	\$17.10			l
24 T	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.95	\$3.07	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 <b>Q</b> u	rarterly Case Mix Based Per Diem Rate	Ln 19 + Ls 24	\$236.90	\$129.89	\$0.00	\$21.79	\$25.58	\$0.00	\$38.79	\$0.30	\$20.47	\$0.08
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.85						-	·	~	
		1	4.54.00									

	ovider: Rehabilitation Center of South Georgia wdr ID: 00143283A  Case Mix Per Diem Rate Effective Date: MOS & Nurse Hrs Data per Quarter Ending:	04/01/21	Qtr	th Allowance: ly BIMS score		Add-on Percent 18.37% 2.5%		Quarterly t	f Overall CMI: Medicaid CMI:		Facility Specific 1,1416 1,5513	State- wide 1,3699 1,5382
Lìne	MUS & Nuise Firs Data per Quarter Ending:	12/31/20 Nurse Hours per (	Totals	Routine	Special	2.0%	Laundry &	Plant	Nght Options:	A&G- GL-PL	1,5778 Property	1,5656 Taxes
#	Description	Calculations	totals	Services	Services	Dietary	Houskpag	Operatns & Maint	and General	Insurance	and Related	and Insurance
			a	b	С	ď	е	ı	g	9	h	I
C/	SE MIX BASED RATE CALCULATIONS											
١,	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	,			
'	Type of Facility within Peer Group	(see Fosicy Marioal)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	, , , , , , , , , , , , , , , , , , , ,	(000 1 010) 1100 000)		\$0.50			<b>V</b> 3		0.07			
_	Base Period Per Diem Allowed Amounts	4 F2 / D44 0/D										_
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$4,670,969	\$2,545,880	\$0	\$515,909	\$489,792	\$206,199	\$687,593	\$87,638	\$137,958	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY13 C/R Audit Adjstmts FY13 Audited C/R	(\$66,287)	\$0	\$0	\$0	\$0	\$0	(\$66,287)	1	(\$36,614)	\$36,614
8	Total Nursing Facility Days As Filed Days = 35,948	FY13 Audited C/R Days	\$4,604,682	\$2,545,880	\$0	\$515,909	\$489,792	\$206,199	\$621,306	\$87,638	\$101,344	\$36,614
ľ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,600	FY 18 GL-PL Ins Rpt Days	35,948							52,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/Ln8Cola	\$127.32	\$70,82	\$0.00	\$14,35	\$19,36	(with L&H)	\$17.28	\$1,67	\$2.82	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 atrs of FY10	\$121,02	1.1416	\$0.00	\$14.55	\$19.30	Intercent	\$11.20	\$1.07	\$2.02	\$1.02
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$62.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.03	\$0.00	\$14,35	\$19,36		\$17,28	\$1,67	\$2,82	\$1,02
13	Per Diem Standards (Alter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0,00	N/A	47.02
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.41	\$62.03	\$0.00	\$14,35	\$19,36		\$17.28	\$1,67	8,70	\$1.02
											(FRV)	,
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$20,76	\$11.39	\$0,00	\$2,64	\$3,56	\$0.00	\$3.17	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15 per Current Otr End	\$145,17	\$73,42	\$0.00	\$16.99	\$22.92	\$0.00	\$20.45	\$1.67	\$8,70	\$1,02
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Ontrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1,5778 \$115.84					j			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOthr = Ln 16	\$187,59	\$115.84 \$115.84	\$0.00	\$16,99	\$22,92	\$0.00	\$20,45	\$1,67	\$8.70	\$1,02
'	addition incologic Own Allowed For Dicki	(10 m El) (0,1 m Oll) m El (10	\$107,35	\$115.04	40,00	\$10.55	\$22.52	\$0.00	\$20.43	\$1.07	\$6.70	\$1,02
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,32	\$2,32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.85	\$5.75	\$0.00	\$0,22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.44	\$121,59	\$0.00	\$17.21	\$23.33	\$0.00	\$37.92	\$1.67	\$8,70	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.76									

Provider:		4/1/2021 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 46.7% 3.40	Add-on <u>Percent</u> 18.37% 5.5% 3.0%		Quarterly l	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility Specific 1.4077 1.7152 1.7494	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	9	g	h	i
CASE	MIX BASED RATE CALCULATIONS			i	Ì	1		1	:			
	t Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			:
2 Per	r Group Standards & Efficiency Measure Limits er Group Standards: Percentile er Group Standards: Multiplier liciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	7.	50.0% 105.0% \$0.37			
Base	e Period Per Diem Allowed Amounts		1		1	1						
1 1 1 1 1 1 1 1 1	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,961,988.00	\$2,782,032	\$0	\$438.074	\$316,624	\$446,220	\$789,327	\$115,774	\$73,937	\$0
4	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$59,101)	(\$11,188)		\$0	(\$4,484)	(\$11,377)	1		(\$52,872)	\$61,279
4	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,902,887	\$2,770,844	\$0	\$438,074	\$312,140	\$434,843	\$748,868	\$115,774	\$21,065	\$61,279
8	Total Nursing Facility Days As Filed Days = 33,132	FY12 Audited C/R Days	33,132								-	
1 .	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,538	FY 18 GL-PL Ins Rpt Days			1					30,538		
9 Ne	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$148.28	\$83.63	\$0.00	\$13.22	\$22.55	(with L&H)	\$22.60	\$3.79	\$0.64	\$1.85
10 1	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4077					:			
11 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$59.41				!	:			
12 Ne	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.41	\$0.00	\$13.22	\$22.55		\$22.60	\$3.79	\$0.64	\$1.85
13 Per	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	!	\$20.56	\$0.00	\$0.00	
	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.97	\$59.41	\$0.00	\$13.22	\$22.55		\$20.56	\$3.79	10.59 (FRV)	\$1.85
	rterly Per Diem Rate Prior to Add-ons							!		i !		
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.26	\$10.91	\$0.00	\$2.43	\$4.14	\$0.00	\$3.78	: N/A :	N/A	N/A
: }	AA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15 per Current Qtr End	\$153.23	\$70.32	\$0.00	\$15.65	\$26.69	\$0.00	\$24.34	\$3.79	\$10.59	\$1.85
* 1	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		1.7494	l	1			:			
1 1	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem parterly Medicaid CMA Allowed Per Diem	RS = 1.0 18, AllOthr = Ln 16	\$205.93	\$123.02 \$123.02	\$0.00	\$15.65	\$26.69	\$0.00	\$24.34	\$3.79	\$10.59	\$1.85
i			7220.00		1		723,00	12.00			4.5.00	Ţ <b>0</b> 0
1	rterly Per Diem Add-on Amounts	face Delicutidanual)	<b>*</b> **	<b>#0</b>		00.00				1	<b></b>	
	iciency Add-on Per Diem ((Stad - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.15	\$0.53	\$0.00	\$0.22	\$0.40	\$0.00	\$0.00		\$0.00	
1	MS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on	\$6.77	\$6.77	!			!				!
	rrse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	(Fixed Amount)	\$3.69 \$17.10	\$3.69	i I	1		İ	\$17.10			
4 Table 1	tal Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$17.10 \$28.71	\$10.99	\$0.00	\$0.22	60.40			\$0.00	60.00	¢0.00
		En 19 + Ln 24			<del>!</del>	<del> </del>	\$0.40	1	\$17.10	1	\$0.00	\$0.00
∠5 Quar	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.64	\$134.01	\$0.00	\$15.87	\$27.09	\$0.00	\$41.44	\$3.79	\$10.59	\$1.85
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - Ln 23) * 0.75	\$163.16									

Provider: Renaissance Care a	and Rehab Center		Add-on Data and	Percentages with Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C Base Period	CMI) Data d Overall CMI:	,	Facility Specific 1,5068	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q ors per On-Site Day/Q	Irly BIMS score uality Incentive:	36.3% 4.80	2.5% 2.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.5961 1.6256	1.5382 1.5656
Line Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
:		!	а	b	С	d	e	f	. g	9	h	i
CASE MIX BASED RATE CALC	ULATIONS				: I				:	:		
1 Cost Center Peer Groups		(see Policy Manual)		1	1	2	1	1				
Type of Facility within Peer Group		face i only manuall		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		1		
Peer Group Standards & Efficiency	Measure Limits	1										
2 Peer Group Standards: Percentile		(see Policy Manual)	E .	90.0%	90.0%	90.0%	85.0%		50.0%	:		
3 Peer Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see	e line 20 for actual)	(see Policy Manual)	1	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Am	ounts		: f	:					:			
5 As Filed Cost Center Costs (Routin	ne & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,386,844.00	\$3,133,899	\$0	\$633,824	\$307,648	\$383,833	\$1,401,624	\$971,207	\$554,809	\$0
6 Audit Adjustments and Reallocation	s to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$704,220)	(\$113,058)	\$0	(\$8,120)	(\$52,134)	(\$92,943)	(\$302,407)		(\$189,527)	\$53,969
7 Cost Center Costs After Audit Adjus		FY12 Audited C/R	\$6,682,624	\$3,020,841	\$0		\$255,514		\$1,099,217	\$971,207	\$365,282	\$53,969
8 Total Nursing Facility Days	As Filed Days = 51,721	FY12 Audited C/R Days	51,744							;		
Total Nursing Facility Days GL-Pl	L Ins. Rpt As Filed Days = 44,450	FY 18 GL-PL Ins Rpt Days							1	44,450		
9 Net Per Diems prior to Case Mix Ad	ljstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.22	\$58.38	\$0.00	\$12.09	\$10.56	(with L&H)	\$21.24	\$21.85	\$7.06	\$1,04
10 Base Period Facility Case Mix Inc	dex for All Residents	from 4 qtrs of FY12	· I	1.5068								
11 Routine Srvcs Case Mix Adjstd (	CMA) Net Per Diem	Ln 9/Ln 10		\$38.74		: 1			:	! !		
12 Net Per Diems after Case Mix Adjst	imt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	!	\$38.74	\$9.00	\$12.09	\$10.56		\$21.24	\$21.85	\$7.06	\$1,04
13 Per Diem Standards (After Statewide	CMA for Routine Saves}	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allo	owed Per Diem	Lesser of Ln 12 ar Ln 13	\$112.02	\$38.74	\$0.00		\$10.56		\$20.56	\$21.85	7.18	\$1.04
									: '		(FRV)	
Quarterly Per Diem Rate Prior to A												
15 Growth Allowance Percentage =	<u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$15.06	\$7.12	\$0.00		\$1.94	\$0.00	\$3.78	, N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth	•	Ln 14 + Ln 15	\$127.08	\$45.86	\$0.00	\$14.31	\$12.50	\$0.00	\$24.34	\$21.85	\$7.18	\$1.04
17 Quarterly Facility <u>Case Mix Index</u>		per Current Qtr End		<u>1.6256</u>		1			:			
18 Ortrly Routine Srvcs Case Mix Ad		Ln 16 x Ln 17		\$74.55		}						
19 Quarterly Medicaid CMA Allowed Po	er niem	! RS = Ln 18, AllOthr = Ln 16	\$155,77	\$74.55	\$0.00	\$14.31	\$12.50	\$0.00	\$24.34	\$21.85	\$7,18	\$1.04
Quarterly Per Diem Add-on Amoun	ts			:		1		:	:			
20 Efficiency Add-on Per Diem ([Stnd-	- Alwd] x .75, up to max, or 0)	(see 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% (lo Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.86	\$1.86	:	1		1				
22 Nurse Staff Hrs / Quality Add-on Pe	er Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.49	\$1.49				!		į į		
23 Nursing Home Provider Fee		(Fixed Amount)	\$17.10			1 :		!	\$17.10			
24 Total Quarterly Per Diem Add-on Ar	mounts	Sum of Lns 20 thru 23	\$21.61	\$3.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Dien	n Rate	Ln 19 + Ln 24	\$177.38	\$78.43	\$0.00	\$14.53	\$12.91	\$0.00	\$41.44	\$21.85	\$7.18	\$1.04
26 Quarterly Per Diem Rate for Bed Ho	old and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.21		1			<del></del>	<del></del>	<u> </u>		
	ora arra accesto praja	. (20.20 20.20) 0.10										

Provider			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID:				wth Allowance:	N/A	18.37%			d Overali CMI;		1.2677	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score	25.8% 3.16	1.0% 2.0%	044.16		Medicaid CMI:		1.5195 1.5455	1.5382
	MDS & Noise his Data per Quarter Ending.	12/3 1/20 Nuise Hou	is per on-site day/or	dality incentive.	3.10	2.0%	Onny mcalo	CMI W ROG 1	Wght Options:		1.5455	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1			а	b	C	d	е	f	g	9 ;	h	i
CASE	MIX BASED RATE CALCULATIONS	1						;	:			
1 Cost	Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(SECT ONLY MEMORIA)		All Facilities		Free Standing	All Facilities	All Facilities	All Facilities			:
Ì	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bod Sizes	1		
Peer	Group Standards & Efficiency Measure Limits											
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Eff	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base	Period Per Diem Allowed Amounts							!		:		
5 As	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,195,527.00	\$1,996,140	\$0	\$504,049	\$280,057	\$191,416	\$507,320	\$243,102	\$473,443	\$0
6 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$49,370)	(\$7,258)	\$0	\$0	(\$603)	(\$412)	(\$36,399)		(\$50,954)	\$46,256
7 Co	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,146,157	\$1,988,882	\$0	\$504,049	\$279,454	\$191,004	\$470,921	\$243,102	\$422,489	\$46,256
8	Total Nursing Facility Days As Filed Days = 29,678	FY12 Audited C/R Days	29,678						1			
-	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,375	FY 18 GL-PL ins Rpt Days								27,375		!
9 Nel	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$140.40	\$67.02	\$0.00	\$16.98	\$15.85	(with L&H)	\$15.87	\$8.88	\$14,24	\$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2677				:				
11 8	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.87		1				1		
12 Nei	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.87	\$0.00	\$16.98	\$15.85		\$15.87	\$8.88	\$14.24	\$1.56
13 Per	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.08	\$52.87	\$0.00	\$16.98	\$15.85	:	\$15.87	\$8.88	7.07	\$1.56
0	terly Per Diem Rate Prior to Add-ons			:					) }		(FRV)	
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.66	\$9.71	\$0.00	\$3,12	\$2.91	\$0.00	\$2.92	N/A	N/A	N/A
	14 Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.74	\$62.58	\$0.00	\$20.10	\$18.76	\$0.00	\$18.79	\$8.88	\$7.07	\$1.56
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	φισιιι	1.5455	Ψ0.00	\$20.10	\$10.70	\$0.00	\$10.13	\$0.00	\$7.07	\$1.50
1	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$96.72								ı
1	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.88	\$96.72	\$0.00	\$20.10	\$18.76	\$0.00	\$18.79	\$8.88	\$7.07	\$1.56
Quar	terly Per Diem Add-on Amounts											
	ciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	:	\$0.00	
1	AS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97		: -:				1		
22 Nu	rse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93		1						
23 Nu	rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	:		
24 Tot	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.53	\$3.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quar	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.41	\$100.15	\$0.00	\$20.32	\$19.17	\$0.00	\$36.26	\$8.88	\$7.07	\$1.56
26 Quar	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.23	:				····	-	·		!

#### FINAL

		Hours per On-Site	BIMS; Day/Quality Incentive:	0.0% 4.89	18.37% 0.0% 1.0%	Qrtrly M	Quarterl	iod Overall CMI: y Medicaid CMI; 3 Wght Options:		Use Stwd 1.5382 1.5656	wide 1.3699 1.5438 1.5713
ine Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	c	d	е	f	g		h	<u> </u>
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		1	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	FY2018 GL-PL Ins. Rpt								\$ 89,287		
Total Nursing Facility Days GLPL, Ins. Rpt	FY2018 GL-PL Ins. Rpt				***	*			36,967		
Standard Per Diem (After CMA for Routine Srvcs)	FY 2013 Peer Group Limit	0470.04	\$73.90		\$28.00	\$23.27		\$23.46		\$37.66	
Allowed @ 95% of Std Growth Allowance 18.37%		\$179,04 \$25,94	\$70,21 \$12,90		\$26,60 \$4,89	\$22.11		\$22.29		\$37.66	\$0.17
CMA Allowed Per Diem (After Growth Allowance)		\$25.94	\$12.90 \$83.11		\$4.89 \$31.49	\$4.06 \$26.17		\$4.09 \$26.38		\$37.66	\$0.17
Quarterly Facility Case Mix Index for Medicaid Residents		\$207.40	1,5656		\$31.49	\$26.17		\$26.38	\$ 2.42		\$0.17
Quality Pacifity Case Mix Index for Medicaid Resideras  Qrily Routine Sives Case Mix Adjatd (CMA) Net Per Diem		1	\$130,11							(FRV Rate)	
			•								
Quarterly Medicaid CMA Allowed Per Diem		\$254.41	\$130.11		\$31.49	\$26.17		\$26,38	\$2.42	\$37,66	\$0.17
Quarterly Per Diem Add-On Amounts		***	***								
BIMS Add-on Per Diem = 0.0% (to Routine Sr	1	\$0.00	\$0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 1.0 Nursing Home Provider Fee	0%	\$1,30 \$17,10	\$1.30					47.40			
Total Quarterly Per Diem Add-On Amounts								17.10			
Quarterly Case Mix Based Per Diem Rate		\$18.40 \$272.81	\$131.41		\$31.49	\$26.17		543.48	\$2.42	\$37.66	\$0.17
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$191,78	3212.61	\$131.41	1	\$31.49	\$26.17	<del></del>	\$43.48	\$2.42	\$37.66	\$0.77

Provider: Ridgewood Manor Nursing Home Prvdr ID: 00142744A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		with Allowance: trly BIMS score	Facility Score N/A 47.4% 2.80	Add-on Percent 18.37% 5.5% 3.0%		Quarterly !	CMI) Data d Overall CMI Medicaid CMI Wght Options		Facility <u>Specific</u> 1.3042 1.5421 1.5677	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	Ì
CASE MIX BASED RATE CALCULATIONS								1			İ
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bad Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37		:	! !
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,189,983.00	\$3,025,952	\$0	\$553,960	\$367,214	\$335,603	\$554,570	\$10,206	\$342,478	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 34,794	FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	(\$21,808) \$5,168,175 34,794	(\$997) \$3,024,955	\$0 \$0	(\$2,486) \$551,474	\$0 \$367,214	\$0 \$335,603	(\$20,811) \$533,759	\$10,206	(\$487) \$341,991	\$2,973 \$2,973
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,238  9 Net Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$148.53	\$86.94	\$0.00	\$15.85	\$20.20	(with L&H)	\$15.34	36,238 \$0.28	\$9.83	\$0.09
10 Base Period Facility <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12 Ln 9 / Ln 10		<u>1.3042</u> \$66,66								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$66.66	\$0.00	\$15.85	\$20.20	}	\$15.34	\$0.28	\$9.83	\$0.09
Per Diem Standards (After Statewide CMA for Routine Stres)  Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$126.43	\$71.51 \$66.66	\$0.00 \$0.00	\$18.41 \$15.85	\$23.09 \$20.20	transfer to the	\$20.56 \$15.34	\$0.00 \$0.28	N/A 8.01 (FRV)	\$0.09
Quarterly Per Diem Rate Prior to Add-ons	•	:			1					:	
15 Growth Allowance Percentage = 18.37% 16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	En 14 x Grwth Allwnc %  Ln 14 + Ln 15  per Current Oir End  Ln 16 x Ln 17	\$21.69 \$148.12	\$12.25 \$78.91 <u>1.5677</u>	\$0.00 \$0.00	\$2.91 \$18.76	\$3.71 \$23.91	\$0.00 \$0.00	\$2.82 \$18.16	N/A \$0.28	N/A \$8.01	N/A \$0.09
18 Ontrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.92	\$123.71 \$123.71	\$0.00	\$18.76	\$23.91	\$0.00	\$18.16	\$0.28	\$8.01	\$0.09
Quarterly Per Diem Add-on Amounts  20 Efficiency Add-on Per Diem (IStnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	•
21 BIMS Add-on Per Diem = 5.5% (to Roulino Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Rouline Srvcs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$6.80 \$3.71	\$6.80 \$3.71			23.77	72.00	1		45.00	1
23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$29.14	\$11,04	\$0.00	\$0.22	\$0,41	\$0,00	\$17.10 \$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.06	\$134.75	\$0.00		\$24.32	\$0.00	\$35.63	\$0.00	\$8.01	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.72									J

	rovider: River Towne Center rvdr ID: 00082684A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			with Allowance: trly BIMS score	Facility Score N/A 51.5% 3.61	Add-on <u>Percent</u> 18.37% 5.5% 2.0%			d Overall CMI Medicaid CMI		Facility <u>Specific</u> 1,4711 1,7203 1,7524	State- wide 1.3617 1.5382 1.5656
	MDS & Nuise his Data per Quarter Churig.	1231/20 Nuise 1100	is per Oil-Site bay/Q	, '		2.0 /6		Plant	Admin	: 1	Property	Taxes
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	A&G- GL-PL Insurance	and Related	and Insurance
			а	Ь	С	d	е	f	, g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS					:						:
1	Cost Center Peer Groups	/ P-7			1		1	1	1			
'	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	2 Free Standing	1 All Facilities	All Facilities	: 7 : All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	;	All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits								4			:
2	Peer Group Standards & Enriciency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		:
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		:
	Base Period Per Diem Allowed Amounts					: '			:			
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,579,475.00	\$3,742,499	\$0	\$789,011	\$419,448	\$517,410	\$1,724,757	\$75,197	\$311.153	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$767,781)		\$0	(\$1,345)	\$2,452	(\$28,977)	1 1 1		(\$44,706)	\$51,015
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,811,694	\$3,667,089	\$0	\$787,666	\$421,900		\$1,053,947		\$266,447	\$51,015
8	Total Nursing Facility Days As Filed Days = 59,741	FY12 Audited C/R Days	59,753				*,		)	1	*===,	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,467	FY 18 GL-PL Ins Rpt Days				;			1	34,467		i
9	Net Per Diems prior to Case Mix Adistmt to Routine Srvcs	tn 7 / tn 8 Col a	\$114.91	\$61,37	\$0.00	\$13,18	\$15.23	(with L&H)	\$17.64		\$4,46	\$0.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4711						1		1
13	· · · · · · · · · · · · · · · · · · ·	Ln 9 / Ln 10		\$41.72					i .			!
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = En 9		\$41.72	\$0.00	\$13.18	\$15.23	!	. \$17.64	\$2.18	\$4.46	\$0.85
13	Per Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$71,51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	1
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$98.26	\$41.72	\$0.00	\$13.18	\$15.23		\$17.64	\$2.18	7.46	\$0.85
						:					(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.12	\$7.66	\$0.00	\$2.42	#0.P0			. NICA		
15 16	· ——	Ln 14 + £n 15		f	\$0.00		\$2.80	\$0.00	\$3.24 \$20.88		N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$114.38	\$49.38 1.7524	\$0.00	\$15.60	\$18.03	\$0.00	. \$20.00	\$2.18	\$7.46	\$0.85
18		Ln 16 x Ln 17		\$86.53		:			!	: :		1
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOthr = Ln 16	\$151.53	\$86.53	\$0.00	\$15.60	\$18.03	\$0.00	\$20.88	\$2,18	\$7.46	\$0.85
••	additional violation of the contract of the co		<b>VIOT.55</b>		\$0.00	\$15.00	\$10.00	40.00	Ψ20.00	42.10	\$1.40	30.00
	Quarterly Per Diem Add-on Amounts					1				1		<i>I</i>
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	1
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.76			: 1						1
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$1.73	\$1.73		<i>i</i>				1		Í
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10				_		\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.12	\$7.02	\$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 + £ก 24	\$176.65	\$93.55	\$0.00	\$15.82	\$18.44	\$0.00	\$38.35	\$2.18	\$7.46	\$0.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.66			······						

Provider: Riverdale Place Care and Rehab Prvdr ID: 00083289A  Case Mix Per Diem Rate Effective Date:	4/1/2021	Q	wth Allowance: trly BiMS score	Facility Score N/A 47.3%	Add-on Percent 18,37% 5.5%		Quarterly I	d Overall CMI: Medicaid CMI:		Facility Specific 1.5593 1.6174	State- wide 1.3617 1.5382
MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality incentive:	3.63	3.0%	Unny Meaid	CMIWRUG	Wght Options:		1.6479	1.5656
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		8	b	C	ď	е	f	g	g	h	i .
CASE MIX BASED RATE CALCULATIONS					i i			1	:		
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			ļ
Type of Facility within Peer Group	(ess. ene) manual,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			:
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits				:	1				:		i
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	:		l
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts		ı					:	2			
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,549,117.00	\$3,503,673	\$0	\$703,323	\$313,173	\$455,189	\$1,705,397	\$77,587	\$790,775	\$
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$576,443)	(\$241,794)	\$0	(\$23,693)	\$15,860	(\$5,010)	(\$342,780)		(\$22,844)	\$43,81
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,972,674	\$3,261,879	\$0	\$679,630	\$329,033	\$450,179	\$1,362,617	\$77,587	\$767,931	\$43,81
8 Total Nursing Facility Days As Filed Days = 52,850	FY12 Audited C/R Days	52,862									l
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,021	FY 18 GL-PL Ins Rpt Days	ı							50,021		i I
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.00	\$61.71	\$0.00	\$12.86	\$14.74	(with L&H)	\$25.78	\$1.55	\$14.53	\$0.8
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5593		1				:		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.57				-				
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$39.57	\$0.00	\$12.86	\$14.74	i	\$25.78	\$1.55	\$14.53	\$0.8
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09	1	\$20.56	\$0.00	N/A	:
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$98.90	\$39.57	\$0.00	\$12.86	\$14.74		\$20.56	\$1,55	8.79	\$0.8
										(FRV)	· :
Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Aliwnc %	640.40	<b>67.03</b>	***		50 74		20.70			
15 Growth Allowance Percentage = 18.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwiic % Ln 14 + En 15	\$16.12	\$7.27	\$0.00	4	\$2,71	\$0.00	\$3.78	N/A	N/A	N//
		\$115.02	\$46.84	\$0.00	\$15.22	\$17.45	\$0.00	\$24.34	\$1,55	\$8.79	\$0.8
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End Ln 16 x Ln 17		1.6479		1						}
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.37	\$77.19 \$77.19	\$0.00	\$15.22	\$17.45	\$0.00	\$24.34	\$1,55	\$8.79	\$0.8
10   Quantority inicologic Clark Allowed Let Digits	no - en ro, zueun - en ro	9140.37	<b>\$11.19</b>	Φ0.00	\$15.22	\$17.45	\$0.00	324.34	<b>31.05</b>	\$6.79	\$0.8
Quarterly Per Diem Add-on Amounts					1 1		1		1		:
20 Efficiency Add+on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	:	\$0.00	* !
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.25	\$4.25	· L							
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-an	\$2.32	\$2.32	ŧ	1			1	[		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			i		1	\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.83	\$7.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$170.20	\$84.29	\$0.00	\$15.44	\$17.86	\$0.00	\$41.44	\$1.55	\$8.79	\$0.8
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.83		*******************			•	•	·····		

Pr	rovider: Riverside Health & Rheab of Thomaston		Add-on Data and F	Percentages	Facility Score	Add-on Percent	Case	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Pr	rvdr ID: 00140346A			wth Allowance:	N/A	18.37%			Overall CMI:		1.1990	1.3617
	Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:		Qt rs per On-Site Day/Qu	rly BIMS score	51.1% 3.28	5.5% 4.0%	Ortrly Mooid	Quarterly N CMI w RUG V	Medicaid CMI:		1.4572 1.4826	1.5382 1.5656
	IVIDO & Nuise Fils Data per Quarter Eliuling.	12/31/20 Nuise 1100	is per On-Site Day/Qt	iality incentive.	3.20	4.0 /6	Qitily Mcald	CIVII W NOG V	vgni Options.		1.4020	1.5050
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C/	ASE MIX BASED RATE CALCULATIONS											
<u> </u>	ACE WITH BACED FIATE GALOGEATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(coor endy maneur)		******	*****	70.22	*****		*****			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,768,046.78	\$1,921,998	\$0	\$433,814	\$281,964	\$209,067	\$568,282	\$69,795	\$283,127	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$18,950)	\$0 \$1.921.998	\$0 \$0	(\$1,632)	\$0 \$281.964	\$0 \$209.067	(\$17,576)	ФСО 70F	(\$20,760)	\$21,018
8	Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 26,092	FY12 Audited C/R Days	\$3,749,097 26,092	\$1,921,998	\$0	\$432,182	\$281,964	\$209,067	\$550,706	\$69,795	\$262,367	\$21,018
8	Total Nursing Facility Days As Filed Days = 26,092  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,564	FY 18 GL-PL Ins Rpt Days	26,092							24,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$143.86	\$73.66	\$0.00	\$16.56	\$18.82	(with L&H)	\$21.11	\$2.84	\$10.06	\$0.81
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 gtrs of FY12	ψ143.00	1.1990	ψ0.00	ψ10.50	Ψ10.02	(with Early	Ψ21.11	Ψ2.04	Ψ10.00	ψ0.01
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.44								
12	, , ,	RS = Ln 11, AllOthr = Ln 9		\$61.44	\$0.00	\$16.56	\$18.82		\$21.11	\$2.84	\$10.06	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	• • •
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.52	\$61.44	\$0.00	\$16.56	\$18.82		\$20.56	\$2.84	9.49	\$0.81
											(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	<b>004 57</b>	044.00	<b>#0.00</b>	00.04	<b>00.40</b>	40.00	#0.70	N//A	N/A	N1/A
15 16	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwiic %	\$21.57 \$152.09	\$11.29 \$72.73	\$0.00 \$0.00	\$3.04 \$19.60	\$3.46 \$22.28	\$0.00 \$0.00	\$3.78 \$24.34	N/A \$2.84	N/A \$9.49	N/A \$0.81
17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	\$152.09	1.4826	\$0.00	\$19.60	\$22.28	\$0.00	\$24.34	\$2.84	\$9.49	\$0.81
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.19	\$107.83	\$0.00	\$19.60	\$22.28	\$0.00	\$24.34	\$2.84	\$9.49	\$0.81
	,		•	,	****	,	•	*****	, -	•	• -	• • •
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.93	\$5.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.31	\$4.31					<b>01710</b>			
23 24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$28.50	\$10.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	\$0.00
	,				-	-		• • • • • • • • • • • • • • • • • • • •				-
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.69	\$118.60	\$0.00	\$19.82	\$22.69	\$0.00	\$41.44	\$2.84	\$9.49	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.94									

				Facility	Add-on		Facility	State-
Provider:	Riverside Healthcare Center		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
Prvdr ID:	00140324A		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:	1.4742	1.3699
	Case Mix Per Diem Rate Effective Date:	04/01/21	Qtrly BIMS score	43.2%	2.5%	Quarterly Medicaid CMI:	1.6789	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20	Nurse Hours per On-Site Day/Quality Incentive:	2.67	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.7099	1.5656

Line #	Description	Sources / Calculations	Totals	Routine Services b	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
	ACE MIX DAGED DATE OAL OUR ATIONS			-						3		
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
1		(See I only Manda)		ψυ.υυ	ψυ.υυ	ψυ.ΔΔ	ψυ ι		ψυ.υ,			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$8,557,807	\$3,643,664	\$0	\$713,583	\$392,096	\$421,991	\$1,426,273	\$204,379	\$1,755,821	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$86,958)	\$0	\$0	\$0	\$0	\$0	(\$86,958)		(\$68,512)	\$68,512
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,470,849	\$3,643,664	\$0	\$713,583	\$392,096	\$421,991	\$1,339,315	\$204,379	\$1,687,309	\$68,512
8	Total Nursing Facility Days As Filed Days = 52,821	FY13 Audited C/R Days	52,821									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,896	FY 18 GL-PL Ins Rpt Days								52,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.36	\$68.98	\$0.00	\$13.51	\$15.41	(with L&H)	\$25.36	\$3.86	\$31.94	\$1.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4742								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.79	\$0.00	\$13.51	\$15.41		\$25.36	\$3.86	\$31.94	\$1.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.49	\$46.79	\$0.00	\$13.51	\$15.41		\$23.46	\$3.86	8.16	\$1.30
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.22	\$8.60	\$0.00	\$2.48	\$2.83	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.71	\$55.39	\$0.00	\$15.99	\$18.24	\$0.00	\$27.77	\$3.86	\$8.16	\$1.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	Ψ100.71	1.7099	ψ0.00	ψ15.55	ψ10.24	ψ0.00	Ψ21.11	ψ5.00	ψ0.10	Ψ1.50
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOthr = Ln 16	\$170.03	\$94.71	\$0.00	\$15.99	\$18.24	\$0.00	\$27.77	\$3.86	\$8.16	\$1.30
13	additions intollicate districtions of the biotic	21 10,7 110 111 - 21 10	ψ170.03	Ψυτ./ Ι	ψ0.00	ψ13.33	ψ10.24	ψ0.00	Ψ21.11	ψυ.υυ	ψ0.10	Ψ1.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.50	\$100.45	\$0.00	\$16.21	\$18.65	\$0.00	\$44.87	\$3.86	\$8.16	\$1.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.30									

#### FINAL

	rovider: Riverview Health & Rehab Ctr rvdr.ID; 00040741A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/21 12/31/20 Nurse		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive;	Facility Score N/A 20.4% 3.90	Add-on Percent 18,37% 1,0% 3,0%		Quarteri	(CMI) Data od Overall CMI: y Medicaid CMI: 6 Wght Options:		Facility Specific 1,2970 1,3878 1,4095	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	С	l d	e	ſ	l g		h	<u> </u>
CF	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group  Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)  Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL, Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Cuarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$156.48 \$23.31 \$183.31	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$12.48 \$88.41 1.4095 \$113.34	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$29.14 \$29.14 \$29.14 (FRV Rate)	\$0.45 \$0.45 \$0.45
APPRINT DE ANGENINA CAPACITA DE LA CAPACITA DEL CAPACITA DEL CAPACITA DE LA CAPACITA DEL CAPACITA DEL CAPACITA DE LA CAPACITA DE LA CAPACITA DEL CAPACITA DEL CAPACITA DEL CAPACITA DEL CAPACITA DE LA CAPACITA DEL CAPA	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Arnounts BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$216.24 \$1.13 \$3.40 \$17.10 \$21.63	\$113.34 \$1.13 \$3.40		\$20.70	\$25.97		\$23,12 17.10	\$3.52	\$29.14	\$0.45
	Quarterly Case Mix Based Per Diem Rate	\$165,58	\$237.87	\$117.87	<u> </u>	\$20.70	\$25,97		\$40.22	\$3.52	\$29.14	\$0.45
L	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$6,601 \$	1		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>		

	rovider: Roberta Health Care rvdr ID: 00142777A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hot		wth Allowance: trly BIMS score	Facility Score N/A 45.1% 2.09	Add-on Percent 18.37% 5.5% 2.0%	· · · · · · · · · · · · · · · · · · ·		d Overall CMI Medicald CMI	:	Facility <u>Specific</u> 1.4576 1.9020 1.9396	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			<u>a</u>	ь	С	ď	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS		:				:					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	:	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
:	Base Period Per Diem Allowed Amounts	•				:				i :		
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,863,401.77	\$1,784,247	\$0	\$358,580	\$227,942	\$234,248	\$553,791	\$29,540	\$675,054	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$211,158)	(\$177,791)	\$0	(\$818)	(\$6,713)	\$9,266	(\$26,528)	)	(\$37,442)	\$28,868
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,652,244	\$1,606,456	\$0	\$357,762	\$221,229	\$243,514	\$527,263	\$29,540	\$637,612	\$28,868
8	Total Nursing Facility Days As Filed Days = 32,286	FY12 Audited C/R Days	32,286							1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,995	FY 18 GL-PL ins Rpt Days				1				29,995		İ
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$113.18	\$49.76	\$0.00	\$11.08	\$14.39	(with L&H)	\$16.33	\$0.98	\$19.75	\$0.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4576</u>		1				1		ĺ
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.14		:						:
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 9	'	\$34.14	\$0.00	\$11.08	\$14.39		\$16.33	\$0.98	\$19.75	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limils		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
: 14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$84.68	\$34.14	\$0.00	\$11.08	\$14.39		\$16.33	\$0.98	6.87	\$0.89
	Quarterly Per Diem Rate Prior to Add-ons		i			:			:	;	(FRV)	!
15	*	Ln 14 x Grwth Allwnc %	\$13.95	\$6.27	\$0.00	\$2.04	\$2.64	\$0.00	\$3.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$98.63	\$40.41	\$0.00	\$13.12	\$17.03	\$0.00	\$19.33	\$0.98	\$6.87	\$0.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	i I	<u>1.9396</u>						1		i I
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	I	\$78.38		i :			i :			1
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136.60	\$78.38	\$0.00	\$13.12	\$17.03	\$0.00	\$19.33	\$0.98	\$6.87	\$0.89
i	Quarterly Per Diem Add-on Amounts	•										
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.31	\$4.31		· - :		,				
22	. — · · · · · · · · · · · · · · · · · ·	Ln 19 Col b x Sting Add-on	\$1.57	\$1.57	I	r :		:				1
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	. 1		· I
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.51	\$6.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$161.11	\$84.79	\$0.00	\$13.34	\$17.44	\$0.00	\$36.80	\$0.98	\$6.87	\$0.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$108.01			······································			·			<u> </u>

Provider: Rockdale Healthcare		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		_	Facility Specific	State- wide
Prvdr ID: 00838252A  Case Mix Per Diem Rate Effective Date:	4/1/2021		wth Allowance:	N/A 27,4%	18.37%			d Overall CMI:	•	1.6517	1.3617
Case Mix Per Dien Rate Elective Date: MDS & Nurse Hrs Data per Quarter Ending:		s per On-Site Day/Q	trly BIMS score uality Incentive:	4.70	1.0% 3.0%	Ortrly Moaid	CMI w RUG	Medicaid CMI: Wght Options:		1.7092 1.7412	1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-Pt. Insurance	Property and Related	Taxes and Insurance
	·	а	b	С	d	е	f	· 9	. g	h	i
CASE MIX BASED RATE CALCULATIONS					:			1			
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group	(ace I only Marian)		All Facilities	•	Free Standing	All Facilities	All Facilities	- All Facilities	1	;	
Bed Size Range within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits				I					:		
2 Peer Group Standards: Percentile	{see Policy Manual}		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	: !		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37		:	
Base Period Per Diem Allowed Amounts					: 1			ĺ	: !	:	
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,311,907.40	\$2,758,651	\$0	\$513,684	\$258,570	\$389,908	\$1,416,663	\$128,540	\$1,845,891	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$241,133)	\$0	\$0	\$0	(\$9,128)	(\$13,765)	(\$153,072)		(\$190,364)	\$125,196
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,070,774	\$2,758,651	\$0	\$513,684	\$249,442		\$1,263,591		\$1,655,527	\$125,196
8 Total Nursing Facility Days As Filed Days = 34,294	FY12 Audited C/R Days	34,294			1						
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,390	FY 18 GL-PL Ins Rpt Days								33,390		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$206.28	\$80.44	\$0.00	\$14.98	\$18.24	(with L&H)	\$36.85		\$48.27	\$3.65
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6517	! !	i						
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$48,70		: ,				:		
12 Net Per Diems after Case Mix Adistmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.70	\$0.00	\$14.98	\$18.24		\$36.85	\$3.85	\$48.27	\$3.65
13 Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		N/A	*
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.98	\$48.70	\$0.00		\$18.24		\$20.56		14.00	\$3.65
i	:	*			1	******				(FRV)	*****
Quarterly Per Diem Rate Prior to Add-ons			_		1				:	:	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.83	\$8.95	\$0.00		\$3.35	\$0.00	\$3.78		N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.81	\$57.65	\$0.00	\$17.73	\$21.59	\$0.00	\$24.34	\$3.85	\$14.00	\$3.65
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qlr End		1.7412		i				1		
18 Qrtriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17		\$100.38				_			:	
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.54	\$100.38	\$0.00	\$17.73	\$21.59	\$0.00	\$24.34	\$3.85	\$14.00	\$3.65
Quarterly Per Diem Add-on Amounts	i :						1		:		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1,00		1			:	1		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Rouline Srvcs)	Ln 19 Col b x Sting Add-on	\$3.01	\$3.01	ı	1					:	
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		:	\$17.10	:		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.27	\$4.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.81	\$104.92	\$0.00	\$17.95	\$22.00	\$0.00	\$41.44	\$3.85	\$14.00	\$3.65
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.03					1			······································	
	] , , , , , , , , , , , , , , , , , , ,	7									

## Quarterly Case Mix Per Diem Calculation

#### FINAL

Provider: Rockmart Health Prvdr ID: 003182988A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>04/01/21</b> 12/31/20 Nurse Ho		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 29.7% 3.87	Add-on Percent 18.37% 1.0% 3.0%	Qrtrly	Base Po Quarte	ex (CMI) Data eriod Overall CMI: erly Medicaid CMI: UG Wght Options:	1	Facility Specific Use Stwd 1.5926 1.6209	State- wide 1.3617 1.5438 1.5713
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g		h	i
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			1 All Facilities All Bed Sizes 90.0% 100.0%	1 All Facilities All Bed Sizes 90.0% 100.0%	2 Freestanding All Bed Sizes 90.0% 100.0%	1 All Facilities All Bed Sizes 85.0% 100.0%	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0%			
Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt								\$23,590.00 14.490		
Standard Per Diem (After CMA for Routine Srvcs)  Allowed @ 90% of Std  Growth Allowance 18.37%	FY 2012 Peer Group Limit	\$128.76 \$22.08	\$71.51 \$64.36 \$11.82		\$18.41 \$16.57 \$3.04	\$23.09 \$20.78 \$3.82		\$20.56 \$18.50 \$3.40	0.04.000	\$8.55 \$8.55	
CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$152.47	\$76.18 <u>1.6209</u> \$123.48		\$19.61	\$24.60		\$21.90	\$ 1.63	8.55 (FRV Rate)	\$0.00
Quarterly Medicaid CMA Allowed Per Diem  Quarterly Per Diem Add-On Amounts  BIMS Add-on Per Diem = 1.0% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$199.77 \$1.23 \$3.70	\$123.48 \$1.23 \$3.70		\$19.61	\$24.60		\$21.90	\$1.63	\$8.55	\$0.00
Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$22.04						17.10			
Quarterly Case Mix Based Per Diem Rate		\$22.04	\$128.42		\$19.61	\$24.60		\$39.00	\$1.63	\$8.55	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$153.54	QL21.01	\$120.42		\$15.01	\$24.00		\$35.00	\$1.03	\$6.55	\$0.00

Provider: Rome Health and Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvdr ID: 00140753A  Case Mix Per Diem Rate Effective Date:	4/1/2021		owth Allowance: ttrfy BIMS score	N/A 17.0%	18.37% 0.0%			d Overall CMI:		1.6744	1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q		4.21	3.0%	Orlrly Moaid		Medicaid CMI: Wght Options:		1.7476 1.7795	1.5382 1.5656
Line , Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	:	а	b	c	d	е	f	g	9	h	ì
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	1			
Type of Facility within Peer Group		!	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
Bed Size Range within Peer Group	!		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bod Sizes	:		i
Peer Group Standards & Efficiency Measure Limits	:	}					:	:	1		! !
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)	<b>!</b>	100.0%	100.0%	100.0%	100.0%	!	105.0%	1		l
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			}
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,288,641.96	\$2,802,923	\$0	\$515,153	\$185,219	\$292,081	\$1,230,951	\$2,885	\$259,430	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$389,506)	\$0	\$0	\$0	\$0	\$1,892	(\$391,398)	i l	(\$38,357)	\$38,357
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,899,136	\$2,802,923	\$0	\$515,153	\$185,219	\$293,973	\$839,553	\$2,885	\$221,073	\$38,357
8 Total Nursing Facility Days As Filed Days = 34,077	FY12 Audited C/R Days	34,077							1		\$
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,075	FY 18 GL-PL Ins Rpt Days							:	33,075		ĺ.
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$143.78	\$82.25	\$0,00	\$15.12	\$14.06	(with L&H)	\$24.64	\$0.09	\$6.49	\$1.13
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6744								•
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.12						1		}
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$49,12	\$0.00	\$15.12	\$14.06		\$24.64	\$0.09	\$6.49	\$1.13
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	,
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.72	\$49.12	\$0.00	\$15.12	\$14.06		\$20.56	\$0.09	14.64	\$1.13
Quarterly Per Diem Rate Prior to Add-ons		İ	1		1			:	:	(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.16	\$9.02	\$0.00	\$2.78	\$2.58	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.88	\$58.14	\$0.00	\$17.90	\$16.64	\$0.00	\$24.34	\$0.09	\$14.64	\$1.13
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7795								
18 Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	•	\$103.46								:
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178,20	\$103.46	\$0.00	\$17.90	\$16.64	\$0.00	\$24.34	\$0.09	\$14.64	\$1.13
Quarterly Per Diem Add-on Amounts		•	1				!	:			
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Sivs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00				!		. !		i
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Cot b x Stfng Add-on	\$3.10	\$3.10					1	!		·
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	!				:	\$17.10	i		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.36	\$3.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.56	\$107.09	\$0.00	\$18.12	\$17.05	\$0.00	\$41.44	\$0.09	\$14.64	\$1.13
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.85	1				· · · · · · · · · · · · · · · · · · ·	· <del></del>	<u> </u>		

Provider: Rose City Health and Rehab Ctr		Add-on Data and	Derennianac	Facility Score	Add-on Percent	·	o Niv Inda:: //	CMD Data		Facility Specific	State- wide
Prydr ID: 00083311A		.,	with Allowance:	N/A	18.37%	Cas	e Mix Index (0	d Overall CMI			
Case Mix Per Diem Rate Effective Date:	4/1/2021		trly BIMS score	28.2%	1.0%			d Overall CMI: Medicaid CMI:		1.5200 1.7557	1.3617 1.5382
MDS & Nurse Hrs Data per Quarter Ending:		ırs per On-Site Day/Q		3.27	3.0%	Ortrly Moaid	CMI w RUG			1.7881	1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	C	d	е	f	9	9	h	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	. 1	1			!
Type of Facility within Peer Group	(and the manager)	1	All Facilities	)	Free Standing	All Facilities	: All Facilities	. All Facilities			!
Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		:		
Peer Group Standards & Efficiency Measure Limits					1 }				1		1
2   Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)	ı	100.0%	100.0%	100.0%	100.0%		105.0%	1 1		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts								!	1		i
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,126,173.60	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$657,966	\$2,601	\$154,582	. 5
Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$21,254)	\$0	\$0	\$0	\$0	\$0	(\$21,254)	i i	(\$27,958)	\$27,95
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,104,920	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$636,712	\$2,601	\$126,624	\$27,95
8 Total Nursing Facility Days As Filed Days = 23,503	FY12 Audited C/R Days	23,503	į.		1		Í		-		i
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,180	FY 18 GL-PL Ins Rpt Days				i I			•	23,180		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.11	\$69,49	\$0.00	\$16.21	\$12.63	(with L&H)	\$27.09	\$0.11	\$5.39	\$1.1
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5200								:
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.72		:			:	1		:
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.72	\$0.00	\$16.21	\$12.63		\$27.09	\$0.11	\$5.39	\$1.1
13 Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.56	\$45,72	\$0.00	\$16.21	\$12.63		\$20.56	\$0.11	10.14	\$1.1
Out of the Day Division in the Control of the Contr	=				: 1					(FRV)	
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %			***		****					
	Ln 14 x Grwin Allwing %	\$17.48	\$8,40	\$0.00	\$2.98	\$2.32	\$0.00	\$3.78	N/A	N/A	N/A
		\$124.04	\$54.12	\$0.00	\$19.19	\$14.95	\$0.00	\$24.34	\$0.11	\$10.14	\$1.1
· · · · · · · · · · · · · · · · · · ·	per Current QIr End		<u>1.7881</u>								
Qrirfy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.77		:						
19 Quarterly Medicaid CMA Allowed Per Diem	! RS = Ln 18, AllOthr = Ln 16	\$166.69	\$96.77	\$0.00	\$19.19	\$14.95	\$0.00	\$24.34	\$0.11	\$10.14	\$1.1
Quarterly Per Diem Add-on Amounts	1						:	:			t.
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22   Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.90	\$2.90								İ
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:		:	\$17.10	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.13	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.82	\$101.17	\$0.00	\$19,41	\$15.36	\$0.00	\$41.44	\$0.11	\$10.14	\$1.1
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.79					*		·		I

	wider: Roselane Health and Rehab Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
PſV	dr ID: 00831751A  Case Mix Per Diem Rate Effective Date:	4/1/2021		wth Allowance: try BIMS score	N/A 23.0%	18.37% 1.0%			d Overall CMI: Medicaid CMI:		1.5874 1.6017	1.3617 1.5382
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		3.75	3.0%	Ortrly Moaid	CMI w RUG V			1.6294	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
(			a	ь	C	đ	е	f	g	. g	h	ĵ
CA	ASE MIX BASED RATE CALCULATIONS							\ :				
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1			
	Type of Facility within Peer Group	(obd. and) manaally		. All Facilities		Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits	:								: 1		
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	i		
:	Base Period Per Diem Allowed Amounts					1		į	:	:		
5	As Filed Cost Center Costs (Routine & Special Strucs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,863,250.74	\$4,527,903	\$0	\$783,412	\$278,374	\$481,065	\$1,196,566	\$3,214	\$592,717	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmls	(\$86,774)	\$14,162	\$0	\$0	\$0	\$0	(\$100,936)	i I	(\$105,761)	\$105,761
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,776,477	\$4,542,065	\$0	\$783,412	\$278,374	\$481,065	\$1,095,630	\$3,214	\$486,956	\$105,761
8	Total Nursing Facility Days As Filed Days = 45,393	FY12 Audited C/R Days	45,393						:	:		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,524	FY 18 GL-PL Ins Rpt Days				į l				44,524		:
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$171.32	\$100.06	\$0.00	\$17.26	\$16.73	(with L&H)	\$24.14	\$0.07	\$10.73	\$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5874</u>		1			1			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	,	\$63.04						:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$63.04	\$0.00	\$17.26	\$16.73	1	\$24.14	\$0.07	\$10.73	\$2.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.79	\$63.04	\$0.00	\$17.26	\$16.73		\$20.56	\$0.07	14.80 (FRV)	\$2.33
	Quarterly Per Diem Rate Prior to Add-ons									1	1,,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.60	\$11.58	\$0.00	\$3,17	\$3.07	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £n 15	\$156.39	\$74.62	\$0.00	\$20.43	\$19.80	\$0.00	\$24,34	\$0.07	\$14.80	\$2.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6294								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.59						i		\ (
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.36	\$121.59	\$0.00	\$20.43	\$19.80	\$0.00	\$24.34	\$0.07	\$14.80	\$2.33
	Quarterly Per Diem Add-on Amounts			: :		1			· §			:
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see 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 Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22						1		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65		: 1			:			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			!			\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.13	\$5.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.49	\$126.99	\$0.00	\$20.65	\$20.21	\$0.00	\$41.44	\$0.07	\$14.80	\$2.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - £n 23) * 0.75	\$157.04					<u>.                                    </u>	•			

Provid			Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr l			Gro	wth Allowance:	N/A	18.37%		Base Period	d Overall CMI:		1.2404	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021		trly BIMS score	38.7%	2.5%			Medicaid CMI:		1.7999	1.5382
	MDS & Nurse Hrs Data per Quarter Ending;	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.09	1.0%	Qrtrly Mcaid	CMI w RUG \	Wght Options:		1.8349	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			8	b	Ç	d	е	f	g	g	h	i
CASI	E MIX BASED RATE CALCULATIONS					:					1	
1 Co	ost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1		:	
	Type of Facility within Peer Group	,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1	:	
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	i ;		
Pe	er Group Standards & Efficiency Measure Limits					1				1	į	
2 F	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	f :	;	
	Peer Group Standards: Multiplier	(see Policy Manual) .		100.0%	100.0%	100.0%	100.0%		105.0%		!	
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	: 1		
Ba	se Period Per Diem Allowed Amounts										!	
5 A	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,929,612.00	\$3,610,194	\$0	\$738,385	\$441,937	\$436,558	\$1,115,915	\$162,798	\$423,825	\$0
6 4	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$231,415)	\$811	\$0	\$1,600	\$0	\$204	(\$239,816)	j i	(\$128,317)	\$134,103
7   0	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,698,198	\$3,611,005	\$0	\$739,985	\$441,937	\$436,762	\$876,100	\$162,798	\$295,508	\$134,103
8	Total Nursing Facility Days As Filed Days = 50,566	FY12 Audited C/R Days	50,566			1				1	:	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,615	FY 18 GL-PL Ins Rpt Days								49,615		
9 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.52	\$71.41	\$0.00	\$14.63	\$17.38	(with L&H)	\$17.33	\$3.28	\$5.84	\$2.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2404		1		į		1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.57						1	, i	
12 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.57	\$0.00	\$14.63	\$17.38	ì	\$17.33	\$3.28	\$5.84	\$2.65
13 F	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 E	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.90	\$57.57	\$0.00	\$14.63	\$17.38		\$17.33	\$3.28	12.06	\$2.65
Qu	rarterly Per Diem Rate Prior to Add-ons					:		I I		: (	(FRV)	
15 0	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.64	\$10.58	\$0.00	\$2.69	\$3.19	\$0.00	\$3.18	N/A	N/A	N/A
16 C	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £n 15	\$144.54	\$68.15	\$0.00	\$17.32	\$20.57	\$0.00	\$20.51	\$3.28	\$12.06	\$2.65
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		1.8349		1		Í			;	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.05		1		£	•		:	
19 C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$201,44	\$125.05	\$0.00	\$17.32	\$20.57	\$0.00	\$20.51	\$3.28	\$12.06	\$2.65
Qu	arterly Per Diem Add-on Amounts							i				
20 E	Efficiency Add-on Per Diem {[Stnd - Alwd] x .75, up to max, or 0}	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	:	\$0.00	
21 E	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.13	\$3.13		:				: !		
22 N	Nurse Staff Hrs / Quality Add-on Per Diem: 1.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.25	\$1.25		: !			1	:		
23 N	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		r i	\$17.10	*		
24 T	Fotal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.01	\$4.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 <b>Q</b> ս	rarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.45	\$129.96	\$0.00	\$17.54	\$20.98	\$0.00	\$37.98	\$3.28	\$12.06	\$2.65
26 Qu	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	<b>\$1</b> 55.51			·		i .		·	······································	
			*									

Provider: Prvdr ID:		4/1/2021 12/31/20 Nurse Hou		owth Allowance: trly BIMS score	Facility Score N/A 20.6% 5.04	Add-on Percent 18.37% 1.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2961 1.2242 1.2407	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			8	b	Ç	đ	e	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS					i			I			
1 Cost	Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			:
2 Per 3 Per	Group Standards & Efficiency Measure Limits er Group Standards: Percentile er Group Standards: Multiplier Ciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			: :
Base	Period Per Diem Allowed Amounts								:			
5 As	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,274,989.00	\$2,812,004	\$0	\$651,994	\$351,015	\$344,862	\$738,325	\$64,497	\$312,292	\$0
6 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$135,149)	(\$275)	\$0	\$8,437	\$26,924	(\$16,281)	(\$167,136)		(\$56,986)	\$70,168
7 Co	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,139,840	\$2,811,729	\$0	\$660,431	\$377,939	\$328,581	\$571,189	\$64,497	\$255,306	\$70,168
8 7	Total Nursing Facility Days As Filed Days = 32,995	FY12 Audited C/R Days	32,995			1				1		
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,584	FY 18 GL-PL fns Rpt Days				1				30,584		
: 1	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.94	\$85.22	\$0.00	\$20.02	\$21.41	(with L&H)	\$17.31	\$2.11	\$7.74	\$2.13
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2961		:			ŀ	1		
1 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75		1				1		
. 1	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$20.02	\$21.41		\$17.31	\$2.11	\$7.74	\$2.13
1	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	1	\$20.56	\$0.00	N/A	; )
1	se Period Case Mix Adjusted Allowed Per Diem terly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$139.74	\$65.75	\$0.00	\$18.41	\$21.41		\$17.31	\$2.11	12.62 (FRV)	\$2.13
: *	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.57	\$12.08	\$0.00	\$3.38	\$3.93	\$0.00	\$3.18	N/A	N/A	N/A
1	IA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.31	\$77.83	\$0.00		\$25.34	\$0.00	\$20.49	\$2,11	\$12.62	\$2.13
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$102.51	1.2407		\$21.79	\$20.54	. 50.00	. 920.45	Ψ2.,11	\$12.02	\$2.13
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	էս 16 x Ln 17		\$96.56		1				i,		:
1 5	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$181.04	\$96.56	\$0.00	\$21.79	\$25.34	\$0.00	\$20.49	\$2,11	\$12.62	\$2.13
Quar	terly Per Diem Add-on Amounts											
	ciency 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	: :
- 1	AS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col h x CPS Add-on	\$0.97	\$0.97		1	4				\$0.00	: 1
22 Nu	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	En 19 Cal b x Sting Add-on	\$2.90	\$2.90					!	1		
- 1	rsing Home Provider Fee	(Fixed Amount)	\$17,10			1			\$17,10	:		
24 Tot	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.28	\$4,40	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quar	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.32	\$100.96	\$0.00	\$21.79	\$25.75	\$0.00	\$37.96	\$2.11	\$12.62	\$2.13
26 Quar	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.67			,		1		<u> </u>		

1	ovider: Roswell Nursing & Rehab Ctr vdr ID: 00141248A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	Facility Score N/A 39,4% 3,20	Add-on Percent 18.37% 2.5% 1.0%			I Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.6341 1.6650 1,6960	State- wide 1,4014 1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	1	g		h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (sea line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$7,743,053	\$4,498,611	\$0	\$557,983	\$242,060	\$378,928	\$1,148,453	\$24,135	\$892,883	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$211,557)	(\$39,976)	\$0	\$0	(\$1,285)	(\$2,011)	(\$163,544)		(\$77,460)	\$72,719
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$7,531,496	\$4,458,635	\$0	\$557,983	\$240,775	\$376,917	\$984,909	\$24,135	\$815,423	\$72,719
8	Total Nursing Facility Days As Filed Days = 34,081	FY14 Audited C/R Days	34,081									
İ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,295	FY 18 GL-Pt. Ins Rpt Days								78,295		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Łn 7 / Ln 8 Col a	\$220.58	\$130.82	\$0.00	\$16.37	\$18.12	(with L&H)	\$28.90	\$0.31	\$23.93	\$2.13
10	Base Period Facility <u>Case Mix Index</u> for All Residents	trom 4 qtrs of FY10		<u>1.6341</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$80.06						1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.06	\$0.00	\$16,37	\$18,12		\$28.90	\$0.31	\$23.93	\$2.13
13	Per Diem Standards (Alter Statewide CMA for Routine Stres)	per Peer Group Limits		\$73,31	\$0,00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$143.70	\$73.31	\$0.00	\$16,37	\$18,12		\$24.02	\$0,31	9.44	\$2.13
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Alfwnc %	\$24,22	\$13,47	\$0.00	\$3.01	\$3.33	\$0,00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167,92	\$86.78	\$0.00	\$19.38	\$21.45	\$0.00	\$28.43	\$0,31	\$9.44	\$2,13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Olr End	,	1.6960		*	<b>V</b> =1,712	, , , , ,	,		-	<b>V</b>
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147,18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AlfOthr = Ln 16	\$228.32	\$147.18	\$0.00	\$19.38	\$21.45	\$0,00	\$28,43	\$0.31	\$9.44	\$2.13
	Out to Be Block Add an America											
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	60.41	***	***		60.00	
21	BIMS Add-on Per Diem = ( Strid - Arwa] x ,75, up to max, or u)	Ln 19 Col b x CPS Add-on	\$0.63 \$3.68	\$3.68	\$0.00	φυ,22	\$0,41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Sives)	En 19 Col b x Sling Add-on	\$1.47	\$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	\$22.88	\$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	\$251.20	\$152.33	\$0,00	\$19.60	\$21.86	\$0.00	\$45.53	\$0,31	\$9.44	\$2,13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.58	7	4-100	1	7-1100		1 .5.55	72.01	43,44	710

#### FINAL

Pr	ovider: Sadie G. Mays Health & Rehab Center vdr ID: 00141842A H/B ?: No Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	•	•	ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 41.8% 3.32	Add-on Percent 18.37% 2.5% 5.0%	Qrtrly	Base Po Quarte	ex (CMI) Data eriod Overall CMI: erly Medicaid CMI: JG Wght Options:		Facility Specific 1.3125 1.4791 1.5046	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g		h	i
	E MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile			1 All Facilities All Bed Sizes 90.0%	1 All Facilities All Bed Sizes 90.0%	2 Freestanding All Bed Sizes 90.0%	1 All Facilities All Bed Sizes 85.0%	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0%			
	Peer Group Standards: Multiplier Efficiency Measures (Maximums)			100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs)	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56	\$188,573.00 65,261	\$10.84	\$0.54
	Allowed @ 90% of Std Growth Allowance 18.37%	1 1 2012 Feel Gloup Limit	\$131.59 \$22.08	\$64.36 \$11.82		\$16.57 \$3.04	\$20.78 \$3.82		\$18.50 \$3.40		\$10.84	\$0.54
	CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$156.56	\$76.18 1.5046 \$114.62		\$19.61	\$24.60		\$21.90	\$ 2.89	10.84 (FRV Rate)	\$0.54
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts  BIMS Add-on Per Diem = 2.5% to Routine Srvs Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts	<sup>2</sup> 1	\$195.00 \$2.87 \$5.73 \$0.00 \$8.60	\$114.62 \$2.87 \$5.73		\$19.61	\$24.60		\$21.90 -	\$2.89	\$10.84	\$0.54
	Quarterly Case Mix Based Per Diem Rate	4450 50	\$203.60	\$123.22		\$19.61	\$24.60		\$21.90	\$2.89	\$10.84	\$0.54
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$152.70										

Provider:	Savannah Beach Nursing & Rehab Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvdr ID:	00142876A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		owth Allowance: Itrly BIMS score luality Incentive:	N/A 43.6% 3.35	18.37% 2.5% 2.0%	Ortrly Meaid	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options:		1.1996 1.3211 1.3442	1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			. a	b	С	d	е	f	; g	g	h	i
CASE N	MIX BASED RATE CALCULATIONS								:			
1 Cost	Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1			· f
	Type of Facility within Peer Group	(coo t only monach		All Facilities	All Facilities		All Facilities	All Facilities	All Facilities			1
:	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits		i			<u> </u>						1
	r Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	r Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	!	105.0%	1		i
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37			
Base	Period Per Diem Allowed Amounts			1		1						
5 As F	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,155,375.41	\$1,096,757	\$0	\$118,073	\$159,016	\$117,189	\$328,921	\$35,457	\$299.962	SC
	lit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$234,732	\$112,227	\$0	\$129,959	(\$11,543)	\$10,629	(\$36,575)		\$17,932	
7 Cos	it Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,390,107	\$1,208,984	\$0		\$147,473	\$127,818	\$292,346	\$35,457	\$317,894	\$12,103
8 T	otal Nursing Facility Days As Filed Days = 16,732	FY12 Audited C/R Days	16,427				** ***				*****	1
	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,582	FY 18 GL-Pt. Ins Rpt Days				i i				15.582		
	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.63	\$73.60	\$0.00	\$15.10	\$16.76	(with L&H)	\$17.80	\$2.28	\$19.35	\$0.74
10 B	Base Period Facility Case Mix Index for All Residents	from 4 ctrs of FY12		1.1996		1 1				1	•	
11 R	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35		1		ì	:	1		1
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Lл 11, AllOthr = Ln 9	i	\$61.35	\$0.00	\$15.10	\$16.76	4 :	\$17.80	\$2.28	\$19,35	\$0.74
	Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.52	\$61.35	\$0.00	\$15.10	\$16,76	i I	\$17.80	\$2.28	9.49	\$0.74
:						1					(FRV)	
	terly Per Diem Rate Prior to Add-ons											
	wth Allowance Percentage = 18.37%	Ln 14 x Grwth Ailwnc %	\$20.39	\$11.27	\$0.00	\$2.77	\$3.08	\$0.00	\$3.27	N/A	N/A	N/A
1	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.91	\$72.62	\$0.00	\$17.87	\$19.84	\$0.00	\$21.07	\$2.28	\$9.49	\$0.74
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3442		:			1			!
	Arlrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.62								
19 Qua	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.91	\$97.62	\$0.00	\$17.87	\$19.84	\$0.00	\$21.07	\$2.28	\$9.49	\$0.74
Quart	erly Per Diem Add-on Amounts		:			:			i			1
20 Effic	ciency Add-on Per Diem ((Stnd - Alwd) x ,75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	! :	\$0.00	
21 BIM	IS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44		1				. :		į
22 Nurs	se Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.95	\$1.95		1		:	r :			
23 Nurs	sing Home Provider Fee	(Fixed Amount)	\$17.10			;			\$17.10	:		
24 Tota	al 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 Quart	erly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.93	\$102.54	\$0.00	\$18.09	\$20.25	\$0.00	\$38.54	\$2.28	\$9.49	\$0.74
26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.12	:								1

Provide Prvdr II		4/1/2021 12/31/20 Nurse Ho		owth Allowance: trly BIMS score	Facility Score N/A 29.0% 3.61	Add-on Percent 18.37% 1.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3422 1.4109 1.4356	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		***************************************	а	ь	C .	d	е	<u>f</u>	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS			:								
1 Cos	st Center Peer Groups Typo of Facility within Peer Group Bod Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pe	er Group Standards & Efficiency Measure Limits eer Group Standards: Percentile eer Group Standards: Mulliplier fficiency Measure Maximums (see line 20 for actuel)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	•	90.0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
Bas	e Period Per Diem Allowed Amounts					!			1	1		
5 As	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,629,423.26	\$1,432,501	\$0	\$295,735	\$164,214	\$178,169	\$396,102	\$68,416	\$94,286	\$0
6 At	udit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$19,325)	\$0	\$0	\$0	\$1,437	\$1,559	(\$23,146)	i i	(\$12,364)	\$13,189
7 : C	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,610,098	\$1,432,501	\$0	\$295,735	\$165,651	\$179,728	\$372,956	\$68,416	\$81,922	\$13,189
8	Total Nursing Facility Days As Filed Days = 19,289	FY12 Audited C/R Days	19,289							1		
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,880	FY 18 GL-PL Ins Rpt Days				1			1	19,880		
and the second	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$135.22	\$74.27	\$0.00	\$15,33	\$17.91	(with L&H)	\$19.34	\$3.44	\$4.25	\$0.68
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3422								1
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.33		1				: :		1
•	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$55.33	\$0.00		\$17.91		\$19.34		\$4.25	\$0.68
	er Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	1	\$23.09		\$20.56		N/A	
1	ase Period Case Mix Adjusted Allowed Per Diem arterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$121.46	\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3,44	9.43 (FRV)	\$0.68
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.82	\$10.16	\$0.00	\$2,82	\$3.29	\$0.00	\$3.55	N/A	N/A	N/A
-	MA Allowed Per Diem (After Growth Allowance Add-on)	in 14 + in 15	\$141.28	\$65.49	\$0.00		\$21.20	\$0.00	\$22.89		\$9.43	\$0.68
1	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	:	1.4356	Ψ0.00	<b>\$10.10</b>	Ψ2		. 422.03	Ψ0.44	43.40	40.00
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	!	\$94.02				:				
: 1	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.81	\$94.02	\$0.00	\$18.15	\$21.20	\$0.00	\$22.89	\$3.44	\$9.43	\$0.68
Qua	arterly Per Diem Add-on Amounts									1		
	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	IMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94	1=100				1	1	13.00	:
22 N	urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.82	\$2.82						i :		· :
23 Ni	ursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	:		
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.39	\$4.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.20	\$98.31	\$0.00	\$18.37	\$21.61	\$0.00	\$40.36	\$3.44	\$9.43	\$0.68
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.33	:				<del></del>		<u></u>		
			1									

Provider: Sears Manor Prodr ID: 00142898A  Case Mix Per Diem Rate Effective Date:	4/1/2021		Percentages with Allowance: trly BIMS score	Facility Score N/A 39.6%	Add-on Percent 18.37% 2.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI		Facility Specific 1.2990 1.6011	State- wide 1.3617 1,5382
MDS & Nurse Hrs Data per Quarter Ending:		ırs per On-Site Day/Qı		5.15	2.0%	Orthy Meaid		Wght Options:		1.6294	1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	C	d	е	<u>f</u>	9	g	h	i
CASE MIX BASED RATE CALCULATIONS	:										
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Typo of Facility within Peer Group Bed Size Rango within Peer Group			All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits	:				!			!	1		ı
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards; Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
Emoletoy Weddie Waxinana (see into 20 for actual)	(see Folicy Manuar)		<b>3</b> 0.33	30.00	30.22	30.41		30.37	1		
Base Period Per Diem Allowed Amounts					1		:				
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,058,947.00		\$0	1	\$260,678		\$573,642		\$329,146	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,805)	\$0	\$0	\$0	(\$105)	(\$105)	, , ,		(\$25,030)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,984,142	\$2,128,930	\$0	\$451,303	\$260,573	\$256,531	\$499,171	\$58,612	\$304,116	\$24,906
8 Total Nursing Facility Days As Filed Days = 28,225	FY12 Audited C/R Days	28,225			:			İ			) !
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,219	FY 18 GL-PL Ins Rpt Days	0				*****			27,219		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$141.23	\$75.43	\$0.00	\$15.99	\$18.32	(with L&H)	\$17.69	\$2.15	\$10.77	\$0.88
	Ln 9/Ln 10		1.2990		1		:		1		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11. AllOthr = Ln 9		\$58.07	<b>c</b> o oo	645.00	<b>\$40.00</b>	i	647.00		<b>640.77</b>	
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$58.07 \$71,51	\$0.00 \$0.00		\$18.32 \$23.09		\$17.69 \$20.56		\$10.77	\$0.88
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.98	\$58.07	\$0.00		\$23.09 \$18.32	1	\$17,69		N/A 9.88	\$0.88
Quarterly Per Diem Rate Prior to Add-ons		\$122.90	\$38.07	<b>30.00</b>	\$10.55	\$10.3z		60,11¢	\$2.15	9.00 (FRV)	\$0.66
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.23	\$10.67	\$0.00	\$2.94	\$3.37	\$0.00	. \$3,25	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143,21	\$68.74	\$0.00		\$21.69	\$0.00		\$2,15	\$9.88	\$0.88
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6294	40.00	470.00	421.00	45.00			40.00	. 40,00
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.00		:						
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$186.47	\$112.00	\$0.00	\$18.93	\$21.69	\$0.00	\$20.94	\$2.15	\$9.88	\$0.88
Quarterly Per Diem Add-on Amounts	:						· {				
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37	: 1	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80						1		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.24	\$2.24		1 1			i			
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		:	\$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	\$210.14	\$117.57	\$0.00	\$19.15	\$22.10	\$0.00	\$38.41	\$2.15	\$9.88	\$0.88
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.78									

Provide	er. Seminole Manor Nursing Home		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr II	D: 00142909A		Gro	wth Allowance:	N/A	18.37%		Base Period	i Overali CMI:		1,2760	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021		trly BIMS score	27.5%	1.0%			Medicaid CMI:		1.0847	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.93	3.0%	Ortrly Moaid	CMI w RUG \	Wght Options:		1.0978	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
i			а	b	C	d	е	f	9	9	h	i
CASE	MIX BASED RATE CALCULATIONS			:				:				
	st Center Peer Groups	(see Policy Manual)		1	1	1	1	1				
	Type of Facility within Peer Group	(300 ) Oney manual)		. All Facilities	All Facilities	Hosp Based	All Facilities	•	. All Facilities			
	Bed Size Range within Peer Group	•		All Bod Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	:		
Pee	er Group Standards & Efficiency Measure Limits					: :			:			
2 P	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1 :		
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Bas	se Period Per Diem Allowed Amounts					1 :		:	t			
5 A	s Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,031,689.00	\$1,865,825	\$0	\$821,360	\$355,581	\$248,370	\$553,082	\$5,671	\$181,800	\$0
6 A	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,607)	(\$2,651)	\$0	\$0	(\$6,540)	(\$4,569)	(\$46,503)	1	(\$15,449)	\$12,105
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,968,082	\$1,863,174	\$0	\$821,360	\$349,041	\$243,801	\$506,579	\$5,671	\$166,351	\$12,105
8	Total Nursing Facility Days As Filed Days = 21,926	FY12 Audited C/R Days	21,926					1				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,033	FY 18 GL-PL Ins Rpt Days				:				21.033		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$180.99	\$84.98	\$0.00	\$37.46	\$27.04	(with L&H)	\$23.10	\$0.27	\$7.59	\$0.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2760				:	:	1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.60		1		į		1		
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.60	\$0.00	\$37.46	\$27.04	1	\$23.10	\$0.27	\$7.59	\$0.55
13 P	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09	i	\$20.56	\$0.00	N/A	
14 B	lase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.26	\$66.60	\$0.00	\$29.15	\$23.09	:	\$20.56	\$0.27	9.04	\$0.55
0	arterly Per Diem Rate Prior to Add-ons	:							:	:	(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.60	\$12.23	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$174.86	\$78.83	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.27	\$9.04	\$0.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$174.00	1.0978	40.00	\$34.30	φ21.33	. 30.00	924.34	\$0.27	\$9,04	30.50
18	Ortrly Routine Srvcs Case Mix Adjatd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.54				:		1		
	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$182.57	\$86.54	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.27	\$9.04	\$0.55
0	arterly Per Diem Add-on Amounts											
	Efficiency Add-on Per Diem ((Stad - 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	1	` \$0.00	
	Sind - Away x 75, up to max, or o)  IIMS Add-on Per Diem = 1,0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.53	φυ.00	\$0.00	φ <b>υ.</b> υυ	\$0.00	. au.uu		Φ0,00	
	Jurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sives)	Lis 19 Col b x Sting Add-on	\$2.60	\$0.87		i :			:	:		
	lursing Home Provider Fee	(Fixed Amount)	\$17,10	. JE.UU		į :			\$17.10	1		
	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.10	\$4.00	\$0,00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.67	\$90.54	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.00	\$9.04	\$0.55
			-			40,,00	42.100	+0.00	V-7-11-9-5	1	40.07	40.00
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.93									

Description  Sources / Calculations  CASE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Bed Size Range within Peer Group Peer Group Standards: Percentile Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see lina 20 for actual)  Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R Audit Adjistmits	Totals a	Routine Services  b  1 All Facilities All Bed Sizes	Special Services c	Dietary	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and	Taxes and
Cost Center Peer Groups Type of Facility willin Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) Peer Group Standards: Multiplier (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R -FY 2018 GL-P	3	1 All Facilities	c	d	e				Related	Insurance
Cost Center Peer Groups Type of Facility willin Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) Peer Group Standards: Multiplier (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R -FY 2018 GL-P	The state of the s	All Facilities		1		f	g	g	h	i
Type of Facility within Peer Group Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) Peer Group Standards: Multiplier (see Policy Manual) Efficiency Measure Maximums (see lina 20 for actual) (see Policy Manual)  Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)  As Filed FY12 C/R -FY 2018 GL-P		All Facilities		\$			: 1	1	:	
Peer Group Standards: Percentile (see Policy Manual) Peer Group Standards: Multiplier (see Policy Manual) Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual)  Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R -FY 2018 GL-P	i.	All Don Sites	All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Ali Facilities Ali Bed Sizes			
Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual)  Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R -FY 2018 GL-P		90.0%	90.0%	90.0%	85.0%		50.0%		:	
As Filed Cost Center Costs (Routine & Special Srvcs Combined)  As Filed FY12 C/R -FY 2018 GL-P		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			. !
, and the same state of the sa								!	:	
Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustmts	%. Rpt \$12,935,309.00	\$5,960,467	\$0	\$1,072,572	\$683,912	\$504,746	\$3,762,908	\$229,360	\$721,344	\$0
	(\$368,101)	\$800,812	\$0	(\$1,205)	\$108,294	\$33,976	(\$1,467,220)	:	\$20,220	\$137,022
Cost Center Costs After Audit Adjustments FY12 Audited C/R	\$12,567,208	\$6,761,279	\$0	\$1,071,367	\$792,206	\$538,722	\$2,295,688	\$229,360	\$741,564	\$137,022
Total Nursing Facility Days As Filed Days = 59,342 FY12 Audited C/R Days	59,342		1				:		:	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,291 FY 18 GL-PL Ins Rpt Days	4	:					1	60,291		
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a	\$211.72	\$113.94	\$0.00	\$18.05	\$22.43	(with L&H)	\$38.69	\$3.80	\$12.50	\$2.31
Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY12		1.2904					:	ļ	;	
Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9 / Ln 10		\$88.30				l	1			
Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9	•	\$88.30		\$18.05	\$22.43		\$38.69	\$3.80	\$12.50	\$2.31
Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits	•	\$71.51		\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13	\$155,23	\$71.51	\$0.00	\$18.05	\$22.43		\$20.56	\$3.80	16.57 (FRV)	\$2.31
Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37% Ln 14 x Grwth Allwnc %	\$24.36	\$13,14	\$0.00	\$3.32	\$4.12	\$0.00	\$3.78	N/A	N/A	N/A
CMA Allowed Per Diem (After Growth Allowance Add-on)  Ln 14 + Ln 15	\$179.59		\$0.00	\$21.37	\$26.55	\$0.00	\$24.34	\$3.80	\$16.57	\$2.31
Quarterly Facility Case Mix Index for Medicaid Residents per Current Olir End	\$175.55	1.3713	\$0.00	921.01	\$20.55	\$0.00	φ24.54	93.00	φ(0.5)	\$2.51
Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17		\$116.08		1				-	ļ.	
Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16	\$211.02		\$0.00	\$21.37	\$26.55	\$0.00	\$24.34	\$3.80	\$16.57	\$2.31
Quarterly Per Diem Add-on Amounts		1								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	;	\$0.00	
BIMS Add-on Per Diem = 1.0% (to Routine Srvs) En 19 Col b x CPS Add-on	\$1.16	\$1,16		1			į.,			
Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Sives) Ln 19 Col b x Sting Add-on	\$2.32	\$2.32		: · · · · · · · · · · · · · · · · · · ·			i i			
Nursing Home Provider Fee (Fixed Amount)	\$0.00			1		;	\$0.00			,
Total Quarterly Per Diern Add-on Amounts Sum of Lns 20 thru 23	\$4.11	\$3.48	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24	\$215.13	\$119.56	1							
Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75		\$115.50	\$0.00	\$21.59	\$26.96	\$0.00	\$24.34	\$3.80	\$16.57	\$2.31

Description   Process		ovider: Senior Care Ctr St. Marys out ID: 00143129A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hot		owth Allowance: htrly BIMS score	Facility Score N/A 37.8% 4.77	Add-on Percent 18.37% 2.5% 3.0%			d Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 1.2093 1.3106 1.3309	State- wide 1.3617 1.5382 1.5656
CASE MIX BASED RATE CALCULATIONS   1		Description		Totals			Dietary		Operatos	and		and	Taxes and Insurance
Cost Center Pear Crouge   Feed Pearly Smith Pear Group   Affective with Pear Group				а	b	С	d	е	f	9	g	h	i
Proper Facility within Proc Group   Ref Facility with Proc Group   Ref Facility with Proc Group   Ref Facility with Proc Group   Standards: Ref Efficiency Measure Limits   September	<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
Peer Group Standards: Procentile	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
5 As Filed Cost Center Costs (Routine & Special Sives Cemberd) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days 8 A Filed Days = 21,647 8 Total Nursing Facility Days 9 Not Per Diems prior to Case Mix Adjustm to Routine Sives 9 Not Per Diems State Case Mix Adjustm to Routine Sives 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Six 2,1 1 Routine Sives Case Mix Adjusted Allowed Per Diem 1 Ln 1/Ln 10 2 Near Per Diems After Case Mix Adjusted Allowed Per Diem 3 Routine Sives Case Mix Adjusted Allowed Per Diem 4 Couracterly Per Diem Rate Colons 8 Col Allowed Per Diem (Rister Andrews Add-on) 1 Ln 1/Ln 1 Six 1/Ln 1		Peer Group Standards: Percentille Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%			·
5 As Filed Cost Center Costs (Routine & Special Sives Cemberd) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days 8 A Filed Days = 21,647 8 Total Nursing Facility Days 9 Not Per Diems prior to Case Mix Adjustm to Routine Sives 9 Not Per Diems State Case Mix Adjustm to Routine Sives 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Ln 1/Ln 8 Col a 1 Six 2,1 1 Routine Sives Case Mix Adjusted Allowed Per Diem 1 Ln 1/Ln 10 2 Near Per Diems After Case Mix Adjusted Allowed Per Diem 3 Routine Sives Case Mix Adjusted Allowed Per Diem 4 Couracterly Per Diem Rate Colons 8 Col Allowed Per Diem (Rister Andrews Add-on) 1 Ln 1/Ln 1 Six 1/Ln 1		Base Period Per Diem Allowed Amounts			:						:		
6 Audit Adjustments and Reallocations to Cost Center Costs 71°C CR Catter Costs After Audit Adjustments 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 21,647 Total Nursing Facility Days As Filed Days = 23,788 9 NIP OF Price Spirity Case Mix Adjustment Reallocations of Mixed Price Costs After Audit Adjustments 10 Base Period Facility Case Mix Adjustment Rotuline Struct 11 Rotuline Struct Scale Mix Adjustment Rotuline Struct 12 Net Per Diems prior to Case Mix Adjustment Rotuline Struct 13 Per Diem Standards (Alfer Subweide CMA) Net Per Diem 14 Rotuline Struct Case Mix Adjustment Rotuline Struct 15 Growth Allowance Percentage = 18.37½ Couarterly Per Diem Rate Prior to Add-ons 16 CMA Allowance Percentage = 18.37½ Couarterly Per Diem Rate Prior to Add-ons 17 Ouarterly Per Diem Rate Prior to Add-one 18 Courterly Per Diem Rate Prior to Add-one 19 Quarterly Medical CMA Net Per Diem 19 Quarterly Medical CMA Net Per Diem 10 Custerly Per Diem Rate Prior to Add-one 10 Custerly Per Diem Rate Prior to Add-one 10 Custerly Per Diem Rate Prior to Add-one 10 Custerly Per Diem Rate Prior to Add-one 10 Custerly Per Diem Rate Prior to Add-one 10 Custerly Per Diem Rate Prior to Add-one 10 Custerly Per Diem Rate Prior to Add-one 11 Custerly Per Diem Rate Prior to Add-one 12 Custerly Per Diem Rate Prior to Add-one 13 Per Custerly Per Diem Rate Prior to Add-one 15 Growth Allowance Percentage = 18.37½ Custerly Per Diem Rate Prior to Add-one 16 CMA Allowance Percentage = 18.37½ Custerly Per Diem Rate Prior to Add-one 16 CMA Allowance Percentage = 18.37½ Custerly Per Diem Rate Prior to Add-one 16 CMA Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Allowance Per Diem (Slud - Alwell A 75, up	5		As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,098,594.00	\$2,116,099	\$0	\$387.751	\$399,462	\$225.826	\$549,708	\$121.553	\$298,195	\$0
7 Cost Center Costs After Audif Adjustments P172 Audified CR Days 21,647 Total Nursing Facility Days As Fixed Days 21,647 F172 Audified CR Days 21,647 Total Nursing Facility Days GL-PL Ins. Rpt As Fixed Days 22,648 F172 Audified CR Days 21,647 Total Nursing Facility Days GL-PL Ins. Rpt As Fixed Days 22,788 F172 Audified CR Days 21,647 Total Nursing Facility Days GL-PL Ins. Rpt As Fixed Days 22,788 F172 Audified CR Days 22,647 Total Nursing Facility Days GL-PL Ins. Rpt As Fixed Days 22,788 F173 As Fixed Days 22,788 F174 Section Service Section Section Service Section Section Service Section Section Service Section Section Service Section Section Section Service Section Section Service Section Section Service Section S	6		FY12 C/R Audit Adjstmts					. ,					\$25,409
Total Nursing Facility Days	7		FY12 Audited C/R				,						\$25,409
9   Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs   Ln 7/Ln 8 Col a   S184.14   S99.66   S0.00   S17.91   S28.10   (with L649)   S25.61   S5.11   S6.58   S1. 10   Base Period Facility Case Mix index for All Residents   Itom 4 qite of FY12   1.2993   S82.41   S0.00   S17.91   S28.10   S25.61   S5.11   S6.58   S1. 11   Net Per Diems after Case Mix Adjistmt to Routine Srvcs   RS = Ln 11, AllOlitr = Ln 9   S82.41   S0.00   S17.91   S28.10   S25.61   S5.11   S6.58   S1. 13   S6.58   S1. 14   S6.59   S6.5	8	Total Nursing Facility Days As Filed Days = 21,647	FY12 Audited C/R Days	21,647			:				1 1		
10 Base Period Facility Case Mix Index for All Residents from 4 gire of FY12 1293		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788	FY 18 GL-PL Ins Rpt Days	:		:	:		:		23,788		
11   Routine Srvcs Case Mix Adjisted (CMA) Net Per Diern	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$184.14	\$99.66	\$0.00	\$17.91	\$28.10	(with L&H)	\$25.61		\$6.58	\$1.17
12   Net Per Diems after Case Mix Adjistmt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   \$82.41   \$0.00   \$17.91   \$28.10   \$25.61   \$5.11   \$6.58   \$1.13   Per Diem Standards (After Statewide CMA for Routine Srvcs)   per Peer Group Limits   \$71.51   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   N/A     14   Base Period Case Mix Adjusted Allowed Per Diem   Lessor of Ln 12 or Ln 13   \$149.76   \$71.51   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   N/A     15   Growth Allowance Percentage = 18.37%   Ln 14 x Grwth Allows * \$24.45   \$13.14   \$0.00   \$3.29   \$4.24   \$0.00   \$3.78   N/A   N/A   N/A   N/A   N/A     16   CMA Allowed Per Diem (After Growth Allowance Add-on)   Ln 14 + Ln 15   \$174.21   \$84.65   \$0.00   \$21.20   \$27.33   \$0.00   \$24.34   \$5.11   \$10.41   \$1.13     17   Quarterly Per Diem (Add-on Amounts   Ln 16 x Ln 17   \$1.266   \$112.66   \$1.2309   \$27.33   \$0.00   \$24.34   \$5.11   \$10.41   \$1.13     18   Quarterly Medicaid CMA Allowed Per Diem   RS = Ln 18, Allothr = Ln 16   \$202.22   \$112.66   \$0.00   \$21.20   \$27.33   \$0.00   \$24.34   \$5.11   \$10.41   \$1.13     Quarterly Per Diem Add-on Amounts   Ln 16 x Ln 17   \$1.266	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.2093		:				1		
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82,41		:		1	:	1		
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13  15 Growth Allowance Percentage = 18.37% Ln 14 x Grwth Allwing % \$24.45 \$13.14 \$0.00 \$3.29 \$4.24 \$0.00 \$3.78 N/A N/A N CMA Allowed Per Diem (Alter Growth Allowance Add-on) CMA Allowed Per Diem (Alter Growth Allowance Add-on) CMA Company of the Co	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$82.41	\$0.00	\$17.91	\$28.10		\$25,61	\$5.11	\$6.58	\$1.17
Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allwnc %   \$24.45   \$13.14   \$0.00   \$3.29   \$4.24   \$0.00   \$3.78   N/A	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15   Growth Allowance Percentage = 18.37%	14	, and the second	Lesser of Ln 12 or Ln 13	\$149.76	\$71,51	\$0.00	\$17.91	\$23.09		\$20.56	\$5,11		\$1.17
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Quarterly Routine Stross Case Mix Adjistd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem (Istnd - Alwd] x. 75, up to max, or 0) 21 BIMS Add-on Per Diem = 2.5% (to Routine Stros) 22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Stros) 23 Nursing Home Provider Fee 34 Total Quarterly Per Diem Add-on Amounts 35 Sun of Lns 20 thru 23 36 Sun of Lns 20 thru 23 36 Sun of Lns 20 thru 23 37 Sun of Lns 20 thru 23 37 Sun of Lns 20 thru 23 37 Sun of Lns 20 thru 23 37 Sun of Sun of Lns 20 thru 23 37 Sun of Sun of Lns 20 thru 23 37 Sun of Sun of Lns 20 thru 23 37 Sun of Sun of Lns 20 thru 23 37 Sun of Sun of Lns 20 thru 23 37 Sun of Sun of Sun of Lns 20 thru 23 37 Sun of Sun	! ! 45	· · · · · · · · · · · · · · · · · · ·									1 1		:
17	-		4	:									N/A
18 Ortrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem		!		\$174.21		\$0.00	\$21.20	\$27.33	\$0.00	\$24.34	\$5.11	\$10.41	\$1.17
19 Quarterly Medicaid CMA Allowed Per Diem	:	· · · · · · · · · · · · · · · · · · ·	•				1						
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 \$	i			\$202.22		\$0.00	\$21.20	\$27.33	\$0.00	\$24,34	\$5,11	\$10.41	\$1.17
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 \$		Quarterly Per Diem Add-on Amounts								:			
BIMS Add-on Per Diem =   2.5% (to Routine Sives)   Ln 19 Col b x CPS Add-on   \$2.82	20	,	{see Policy Manual}	\$n 22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	50.00	1	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Rouline Sives) Ln 19 Col b x Stifng Add-on \$3.38 \$3.3	1					40.00	\$5.2E	42.00	<b>\$0.00</b>			ψ3.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$ \$17.10 \$ \$17.10 \$ \$ \$17.10 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1	· · · · · · · · · · · · · · · · · · ·	Ln 19 Col b x Sting Add-on				1			:			
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$23.52     \$6.20     \$0.00     \$0.22     \$0.00     \$17.10     \$0.00     \$0.00     \$0.00     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$225.74     \$118.86     \$0.00     \$21.42     \$27.33     \$0.00     \$41.44     \$5.11     \$10.41     \$1.40		, <u> </u>	<del>-</del>	:	i		i :			\$17.10	; i		
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$225.74 \$118.86 \$0.00 \$21.42 \$27.33 \$0.00 \$41.44 \$5.11 \$10.41 \$1.	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		1	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Red Hold and Leave Days #1,25-1,023,1075 \$156.48	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.74	\$118.86	\$0.00	\$21.42				•		\$1.17
	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156,48			<u></u>			<del>:</del>			

Line #	Case Mix Per Diem Rate Effective Date:		Gro	Percentages with Allowance:	Score N/A	Percent 18.37%	Cas		d Overall CMI:		Specific 1.5246	wide 1.3617
	MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	34.9% 2.61	2.5% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG \	Medicaid CMI: Wght Options:		1.8239 1.8595	1.5382 1.5656
	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	ħ	i
: <u>C/</u>	ASE MIX BASED RATE CALCULATIONS				!			:				
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
: 1	Type of Facility within Peer Group	(see I end) manasiy		All Facilities	, .		All Facilities	All Facilities	All Facilities			
1 1	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		:	
	Peer Group Standards & Efficiency Measure Limits				!	!			i		:	
2	Peer Group Standards: Percentile	(see Policy Manual)	!	90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%		:	
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts					1		ĺ	!			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,767,994.70	\$5,156,008	\$0	\$918,863	\$438,941	\$629,831	\$2,661,908	\$435,581	\$1,526,863	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$625,674)	\$118,845	\$0	(\$3,470)	\$150	\$5,063	(\$609,808)	į.	(\$375,786)	\$239,332
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,142,321	\$5,274,853	\$0	\$915,393	\$439,091	\$634,894	\$2,052,100	\$435,581	\$1,151,077	\$239,332
8	Total Nursing Facility Days As Filed Days = 54,878	FY12 Audited C/R Days	54,878						!	5		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,002	FY 18 GL-PL Ins Rpt Days				:				48,002	:	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$204.17	\$96.12	\$0.00	\$16.68	\$19.57	(with L&H)	\$37.39	\$9.07	\$20.98	\$4.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5246</u>	(	1			-		:	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.05	i	1			!			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.05	\$0.00	\$16.68	\$19.57		\$37.39	\$9.07	\$20.98	\$4.36
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diern	Lesser of Ln 12 or Ln 13	\$143.42	\$63.05	\$0.00	\$16.68	\$19.57		\$20.56	\$9.07	10.13	\$4.36
	Quarterly Per Diem Rate Prior to Add-ons									1 :	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.02	\$11.58	\$0.00	\$3.06	\$3.60	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.44	\$74.63	\$0.00	\$19.74	\$23.17	\$0.00	\$24.34	1	\$10.13	\$4.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	¥	1.8595	******		420.77	40.00	:		\$10,10	•
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.77		:				!	:	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.58	\$138.77	\$0.00	\$19.74	\$23.17	\$0.00	\$24.34	\$9.07	\$10,13	\$4.36
	Quarterly Per Diem Add-on Amounts								:			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	{see Policy Manual}	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.47	\$3,47	φυ.υυ	<b>30.22</b>	<b>3</b> 0.41	\$0.00	\$0.00		\$U.UU :	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.16	\$4.16				:		1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	<b>₽</b> 4,10		1			\$17.10		:	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.89	\$8,16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
-	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$255.47	\$146.93	\$0.00	\$19.96	\$23.58	\$0.00	\$41.44	\$9.07	\$10.13	\$4.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) " 0.75	\$178.78					<u> </u>		<u> </u>		

	rovider: Signature HC - Marietta rvdr ID: 00142986A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0 Base Perio	CMI) Data		Facility Specific 1,4557	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	Q ers per On-Site Day/Q	trly BIMS score uality Incentive:	17.8% 3.36	0.0% 3.0%	Ortrly Meaid		Medicaid CMI: Wght Options:		1.8090 1.8449	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u></u>			а	Ь	С	d	е	f	9	9	h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS								i			
1	Cost Center Peer Groups	(see Policy Manual)	•	1	1	. ,	1	1	. 1			:
	Type of Facility within Peer Group	(SSS ) Stay (Mariany		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	: All Facilities	1		
:	Bed Size Range within Peer Group		:	All Bed Sizes	All Bod Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
:	Peer Group Standards & Efficiency Measure Limits											:
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1 1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	: !		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	: 1		
	Base Period Per Diem Allowed Amounts					1						
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,173,029.22	\$5,062,882	\$0	\$1,030,053	\$499,746	\$498,710	\$2,639,988	\$93,123	\$1,348,527	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$616,125)	\$62,898	\$0	(\$3,539)	(\$1,128)	(\$3,984)	(\$750,387)		(\$28,993)	\$109,008
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,556,904	\$5,125,780	\$0	\$1,026,514	\$498,618	\$494,726	\$1,889,601	\$93,123	\$1,319,534	\$109,008
8	Total Nursing Facility Days As Filed Days = 53,277	FY12 Audited C/R Days	53,277			1			:	:		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,909	FY 18 GL-PL Ins Rpt Days				:				46,909		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$198.40	\$96.21	\$0.00	\$19.27	\$18.64	(with L&H)	\$35.47	\$1,99	\$24.77	\$2.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	<u>1.4557</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09		1						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	•	\$66.09	\$0.00	\$19.27	\$18.64		\$35.47	\$1.99	\$24,77	\$2.05
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$140.10	\$66.09	\$0.00	\$18.41	\$18.64		\$20.56	\$1.99	12.36 (FRV)	\$2.05
ĺ	Quarterly Per Diem Rate Prior to Add-ons		•						:		(CASE)	•
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.72	\$12.14	\$0.00	\$3.38	\$3.42	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.82	\$78.23	\$0.00	\$21.79	\$22.06	\$0.00	\$24.34	\$1.99	\$12.36	\$2.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.8449</u>								;
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	t :	\$144.33		1			:	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.92	\$144.33	\$0.00	\$21.79	\$22.06	\$0.00	\$24.34	\$1.99	\$12.36	\$2.05
	Quarterly Per Diem Add-on Amounts					: !			:	1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00		}				1		:
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$4.33	\$4.33					:			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	!					\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.37	\$4.86	\$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	\$251.29	\$149.19	\$0.00	\$21.79	\$22,47	\$0.00	\$41.44	\$1.99	\$12.36	\$2.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.64			***************************************			•	·		

	ovider: Signature Healthcare of Savannah  vdr ID: 00083157A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hot	Q	owth Allowance: trly BIMS score	Facility Score N/A 15.2%	Add-on Percent 18.37% 0.0%		Quarterly I	f Overall CMI: Medicaid CMI:		Facility Specific 1.6565 1.7437	State- wide 1,3617 1,5382
	MDS & Nuise His Data per Quarter Ending:	12/31/20 Nurse Hot	rs per On-Site Day/Q	uality incentive:	2.56	2.0%	Urtny Mcaid	CMI w RUG \	wgnt Options:		1,7772	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	ď	е	f	g	. g .	h	i
C/	ASE MIX BASED RATE CALCULATIONS		i I						!			
	Cost Center Peer Groups Type of Facility within Peer Group Bod Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizos	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	and the second s		
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	:	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	PAN attention to means concern	50.0% 105.0% \$0.37			
5 6	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$6,163,426.08 (\$481,576)	\$3,322,791 (\$6,386)	\$0 \$0	\$575,380 \$1,029	\$227,959 \$851	\$317,863 \$2,096	\$1,538,244 (\$481,229)	\$35,183	\$146,006 (\$47,579)	\$0 \$49.642
7 8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 39,800	FY12 Audited C/R FY12 Audited C/R Days	\$5,681,850 39,800	\$3,316,405	\$0	\$576,409	\$228,810	\$319,959		\$35,183	\$98,427	\$49,642 \$49,642
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,127	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a								38,127		
9 10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$142.80	\$83.33	\$0.00	\$14.48	\$13,79	(with L&H)	\$26.56	\$0.92	\$2.47	\$1.25
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.6565 \$50.31						: I		
12	Net Per Diems after Case Mix Adjstat to Routine Srvcs	RS = Ln 11. AllOthr = Ln 9	: :	\$50.31	\$0.00	\$14.48	\$13,79		\$26,56	\$0.92	\$2.47	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.92	92.47 N/A	\$1.23
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111,56	\$50.31	\$0.00	\$14.48	\$13.79		\$20,56	\$0.92	10.25 (FRV)	\$1.25
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$18.21	\$9.24	\$0.00	\$2.66	\$2.53	\$0.00	\$3.78	N/A	N/A	N/A
16 17	CMA Allowed Per Diern (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	\$129.77	\$59.55 1.7772	\$0.00	\$17.14	\$16.32	\$0.00	\$24.34	\$0.92	\$10.25	\$1.25
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.83		:						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.05	\$105.83	\$0,00	\$17.14	\$16.32	\$0.00	\$24.34	\$0.92	\$10.25	\$1.25
	Quarterly Per Diem Add-on Amounts							1			:	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00					:	!	- 1	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	\$2.12	\$2.12				: !				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1		:	\$17.10	! !	į	ı
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.38	\$2.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Lπ 19 + Ln 24	\$196.43	\$108.48	\$0.00	\$17.36	\$16.73	\$0.00	\$41.44	\$0.92	\$10.25	\$1.25
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ls 25 - Ln 23) * 0.75	\$134.50	:				•••		·		

	wider: Smith Medical Nursing Care Center  00143008A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021		wth Allowance: trly BIMS score	Facility Score N/A 31.4% 2.48	Add-on Percent 18.37% 2.5% 0.0%	300000000000000000000000000000000000000		l Overall CMI Medicaid CMI		Facility <u>Specific</u> 0.9535 0.9402 0.9499	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	*	\$642,300	\$0	\$167,569	\$80,015	\$112,658	\$279,616	\$50,009	\$31,283	\$0
6 7 8	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 16,988	FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	(\$25,559) \$1,337,891 16,988	\$0 \$642,300	\$0 \$0	\$0 \$167,569	\$0 \$80,015	(\$235) \$112,423	(\$24,756) \$254,860	\$50,009	(\$15,417) \$15,866	\$14,849 \$14,849
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,789  Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	FY 18 GL-PL Ins Rpt Days Ln 7/Ln 8 Col a	\$78.61	\$37.81	\$0.00	\$9.86	\$11.33	(with L&H)	\$15.00	17,789 \$2.81	\$0.93	\$0.87
10	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12 Ln 9 / Ln 10	\$70.01	0.9535 \$39.65	\$0.00	\$3.00	\$11.00	(Mar Early	\$15.00	\$2.01	\$0.50	ψ0.07
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$39.65	\$0.00	\$9.86	\$11.33		\$15.00	\$2.81	\$0.93	\$0.87
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$89.70	\$39.65	\$0.00	\$9.86	\$11.33		\$15.00	\$2.81	10.18 (FRV)	\$0.87
15	Quarterly Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$13.93	\$7.28	\$0.00	\$1.81	\$2.08	\$0.00	\$2.76	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$103.63	\$46.93	\$0.00	\$11.67	\$13.41	\$0.00	\$17.76	\$2.81	\$10.18	\$0.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	2.55.56	0.9499	\$5.50	3,,,,,,,	<b>\$15.71</b>	45.50	30	1	\$.5.76	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$44.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$101.28	\$44.58	\$0.00	\$11.67	\$13.41	\$0.00	\$17.76	\$2.81	\$10.18	\$0.87
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	01		29			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.74	\$1.64	\$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	\$121.02	\$46.22	\$0.00	\$11.89	\$13.82	\$0.00	\$35.23	\$2.81	\$10.18	\$0.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$77.94									

\$147.00

\$97.43

(Ln 27 - Ln 23) \* 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate
28 Quarterly Per Diem Rate for Bed Hold and Leave Days

	Provider: Prvdr ID:	<b>3</b>	4/1/2021	Qtr	th Allowance: ly BIMS score	30.2%	Add-on Percent 18.37% 2.5% 1.0%			d Overall CMI Medicaid CMI		Facility <u>Specific</u> 1.5267 1.5364 1.5643	State- wide 1.4014 1.5382 1.5656
L	ine #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	CASE M	IIX BASED RATE CALCULATIONS		a	D		u	e	'	y			

#	Description	Calculations	Totals	Services	Services	Dietary	Houskpng	& Maint	General	Insurance	Related	Insurance
			а	b	С	d	е	f	g		h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(and Delieu Marrows))		1		2		_				
1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,102,789	\$1,142,250	\$0	\$193,444	\$77,117	\$92,978	\$402,365	\$5,854	\$188,781	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$19,636)	\$0	\$0	\$0	\$1,205	\$1,454	(\$25,247)		(\$4,809)	\$7,761
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,083,153	\$1,142,250	\$0	\$193,444	\$78,322	\$94,432	\$377,118	\$5,854	\$183,972	\$7,761
8	Total Nursing Facility Days As Filed Days = 10,450	FY14 Audited C/R Days	10,450									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,602	FY 18 GL-PL Ins Rpt Days								21,602		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$199.05	\$109.31	\$0.00	\$18.51	\$16.53	(with L&H)	\$36.09	\$0.27	\$17.60	\$0.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5267								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.60	\$0.00	\$18.51	\$16.53		\$36.09	\$0.27	\$17.60	\$0.74
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.06	\$71.60	\$0.00	\$18.51	\$16.53		\$24.02	\$0.27	9.39	\$0.74
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.00	\$13.15	\$0.00	\$3.40	\$3.04	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.06	\$84.75	\$0.00	\$21.91	\$19.57	\$0.00	\$28.43	\$0.27	\$9.39	\$0.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5643								·
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.88	\$132.57	\$0.00	\$21.91	\$19.57	\$0.00	\$28.43	\$0.27	\$9.39	\$0.74
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.31	\$3.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.33	\$1.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.90	\$5.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.78	\$137.74	\$0.00	\$22.13	\$19.98	\$0.00	\$45.53	\$0.27	\$9.39	\$0.74

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$164.01

(Ln 25 - Ln 23) \* 0.75

#### FINAL

Provider: Southern Pines Nursing Home Prodr ID: 00140918A H/B 7: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		04/01/21 12/31/20 Nurs			Facility Score N/A 48.8% 3.37	Add-on Percent 18.37% 5.5% 3.0%	Case Mix Index (CMI) Data  Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:				Facility Specific 1,4655 1,7981 1,8341	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	OF MIV DASCE BATE ON ONE ATIONS		a	<u>b</u>	c	d	e	<u> </u>	9	<u> </u>	h	<u>                                     </u>
CA	SE 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: Percentille  Peer Group Standards: Multipiler			1 All Facilities All Bed Sizes 90.0% 100.0%	1 All Facilities All Bed Sizes 90.0% 100.0%	2 Freestanding All Bed Sizes 90.0% 100.0%		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18 4%	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$160.64 \$23.31	\$71.51 \$67.93 \$12.48	<b>5</b> 5.55	\$18.41 \$17.49 \$3.21	\$23.09 \$21.94 \$4.03		\$20.56 \$19.53 \$3.59	\$ 54,433 20,467	\$32,84 \$32.84	
	CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$186,68	\$80.41 <u>1.8341</u> \$147.48		\$20.70	\$25,97			\$ 2.73	\$32.84 (FRV Rate)	\$0.91
	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 = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$253.75 \$8.11 \$4.42 \$17.10 \$29.64	\$147.48 \$8.11 \$4.42		\$20,70	\$25.97		\$23.12 17.10	\$2.73	\$32.84	\$0.91
	Quarterly Case Mix Based Per Diem Rate		\$283.38	\$160.01		\$20.70	\$25,97	· · · · · · · · · · · · · · · · · · ·	\$40.22	\$2.73	\$32.84	\$0.91
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$199.71					7					7-1-1

	ovider: Southland Nursing Home vdr ID: 00409054A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 39.0% 3.45	Add-on <u>Percent</u> 18.37% 2.5% 3.0%		Quarterly N	MI) Data  d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4974 1.5923 1.6197	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,549,981.26	\$5,013,180	\$0	\$893,414	\$455,650	\$544,070	\$1,139,982	\$147,464	\$1,356,221	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$29,285)	(\$707)	\$0	(\$3,735)	\$0	\$0	(\$28,578)	. ,	(\$83,132)	\$86,867
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,520,696	\$5,012,473	\$0	\$889,679	\$455,650	\$544,070	\$1,111,404	\$147,464	\$1,273,089	\$86,867
8	Total Nursing Facility Days As Filed Days = 52,588	FY12 Audited C/R Days	52,588									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,515	FY 18 GL-PL Ins Rpt Days								49,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$181.22	\$95.32	\$0.00	\$16.92	\$19.01	(with L&H)	\$21.13	\$2.98	\$24.21	\$1.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4974</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.66	\$0.00	\$16.92	\$19.01		\$21.13	\$2.98	\$24.21	\$1.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.48	\$63.66	\$0.00	\$16.92	\$19.01		\$20.56	\$2.98	13.70 (FRV)	\$1.65
	Quarterly Per Diem Rate Prior to Add-ons										(****)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.07	\$11.69	\$0.00	\$3.11	\$3.49	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.55	\$75.35	\$0.00	\$20.03	\$22.50	\$0.00	\$24.34	\$2.98	\$13.70	\$1.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6197</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.24	\$122.04	\$0.00	\$20.03	\$22.50	\$0.00	\$24.34	\$2.98	\$13.70	\$1.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.05	\$3.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.66	\$3.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.97	\$7.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.21	\$129.28	\$0.00	\$20.25	\$22.91	\$0.00	\$41.44	\$2.98	\$13.70	\$1.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.33									_

	ovider: Southland Healthcare & Rehab Ctr.	-	Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Pi	vdr ID: 00143558A			with Allowance:		18.37%			l Overall CMI		1.5242	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	4/1/2021 12/31/20 Nurse Hours	Q s per On-Site Day/Q	trly BIMS score	24.6% 2.90	1.0% 3.0%	Ontole Maniel		Medicaid CMI		1.4650	1.5382
	MIDO & MINSE HIS Data per Quarter Eliting.	12/3 1/20 Nuise Hour	s per On-Site Day/Q	uality incentive:	2.90	3.0%	оппу мсаю	CMI w RUG V	rvgni Upilons		1.4886	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		· · · · · · · · · · · · · · · · · · ·	а	Ь	С	d	е	f	g	9	ħ	i
C	ASE MIX BASED RATE CALCULATIONS					1			:	1 .		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1			
	Type of Facility within Peer Group	(coo i one) manaci,		All Facilities	All Facilities	Free Standing	All Facilities	. All Facilities	All Facilities	}		
	Bed Size Range within Peer Group	1		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits	•				i i			:			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	i i										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,167,749.00	\$2,423,160	\$0	\$486,787	\$281,646	\$308,120	\$916,153	\$49,173	\$702,710	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$545,105)	(\$169,656)	\$0	(\$3,887)	\$3,071	(\$4,176)	(\$363,805	) .	(\$38,826)	\$32,174
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,622,644	\$2,253,504	\$0	\$482,900	\$284,717	\$303,944	\$552,348	\$49,173	\$663,884	\$32,174
8	Total Nursing Facility Days As Filed Days = 35,339	FY12 Audited C/R Days	35,413			1		: 1				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,391	FY 18 GL-PL Ins Rpt Days			i	1		•		33,391		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.62	\$63.63	\$0.00	\$13.64	\$16.62	(with L&H)	\$15.60	\$1.47	\$18.75	\$0.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5242								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$41.75				,				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$41.75	\$0.00	\$13.64	\$16.62		\$15.60	\$1,47	\$18.75	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
: 14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$97.95	\$41.75	\$0.00	\$13.64	\$16.62		\$15.60	\$1.47	7.96	\$0.91
:	Quarterly Per Diem Rate Prior to Add-ons								Į.	1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwno %	\$16.10	\$7.67	\$0.00	\$2.51	\$3.05	\$0.00	\$2.87	i N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.05	\$49.42	\$0.00	\$16.15	\$19.67	\$0.00	\$18.47	\$1.47	\$7.96	\$0.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	•	1.4886			4.5.5		*/	1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$73.57		1				1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlbr = Ln 16	\$138.20	\$73.57	\$0.00	\$16.15	\$19.67	\$0.00	\$18.47	\$1.47	\$7.96	\$0.91
:	Quarterly Per Diem Add-on Amounts					!						
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.74						:	<b>44</b>	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21					:			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	:		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.58	\$3.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Dlem Rate	Ln 19 + £n 24	\$159.78	\$77.05	\$0.00	\$16.37	\$20.08	\$0.00	\$35.94	\$1.47	\$7.96	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.01							·		

#### FINAL

1 '	ovider: Southwell Health and Rehab vdr ID: 00059826A H/B ?: Yes Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>04/01/21</b> 12/31/20 Nurs		ata and Percentages Growth Allowance: BIMS; Day/Quality Incentive;	Facility Score N/A 44.6% 3.90	Add-on Percent 18.37% 2.5% 3.0%		Quarter	(CMI) Data jod Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility Specific 1.4305 1.4379 1.4609	State- wide 1,3699 1,5438 1,5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	The state of the s	And the second s	a	b	<u> </u>	d	e	l t	g		h	i
CA	SE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
1	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits		1									
1	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)		1	\$0.53	\$0,00	\$0.22	\$0.41		\$0.37		ĺ	
	Per Diem Costs and Add-ons		1									
	GL-PL- Insurance Costs	FY2018 GL-PL ins. Rpt								\$ 34,380		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt	1							31,753		
1	Standard Per Diem (After CMA for Routine Srvcs)	FY 2013 Peer Group Limit		\$73,90		\$28.00	\$23.27		\$23,46		\$27.24	\$0.34
	Allowed @ 95% of Std		\$168.79	\$70.21		\$26.60	\$22.11		\$22.29		\$27.24	\$0.34
	Growth Allowance 18.37%		\$25.94	\$12.90		\$4.89	\$4.06		\$4.09			
	CMA Allowed Per Diem (After Growth Allowance)		\$197.46	\$83,11		\$31.49	\$26.17		\$26,38	\$ 2.73	\$27.24	\$0.34
1	Quarterly Facility Case Mix Index for Medicaid Residents		1	1.4609	-				ļ		(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$121.41								
	Quarterly Medicaid CMA Allowed Per Diem		\$235.76	\$121,41		\$31.49	\$26.17	THE PARTY OF THE P	\$26.38	\$2.73	\$27.24	\$0.34
	Quarterly Per Diem Add-On Amounts		1	******		1	420.11		1 220.00	1	<b>V</b> 2.1.2.4	70.04
	BIMS Add-on Per Diem = 2.5% (to Routine Srys)		\$3.04	\$3,04				1				
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.64	\$3.64				*	į	1		
	Nursing Home Provider Fee		\$17.10	45.51	-				17.10			
1	Total Quarterly Per Diem Add-On Amounts		\$23.78		1							
	Quarterly Case Mix Based Per Diem Rate		\$259.54	\$128.09		\$31,49	\$26.17		\$43,48	\$2.73	\$27.24	\$0.34
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$181.83				1			7	1		1

	rovider: Sparta Health & Rehab		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.0832	State- wide 1.3617
•	Case Mix Per Diem Rate Effective Date:	4/1/2021	ď	lirly BIMS score	23.1%	1.0%		Quarterly I	Medicaid CMI:		1.3612	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	luality Incentive:	3.20	3.0%	Ortrly Mcaid	CMI w RUG \	Wght Options:		1.3829	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	· · · · · · · · · · · · · · · · · · ·		а	b	С	d	е	f	g	g	ħ	i
C	ASE MIX BASED RATE CALCULATIONS								:			
1	Cost Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1	. 1			
	Type of Facility within Peer Group	(,,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			i.
	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					1			-			r
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					i i				1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,180,795.29	\$1,640,812	\$0	\$361,806	\$192,153	\$210,047	\$400,887	\$77,632	\$297,458	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$39,489)	(\$22,810)	\$0	\$0	\$0	\$0	(\$16,679)	i	(\$16,933)	\$16,933
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,141,306	\$1,618,002	\$0	\$361,806	\$192,153	\$210,047	\$384,208	\$77,632	\$280,525	\$16,933
8	Total Nursing Facility Days As Filed Days = 25,400	FY12 Audited C/R Days	25,400			( )						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,443	FY 18 GL-PL Ins Rpt Days							:	25,443		<b>}</b>
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.66	\$63.70	\$0.00	\$14.24	\$15.83	(with L&H)	\$15.13	\$3.05	\$11,04	\$0.67
10	, , , , , , , , , , , , , , , , , , , ,	from 4 qtrs of FY12		1.0832		1						
11		Ln 9 / Ln 10		\$58.81								ſ
12		RS = Ln 11, AllOthr = Ln 9		\$58.81	\$0.00	\$14.24	\$15.83	:	\$15.13	\$3.05	\$11.04	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	f
14	Base Períod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.08	\$58.81	\$0.00	\$14.24	\$15.83		\$15.13	\$3.05	8.35	\$0.67
	Quarterly Per Diem Rate Prior to Add-ons					i				i i	(FRV)	į
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.11	\$10.80	\$0.00	\$2.62	\$2.91	\$0.00	\$2.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	โก 14 + Ln 15	\$135.19	\$69.61	\$0.00	\$16.86	\$18.74	\$0.00	\$17.91	\$3.05	\$8.35	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3829		:		:		1		
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.26				:	-	1		! !
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$161.84	\$96.26	\$0.00	\$16.86	\$18.74	\$0.00	\$17.91	\$3.05	\$8.35	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	;	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96	40,00	-	<b>40.</b> 71	45.00	. 40.01		\$5.00	:
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.89	1		!						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1					\$17.10			! !
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.48	\$4.38	\$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	\$184.32	\$100.64	\$0.00	\$17.08	\$19.15	\$0.00	\$35.38	\$3.05	\$8.35	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.42			1		***************************************		<u> </u>		
20	accincity i or broth trate for bed from all Leave Days	(41123-41123) 0.13	₹123.42									

		Per Diem Rate Effective Date: Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 11.8% 4.05	Add-on <u>Percent</u> 18.37% 0.0% 3.0%		Quarterly N	:MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.6519 1.5345 1.5641	State- wide 1.3617 1.5382 1.5656
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limit	ts											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier		(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs	Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,668,797.46	\$1,907,109	\$0	\$381,810	\$100,679	\$237,712	\$525,214	\$47,619	\$468,654	\$0
6	Audit Adjustments and Reallocations to Cost Center	,	FY12 C/R Audit Adjstmts	(\$8,898)	(\$5,436)	\$0	(\$1,961)	\$0	\$0	(\$3,809)	ψ17,010	(\$14,846)	\$17,154
7	Cost Center Costs After Audit Adjustments		FY12 Audited C/R	\$3,659,899	\$1,901,673	\$0	\$379,849	\$100,679	\$237,712	\$521,405	\$47,619	\$453,808	\$17,154
8	Total Nursing Facility Days A	s Filed Days = 16,235	FY12 Audited C/R Days	16,235									
	Total Nursing Facility Days GL-PL Ins. Rpt A	s Filed Days = 15,779	FY 18 GL-PL Ins Rpt Days								15,779		
9	Net Per Diems prior to Case Mix Adjstmt to Routine	Srvcs	Ln 7 / Ln 8 Col a	\$225.52	\$117.13	\$0.00	\$23.40	\$20.84	(with L&H)	\$32.12	\$3.02	\$27.95	\$1.06
10	Base Period Facility Case Mix Index for All Reside	nts	from 4 qtrs of FY12		<u>1.6519</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Die	em	Ln 9 / Ln 10		\$70.91								
12	,		RS = Ln 11, AllOthr = Ln 9		\$70.91	\$0.00	\$23.40	\$20.84		\$32.12	\$3.02	\$27.95	\$1.06
13	,	Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem		Lesser of Ln 12 or Ln 13	\$169.23	\$70.91	\$0.00	\$18.41	\$20.84		\$20.56	\$3.02	34.43 (FRV)	\$1.06
	Quarterly Per Diem Rate Prior to Add-ons											(1714)	
15	Growth Allowance Percentage = 18.37%	<u>6</u>	Ln 14 x Grwth Allwnc %	\$24.02	\$13.03	\$0.00	\$3.38	\$3.83	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-or	1)	Ln 14 + Ln 15	\$193.25	\$83.94	\$0.00	\$21.79	\$24.67	\$0.00	\$24.34	\$3.02	\$34.43	\$1.06
17	Quarterly Facility Case Mix Index for Medicaid Res		per Current Qtr End		<u>1.5641</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net F	Per Diem	Ln 16 x Ln 17		\$131.29								
19	Quarterly Medicaid CMA Allowed Per Diem		RS = Ln 18, AllOthr = Ln 16	\$240.60	\$131.29	\$0.00	\$21.79	\$24.67	\$0.00	\$24.34	\$3.02	\$34.43	\$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)	\$0.86	\$0.45	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%	(to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94								
23	Nursing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts		Sum of Lns 20 thru 23	\$21.90	\$4.39	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate		Ln 19 + Ln 24	\$262.50	\$135.68	\$0.00	\$21.79	\$25.08	\$0.00	\$41.44	\$3.02	\$34.43	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave I	Days	(Ln 25 - Ln 23) * 0.75	\$184.05									

Provid Prvdr	ID: 00142139A			owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas		d Overall CMI	-	Facility <u>Specific</u> 1.3692	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hour	o s per On-Site Day/Q	Itrly BIMS score luality Incentive:	45.1% 4.83	5.5% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG \	Medicaid CMI Wght Options		1.4865 1.5107	1.5382 1.5656
Line :	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u>:</u>			а	ь	С	d	e	f	g	g	ħ	i
CAS	SE MIX BASED RATE CALCULATIONS					·				;		:
1   0	ost Center Peer Groups	{see Policy Manual}		1	1	; . 2	1	1	1			ì
	Type of Facility wilhin Peer Group Bed Size Range within Peer Group	(400) 2.11,		All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities			
P	eer Group Standards & Efficiency Measure Limits					1			:	!		:
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
В	ase Period Per Diem Allowed Amounts	1		!		i i				;		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,273,605.00	\$4,493,073	\$0	\$1,081,800	\$525,800	\$577,474	\$1,045,895	\$121,065	\$428,498	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$90,357)	(\$80,228)	\$0	\$0	(\$159)	\$73,654	(\$76,632	) !	(\$59,884)	\$52,892
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,183,248	\$4,412,845	\$0	\$1,081,800	\$525,641	\$651,128	\$969,263	\$121,065	\$368,614	\$52,892
8	Total Nursing Facility Days As Filed Days = 55,253	FY12 Audited C/R Days	55,253									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,192	FY 18 GL-PL Ins Rpt Days		i		į i		:		57,192		
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$148.04	\$79.87	\$0.00	\$19.58	\$21.30	(with L&H)	\$17.54	\$2.12	\$6.67	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.3692		:		:	:	1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$58.34		:				:		
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.34	\$0.00	\$19.58	\$21.30	:	\$17.54	\$2.12	\$6.67	\$0.96
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.50	\$58.34	\$0.00	\$18.41	\$21.30		\$17.54	\$2.12	13.83	\$0.96
Q	uarterly Per Diem Rate Prior to Add-ons			:		!			1	1 :	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.23	\$10.72	\$0.00	\$3.38	\$3.91	\$0.00	\$3.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.73	\$69.06	\$0.00	\$21.79	\$25.21	\$0.00	\$20.76	\$2.12	\$13.83	\$0.96
17 ,	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5107						1		1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.33		:						İ
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.00	\$104.33	\$0.00	\$21.79	\$25.21	\$0.00	\$20.76	\$2.12	\$13.83	\$0.96
a	uarterly Per Diem Add-on Amounts			:								
	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	1	\$0.00	
	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.74	\$5.74	44.00	1	42.11		45.07	1	43.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13						1 7		
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			: :			\$17.10	1 .		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.28	\$9.40	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47		\$0.00	\$0.00
25 Q	uarterly Case Mix Based Per Diem Rate	Ln 19 + Lл 24	\$216.28	\$113.73	\$0.00	\$21.79	\$25.62	\$0.00	\$38.23	\$2.12	\$13.83	\$0.96
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.39	: :					:	<u> </u>		ł

Company   Comp		Provider: Syl-View Health Care Center, Inc. Prvdr ID: 00040796A			wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas		d Overall CMI:		Facility Specific 1.1798	State- wide 1.3617
Content   Cont					,			Ortrly Mcaid	,				
CASE MIX BASED RATE CALCULATIONS   1   1   1   2   1   1   1   2   1   1		e Description		Totals			Dietary	, .	Operatns	and		and	and
Cost Center Peer Groups   (see Policy Manual)				а	b	С	d	е	f	g	g	h	i
## All Facilities ## All Facil	<u>C</u>	CASE MIX BASED RATE CALCULATIONS											
Red Store Range within Peer Group   Peer Group Standards & Efficiency Massure Limits   See Peiroy Manual	1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Peer Group Standards & Efficiency Measure Limits													
2   Peer Concy Standards: Percentile   (see Policy Manual)   (se		Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
3   Peer Circup Standards: Multiplier   Embeddings   Marian   (see Pedicy Manual)   (see Pelicy Manual)   (s		·											
## Efficiency Measure Maximums (see ne 20 for actual)  ## Base Period Per Diem Allowed Amounts  ## Sase Period Per Diem Allowed Amounts  ## Sase Period Per Diem Allowed Amounts  ## Sase Period Per Diem Allowed Amounts  ## Sase Period Costs (Routine Sosial Systex Combined)  ## As Filed Days - 34.197  ## Cost Center Costs (Routine Sosial Systex Combined)  ## As Filed Days - 34.197  ## Total Nursing Facility Days													
Base Period Per Diem Allowed Amounts   As Filed Cost Center Costs (floutine Special Svcs Combined)   As Filed FY12 CR -FY 2018 GL-PL Rpt   \$3,902,776,00   \$2,054,107   \$0   \$447,355   \$318,821   \$206,770   \$5442,929   \$85,829   \$227,165   \$7   \$1,000	_												
As Filed Cost Center Costs (Rouline & Special Sroves Combined) As Filed Cry 12 CR FY 2018 GL-Pt Ppt Audit Adjustments and Reallocations to Cost Center Costs FY12 CR Audit Adjustments FY12 Audited CR FY12 CR FY 2018 GL-Pt Ppt FY12 CR Audit Adjustments and Reallocations to Cost Center Costs FY12 Audited CR S3,767,765 S3,767,765 S2,015,478 S3,16,010 S2,027,188 S2,015,478 S3,16,010 S2,027,188 S2,015,478 S3,16,010 S2,015	'		(ooc i elley mandal)		φο.σσ	φυ.συ	ψ0:22	ψο		φυιστ			
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Genter Costs After Audit Adjustments 8 Total Nursing Facility Days 8 As Filed Days = 34,197 7 Total Nursing Facility Days 9 Not Per Diems prior to Ease Mix Adjustm to Routine Sives 10 Base Period Facility Case Mix Adjust to Routine Sives 11 Routine Sives Case Mix Adjust to Routine Sives 12 Not Per Diems after Case Mix Adjust (CMA) Net Per Diem 13 Per Diem Standards (After Statewide CMA for Routine Sives) 14 Base Period Case Mix Adjusted Allowed Per Diem (Standards (After Statewide CMA for Routine Sives) 15 Covarterly Per Diem Rate Prior to Add-ons 16 CMA Allowarde Per Diem (Allowarde Per Diem (Allowarde Per Diem (Allowarde Per Diem Add-on Amounts) 17 Couarterly Per Diem Rate Prior to Add-on Amounts 18 Counter Sives Case Mix Adjust (CMA) Net Per Diem 19 Couarterly Medical CMA howed Per Diem (Allowarde Per Diem													
FY12 Audited CIR   \$3,767,756   \$2,015,478   \$0 \$495,810   \$318,010   \$206,770   \$351,510   \$85,829   \$272,198   \$221,151		( ) ;	·		, , , , , ,	* -	,		, .	, ,	\$85,829	,	* -
8   Total Nursing Facility Days   As Filed Days = 34,197   Total Nursing Facility Days GL-PL Ins. Rpt Days   As Filed Days = 27,272   FY12 Audited C/R Days   FY 18 GL-PL Ins Rpt Days   Sh. Per Diems prior to Case Mix Adjust to Routine Srxcs   Ln 7 / Ln 8 Col a from 4 qtrs of FY12   Ln 9 / Ln 10   Sh. Sh. Sh. Sh. Sh. Sh. Sh. Sh. Sh. Sh.		,	•	, , ,	( , , ,		( , , ,	( ' '		( , , ,	<b>#05.000</b>		
Total Nursing Facility Days GL-PL Ins. Rpt		,			\$2,015,478	\$0	\$495,810	\$318,010	\$206,770	\$351,510	\$85,829	\$272,198	\$22,151
Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8		•	34,197							27 272		
Base Period Facility Case Mix Adjust (OMA) Net Per Diem   Ln 14 × Grwth Allward (Net Polem   Ln 15   Ln 15   Sin 18   Sin 19	۵			¢110.02	¢59 Q4	\$0.00	¢14.50	¢15.25	(with I & H)	¢10.29		\$7.06	¢0.65
Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem		,		φ110.03		φ0.00	φ14.30	φ15.55	(With Lot 1)	φ10.20	φ3.13	φ7.90	φυ.υυ
Net Per Diems after Case Mix Adjistmt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   \$49.96   \$0.00   \$14.50   \$15.35   \$10.28   \$3.15   \$7.96   \$0.65		·											
13   Per Diem Standards (After Statewide CMA for Routine Srvcs)   Per Peer Group Limits   S71.51   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   N/A     14   Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$101.78   \$49.96   \$0.00   \$14.50   \$15.35   \$10.28   \$3.15   7.89   \$0.65     Courterly Per Diem Rate Prior to Add-ons   Circuit Allowance Percentage = 18.37%   Ln 14 x Grmth Allownc %   \$16.55   \$9.18   \$0.00   \$2.66   \$2.82   \$0.00   \$1.89   N/A   N/A     16   CMA Allowed Per Diem (After Growth Allowance Add-on)   Ln 14 + Ln 15   \$118.33   \$59.14   \$0.00   \$17.16   \$18.17   \$0.00   \$12.17   \$3.15   \$7.89   \$0.65     17   Quarterly Facility Case Mix Index for Medicaid Residents   Per Current Off End   Current		3, (- ,				\$0.00	\$14.50	\$15.35		\$10.28	\$3.15	\$7.96	\$0.65
Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$101.78   \$49.96   \$0.00   \$14.50   \$15.35   \$3.15   7.89   \$0.65		•	per Peer Group Limits										ψ0.00
Quarterly Per Diem Rate Prior to Add-ons   CMA Allowance Percentage = 18.37%   Ln 14 x Grwth Allwnc % \$16.55   \$9.18   \$0.00   \$2.66   \$2.82   \$0.00   \$1.89   N/A   N/A   N/A		· · · · · · · · · · · · · · · · · · ·	Lesser of Ln 12 or Ln 13	\$101.78	\$49.96	\$0.00	\$14.50	\$15.35		\$10.28	\$3.15	7.89	\$0.65
15   Growth Allowance Percentage =   18.37%   Ln 14 x Grwth Allownc %   \$16.55   \$9.18   \$0.00   \$2.66   \$2.82   \$0.00   \$1.89   N/A   N/A   N/A   N/A   16   CMA Allowed Per Diem (After Growth Allowance Add-on)   Ln 14 + Ln 15   \$118.33   \$59.14   \$0.00   \$17.16   \$18.17   \$0.00   \$12.17   \$3.15   \$7.89   \$0.65   \$												(FRV)	
CMA Allowed Per Diem (After Growth Allowance Add-on)	15	•	Ln 14 v Grath Allama 9/	¢16 EE	¢0.10	¢0.00	<b>\$2.66</b>	40 00	¢0.00	¢1 00	NI/A	N/A	NI/A
17   Quarterly Facility Case Mix Index for Medicaid Residents   per Current Otr End   1.2959		ÿ <u>—</u>			· ·			•	*	,			
18   Ortrly Routine Srocs Case Mix Adjstd (CMA) Net Per Diem		,		\$110.33		φυ.υυ	\$17.10	φ10.17	φυ.υυ	φ12.17	φ3.13	φ7.09	φυ.σο
Quarterly Medicaid CMA Allowed Per Diem   RS = Ln 18, AllOthr = Ln 16   \$135.83   \$76.64   \$0.00   \$17.16   \$18.17   \$0.00   \$12.17   \$3.15   \$7.89   \$0.65		, , <del></del>	•										
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$1.92 \$		, , ,		\$135.83		\$0.00	\$17.16	\$18.17	\$0.00	\$12.17	\$3.15	\$7.89	\$0.65
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$1.92 \$		Ouantania Pau Diam Add an Amaunta											
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.92 \$1.92 22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) Ln 19 Col b x Stfing Add-on \$3.07 \$3.07 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$23.62 \$5.52 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	20	•	(see Policy Manual)	¢1 53	\$0.53	90.00	\$0.22	\$0.41	\$0.00	\$0.37		00.02	
22       Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)       Ln 19 Col b x Stfrig Add-on \$3.07       \$3.07       \$3.07       \$17.10       \$17.10         23       Nursing Home Provider Fee       (Fixed Amount)       \$17.10 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>ψ0.00</td><td>Ψ0.22</td><td>ψ0.+1</td><td>ψ0.00</td><td>ψ0.57</td><td></td><td>ψ0.00</td><td></td></td<>						ψ0.00	Ψ0.22	ψ0.+1	ψ0.00	ψ0.57		ψ0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10					· ·								
24         Total Quarterly Per Diem Add-on Amounts         Sum of Lns 20 thru 23         \$23.62         \$5.52         \$0.00         \$0.22         \$0.41         \$0.00         \$17.47         \$0.00         \$0.00			· ·	• • •	ψ0.07					\$17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$159.45 \$82.16 \$0.00 \$17.38 \$18.58 \$0.00 \$29.64 \$3.15 \$7.89 \$0.65		•	Sum of Lns 20 thru 23		\$5.52	\$0.00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$159.45	\$82.16	\$0.00	\$17.38	\$18.58	\$0.00	\$29.64	\$3.15	\$7.89	\$0.65
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$106.76	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$106.76					I	II.	I I		

Provider: Tattnall Nursing, LLC Prvdr ID: 00143228A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021		wth Allowance: trly BIMS score	Facility Score N/A 6.9% 2.93	Add-on Percent 18.37% 0.0% 2.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1942 1.3316 1.3536	State- wide 1.3617 1.5382 1.5656
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,042,069.00	\$1,467,317	\$0	\$342,930	\$203,077	\$203,189	\$535,778	\$19,237	\$270,541	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$46,074	(\$1,163)	\$0	(\$54)	(\$425)	\$0	\$1,957		\$25,877	\$19,882
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,088,143	\$1,466,154	\$0	\$342,876	\$202,652	\$203,189	\$537,735	\$19,237	\$296,418	\$19,882
8 Total Nursing Facility Days As Filed Days = 30,506	FY12 Audited C/R Days	30,506									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,626	FY 18 GL-PL Ins Rpt Days		72.12.12.12						27,626		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$101.30	\$48.06	\$0.00	\$11.24	\$13.30	(with L&H)	\$17.63	\$0.70	\$9.72	\$0.65
Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1942								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$40.24			***		017.00	00.70	40.70	20.05
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$40.24 \$71.51	\$0.00 \$0.00	\$11.24 \$18.41	\$13.30 \$23.09		\$17.63 \$20.56	\$0.70 \$0.00	\$9.72 N/A	\$0.65
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$90.41	\$40.24	\$0.00	\$10.41	\$13.30		\$17.63	\$0.00	6.65	\$0.65
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ell 12 of Ell 13	\$90.41	540.24	\$0.00	\$11.24	\$13.30		\$17.03	\$0.70	(FRV)	\$0.05
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.13	\$7.39	\$0.00	\$2.06	\$2.44	\$0.00	\$3.24	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$105.54	\$47.63	\$0.00	\$13.30	\$15.74	\$0.00	\$20.87	\$0.70	\$6.65	\$0.65
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3536								
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$64.47								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$122.38	\$64.47	\$0.00	\$13.30	\$15.74	\$0.00	\$20.87	\$0.70	\$6.65	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.29	\$1.29								
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	\$19.92	\$1.82	\$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	\$142.30	\$66.29	\$0.00	\$13.52	\$16.15	\$0.00	\$38.34	\$0.70	\$6.65	\$0.65
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$93.90									
27 Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									

\$97.43

(Ln 27 - Ln 23) \* 0.75

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

Case MIX BASED RATE CAL CULATIONS   Services   Servic		ovider: Taylor County Health Care vdr ID: 00432924A	4440004		wth Allowance:		Add-on Percent 18.37%	Cas		d Overall CMI:		Facility Specific 1.2388	State- wide 1.3617
Description   Sources   Totals   Severite   Description   Sources   Totals   Severite   Description   Sources   Totals   Severite   Description   Sources   Totals   Severite   Description   Sources   Totals   Severite   Description   Sources   Totals   Severite   Description   Severite   Sever								Ortrly Mcaid					
Cost Center Pear Croups	Line #	Description		Totals			Dietary	,	Operatns	and		and	
Cost Center Peer Groups   Leve Policy Manual)   A Fluid PY 10 Center Peer Groups   A Fluid State   A Fluid S	i			<u>a</u>	ь	С	đ	e	f	9	g	h	<u> </u>
Processing Standards & Efficiency Message with Pred Group Standards & Efficiency Message with Pred Group Standards & Efficiency Message (non-Policy Message) (non-Policy Messag	<u>C/</u>	ASE MIX BASED RATE CALCULATIONS								!			
Back Size Range with Pear Circup   Sandradin & Efficiency Manager Limits   Speed Circup Standardin & Efficiency Manager Limits   Speed Circup Standardin & Efficiency Manager Limits   Speed Circup Standardin & Efficiency Manager Limits   Speed Circup Standardin & Efficiency Manager Limits   Speed Circup Standardin Ministry   Speed Circup Standardin & Efficiency Manager Limits   Speed Circup Standardin & Efficiency Manager Limits   Speed Circup Standardin & Ministry   Speed Circup Standa	1	Cost Center Peer Groups	(see Policy Manual)		· •	1	2	1	1	1	1		
Per Croup Standards & Efficiency Measure Limits   Special Standards (appeal of the Color of th		Type of Facility within Peer Group	, , ,		All Facilities			All Facilities			1		
2   Pear Group Standarder Percentiles   Quee Pelay Manual)   90.0%		Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			•
Per Group Standards: Multiplier   Coop Petcy Monumit   100.00%	:	Peer Group Standards & Efficiency Measure Limits				:			i		1		
Base Period Per Diem Allowed Amounts   So. 63   So. 60   So. 22   So. 41   So. 37	2								1				
Base Period Per Diem Allowed Amounts   An Filed PY12 CIR. FY 2018 GI-PL Rpt   \$3,222,923.72   \$1,656,948   \$0   \$352,925   \$156,924   \$213,788   \$446,588   \$74,726   \$531,133   \$9.00   \$10,0	3			i							1		1
5 A Filed Cost Center Costs (Reuline & Special Serves Combined) 5 A Filed FVIZ CR - FV2 DIR GL-PL Rpt 5 A S232 Q3272 5 (5.58) \$ 50 \$ 535,282 5 (5.388) \$ 50 \$ 535,282 5 (5.388) \$ 50 \$ 535,434 5 (5.388) \$ 50 \$ 50 \$ 535,434 5 (5.388) \$ 50 \$ 50 \$ 535,434 5 (5.388) \$ 50 \$ 50 \$ 535,434 5 (5.388) \$ 50 \$ 50 \$ 50 \$ 50 \$ 50,424 5 (5.388) \$ 50 \$ 50 \$ 50,444 5 (5.388) \$ 50 \$ 50 \$ 50,444 5 (5.388) \$ 50 \$ 50 \$ 50,444 5 (5.388) \$ 50 \$ 50 \$ 50,444 5 (5.388) \$ 50 \$ 50 \$ 50,444 5 (5.388) \$ 50 \$ 50 \$ 50,444 5 (5.388) \$ 50 \$ 50 \$ 50,444 5 (5.388) \$ 50 \$ 50 \$ 50,444 5 (5.388) \$ 50 \$ 50 \$ 50,444 5 (5.388) \$ 50 \$ 50 \$ 50,444 5 (5.388) \$ 50 \$ 50 \$ 50,444 5 (5.388) \$ 50 \$ 50 \$ 50,444 5 (5.388) \$ 50 \$ 50 \$ 50,444 5 (5.388) \$ 50 \$ 50 \$ 50	4	Enciency measure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		1
6 Audit Adjustments and Reallocations to Cost Center Costs	1	Base Period Per Diem Allowed Amounts		!		1					1 :		
Total Nursing Facility Days GL-PL Ins. Rpl	5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,232,923.72	\$1,656,948	\$0	\$352,825	\$156,924	\$213,788	\$446,580	\$74,726	\$331,133	\$0
8 Total Nursing Facility Days	- 1	Audit Adjustments and Reallocations to Cost Center Costs	*	(\$15,368)	\$0	\$0	(\$1,391)	\$0	(\$221)	(\$14,826)	1	(\$35,439)	\$36,509
Total Nursing Facility Days GL-PL Ins. Rpl	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,217,556	\$1,656,948	\$0	\$351,434	\$156,924	\$213,567	\$431,754	\$74,726	\$295,694	\$36,509
9 Net Per Diems prior to Case Mix Adjatimut to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents 10 Routine Srvcs Case Mix Adjatid (PMA) Net Per Diem 10 Net Per Diems after Case Mix Adjatid (PMA) Net Per Diem 10 S55.92 12 Net Per Diems after Case Mix Adjatid (PMA) Net Per Diem	8 ,	Total Nursing Facility Days As Filed Days = 23,918	FY12 Audited C/R Days	23,918			1		:		1		
Base Period Facility Case Mix Adjated (CMA) Net Per Diem   Lu 9 / Lu 10   S55.92   S0.00   S14.69   S15.49   S18.05   S2.87   S12.38   S1.51   S1.00   S18.41   S23.09   S20.56   S0.00   S14.69   S15.49   S18.05   S2.87   S12.38   S1.51   S2.87   S12.38   S1.52   S2.87   S12.38   S1.52   S2.87   S12.38   S1.52   S2.87   S12.38   S1.52   S2.87   S12.38   S1.52   S2.87   S12.38   S1.52   S2.87   S12.38   S1.52   S2.87   S12.38   S1.52   S2.87   S12.38   S1.52   S2.87   S12.38   S1.52   S2.87   S12.38   S1.52   S2.87   S12.38   S1.52   S2.87   S12.38   S1.52   S2.87   S12.38   S2.87		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,022	FY 18 GL-PL Ins Rpt Days	I		1					26,022		
Routine Srvcs Case Mix Adjistid (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.27	\$69.28	\$0.00	\$14.69	\$15.49	(with L&H)	\$18.05	\$2.87	\$12.36	\$1.53
Net Per Diems after Case Mix Adjstmt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   \$55.92   \$0.00   \$14.69   \$15.49   \$20.56   \$0.00   \$18.05   \$2.87   \$12.36   \$1.51   \$13.99   \$20.56   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   \$14.69   \$15.49   \$18.05   \$2.87   \$11.27   \$1.55   \$1.	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2388		1			1			!
Per Diem Standards (After Standards (A	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.92		1		1	1			
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13  \$119.82 \$55.92 \$0.00 \$14.69 \$15.49 \$15.49 \$15.40 \$15	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$55.92	\$0.00	\$14.69	\$15.49		\$18.05	\$2.87	\$12.36	\$1.53
Counterly Per Diem Rate Prior to Add-ons   CFRV	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	-	\$20.56	\$0.00	N/A	
Courterly Per Diem Rate Prior to Add-ons   Convh Allowance Percentage = 18.37%   Ln 14 x Gnwth Allowne % \$19.14   \$10.27   \$0.00   \$2.70   \$2.85   \$0.00   \$3.32   N/A	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.82	\$55.92	\$0.00	\$14.69	\$15.49		\$18.05	\$2.87	11,27	\$1.53
15 Growth Allowance Percentage = 18.37%	. !	Quarterly Per Diam Pate Prior to Add-one				:				-	:	(FRV)	1
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 S13.96 S66.19 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End In 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x. 75, up to max, or 0) S16.39 S18.34 S0.00 S21.37 S2.87 S11.27 S1.50 S18.46 S108.66 S0.00 S17.39 S18.34 S0.00 S21.37 S2.87 S11.27 S1.50 S108.66 S0.00 S17.39 S18.34 S0.00 S21.37 S2.87 S11.27 S1.50	15	· ·	Ln 14 x Grwth Allwnc %	\$19.14	\$10.27	\$0.00	\$2.70	\$2.85	\$0.00	\$3.32	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.64.17 18 Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 RS = Ln 18, AllOthr = Ln 16 19 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ((Stnd - Alwd) x. 75, up to max, or 0) 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvcs) 22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Case Mix Based Per Diem Rate 26 Ln 19 + Ln 24 27 Quarterly Case Mix Based Per Diem Rate 27 S2.87 28 S16.34 29 S18.34 30.00 317.39 318.34 30.00 317.39 318.34 30.00 317.39 318.34 30.00 30			En 14 + Ln 15			1					1		
18				4,55,55			<b>\$17.03</b>	<b>\$70.5</b> 4	. 40.00	;	. 42.57	Ψ11.21	• 1.00
19 Quarterly Medicaid CMA Allowed Per Diem	18	· · · · · · · · · · · · · · · · · · ·	Ln 16 x Ln 17							:	1		1
20 Efficiency Add-on Per Diem ((Stad - Alwd) x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.21 \$BIMS Add-on Per Diem = \$2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.72 \$2.72 \$0.72	19		RS = f.n 18, AliOthr = f.n 16	\$181.43	\$108.66	\$0.00	\$17.39	\$18.34	\$0.00	\$21.37	\$2.87	\$11.27	\$1.53
20 Efficiency Add-on Per Diem ((Stad - Alwd) x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.21 \$BIMS Add-on Per Diem = \$2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.72 \$2.72 \$0.72		Quarterly Per Diem Addens Amounts		1					:	:			İ
21 BIMS Add-on Per Diem = 2.5% (Io Routine Srvs) Ln 19 Col b x CPS Add-on \$2.72 \$2.72 \$	20	-	(see Policy Manual)	፡ <b>\$1</b> 53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)							Ψ0.22	φ <b>υ.</b> 4 ι	. 40.00	. 40.31		\$0.00	
23     Nursing Home Provider Fee     (Fixed Amount)     \$17.10		,								ì	1		
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$24.61     \$6.51     \$0.00     \$0.22     \$0.41     \$0.00     \$17.47     \$0.00     \$0.00     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$206.04     \$115.17     \$0.00     \$17.61     \$18.75     \$0.00     \$38.84     \$2.87     \$11.27     \$1.50		·	<del>-</del>	· · · · · · · · · · · · · · · · · · ·		;				\$17.10	1 :		I
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$206.04 \$115.17 \$0.00 \$17.61 \$18.75 \$0.00 \$38.84 \$2.87 \$11.27 \$1.5	24	<u>-</u>	,		\$6.51	\$0.00	\$0.22	\$0.41	\$0.00		i	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Bod Hold and Leave Days (Lp 25 - Lp 23): 0.75 \$141.71	25		Ln 19 + Ln 24	i	<del>!</del>	<del></del>	- <del> </del>		-		<u></u>		\$1.53
	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.71	:		1 :			1	<u> </u>		<u> </u>

1	rovider: The Bell-Minor Home, Inc. rvdr ID: 00059397A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	rth Allowance: ly BIMS score	34.0%	Add-on Percent 18.37% 2.5% 3.0%		Quarterly I	CMI) Data  f Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,4312 1,5661 1,5975	State- wide 1,3699 1,5382 1,5656
Line #	Description	Sources / Catculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C.	ASE MIX BASED RATE CALCULATIONS								***************************************			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts						***************************************					
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$5,675,335	\$2,198,300	\$0	\$473,131	\$260,367	\$364,985	\$1,020,033	\$133,682	\$1,224,837	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$104,759)	\$0	\$0	\$0	\$0	\$0	(\$104,759)		(\$65,551)	\$65,551
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$5,570,576	\$2,198,300	\$0	\$473,131	\$260,367	\$364,985	\$915,274	\$133,682	\$1,159,286	\$65,551
8	Total Nursing Facility Days As Filed Days = 34,932	FY13 Audited C/R Days	34,932					: i				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,404	FY 18 GL-PL Ins Rpt Days								34,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a	\$159,53	\$62,93	\$0.00	\$13.54	\$17.90	(with L&H)	\$26.20	\$3.89	\$33.19	\$1.88
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1,4312								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.97				1				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43,97	\$0.00	\$13,54	\$17,90		\$26,20	\$3.89	\$33.19	\$1.88
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23,46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118,32	\$43.97	\$0,00	\$13,54	\$17,90		\$23,46	\$3,89	13,68	\$1.88
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Alfwnc %	\$18,17	\$8,08	\$0.00	\$2,49	\$3,29	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136,49	\$52.05	\$0.00	\$16.03	\$21,19	\$0.00	\$27.77	\$3,89	\$13.68	\$1,88
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	*\031.10	1,5975	40,00	1	*****	40,00	•=	45,02	\$15,00	71135
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	Ln 16 x Ln 17		\$83,15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.59	\$83.15	\$0.00	\$16.03	\$21,19	\$0,00	\$27.77	\$3,89	\$13,68	\$1.88
	Cuartesty Par Plan Add an America											
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max. or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,08	\$2.08	\$0.00	30.22	\$0.41	40.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2,00	\$2.49								***************************************
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψωντυ					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$5.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190,42	\$88.25	\$0.00	\$16,25	\$21,60	\$0,00	\$44,87	\$3,89	\$13,68	\$1.88
20	quarterly page Mix paged Fer Dieni nate	Liv 13 + Lil 24	\$190,42	\$80.25	\$0.00	\$10,25	\$21,00	\$0,00	344.87	\$3,89	\$13,68	\$1.81

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$129.99

(Ln 25 - Ln 23) \* 0.75

Provider	The Center for Advanced Rehab @ Parkside		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID:	: 00083102A		Gro	wth Allowance:	N/A	18.37%		Base Period	d Overall CMI:		1.2877	1.3617
	Case Mix Per Diem Rate Effective Date:			trly BIMS score	19.8%	0.0%			Medicald CMI:		1.8194	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Ho	urs per On-Site Day/Q	uality Incentive:	2.90	3.0%	Ortrly Mcaid	CMI w RUG \	Wght Options:	;	1.8550	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	, b	c	d	е	f	9	g	h	l
CASE	MIX BASED RATE CALCULATIONS			:		: 1						!
1 Cost	t Center Peer Groups	(see Policy Manual)		: 1	. ,	1	1	. 1	. 1			:
	Type of Facility within Peer Group	. (Sout Gloy Islandar)	:	. All Facilities	All Facilities	Hosp Based	All Facilities	. All Facilities	All Facilities	1 1		
i (	Bed Size Range within Peer Group	•		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		
Peer	Group Standards & Efficiency Measure Limits		:		!	:		:				
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	Į	50.0%			
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Effi	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	*	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base	Period Per Diem Allowed Amounts		1					ţ		1		
5 As	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,400,148.00	\$3,792,296	\$0	\$907,033	\$201,398	\$519,375	\$774,710	\$148,372	\$1,056,964	\$0
6 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$746,168)	(\$451,129)	\$0	(\$511,366)	\$42,623	(\$25,223)	\$276,239		(\$79,976)	\$2,664
7 Co:	st Center Costs After Audit Adjustments	FY12 Audiled C/R	\$6,653,980	\$3,341,167	\$0	\$395,667	\$244,021	\$494,152	\$1,050,949	\$148,372	\$976,988	\$2,664
8	Total Nursing Facility Days As Filed Days = 34,873	FY12 Audited C/R Days	35,236		i	:			!	1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,354	FY 18 GL-PL Ins Rpt Days		•		1		į		43,354		
9 Ne	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a	\$188.06	\$94.82	\$0.00	\$11.23	\$20.95	(with L&H)	\$29.83	\$3.42	\$27.73	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.2877	<u>.</u>							
11 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.64		:				1		
12 Ne	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = £n 9	•	\$73.64	\$0.00	\$11.23	\$20.95		\$29.83	\$3.42	\$27.73	\$0.08
13 Per	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23,09	:	\$20.56	\$0.00	N/A	
14 Ba	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.16	\$71.51	\$0.00	\$11.23	\$20.95		\$20.56	\$3,42	26.41	\$0.08
	rterly Per Diem Rate Prior to Add-ons									1	(FRV)	
	owth Allowance Percentage = 18.37%	: Ln 14 x Grwth Aliwnc %	\$22.83	\$13.14	\$0.00	\$2.06	£2.0£	\$0.00	. 60.70	NITA	<b>.</b>	NICA
1 1	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.99	\$84,65	\$0.00	\$13.29	\$3.85	1			N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$110.99	:	\$0.00	\$13.29	\$24.80	\$0.00	\$24.34	\$3,42	\$26.41	\$0.08
	Ordry Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.8550 \$157.03	:							
7	earterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.37	\$157.03	\$0.00	\$13.29	\$24.80	\$0.00	\$24.34	\$3.42	\$26.41	\$0.08
! -	•	,	:	. \$107.00		Ψ10.23	Ψ24.80		. VET.34	φυ.π2	920.41	\$0.00
i	rterly Per Diem Add-on Amounts									1		
1	iciency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
1 1	MS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	: :	1						
	rrse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$4.71	\$4.71								
:	rsing Home Provider Fee	(Fixed Amount)	\$17.10			1 2 1			\$17.10			
	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.44	\$4.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10		\$0.00	\$0.00
25 Quar	rterly Case Mix Based Per Diem Rate	Lrs 19 + Ln 24	\$271.81	\$161.74	\$0.00	\$13.51	\$25.21	\$0.00	\$41.44	\$3.42	\$26.41	\$0.08
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - £n 23) * 0.75	\$191.03									

Provider			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID		41410004		wth Allowance:	N/A	18.37%			Overall CMI:		1.2118	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	urs per On-Site Day/Q	trly BIMS score uality Incentive:	93.0% 3.58	5.5% 3.0%	Ortrly Moaid		Medicald CMI: Nght Options:		1.6231 1.6511	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	!		а	b	c	d	e	f	0		h	1
CASE	MIX BASED RATE CALCULATIONS				······							
$\neg$	t Center Peer Groups	/ D-2 M0	:	. 1	1		_	1	,			
i i cosi	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	•	2 Free Standing	1 All Facilities	All Facilities	: 1 : All Facilities	1 (		
į	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		: All Bed Sizes	)		
Poor	r Group Standards & Efficiency Measure Limits								:	;	:	
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	: 1		
	er Group Standards: Nultiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%			
	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	e Period Per Diem Allowed Amounts								:			
	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,419,180.00	\$3,429,531	\$0	\$928,329	\$463,144	\$428,868	\$1,331,578	\$140,055	\$697,675	\$0
6 Au	idit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,106)	(\$27,150)	\$0	\$13,302	\$0	\$0	(\$101,258)		(\$167,822)	\$167,822
1	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,304,074		\$0	\$941,631	\$463,144	1	\$1,230,320		\$529,853	\$167.822
	Total Nursing Facility Days As Filed Days = 40,759	FY12 Audited C/R Days	40,759			1	¥,	1			*	******
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,441	FY 18 GL-PL Ins Rpt Days	:	í					4	42,441		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$179.08	\$83,48	\$0.00	\$23,10	\$21.89	(with L&H)	\$30.19		\$13.00	\$4.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,2118	•				1	1		
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$68.89		: 1			:			
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ls 11, AllOthr = Ln 9		\$68.89	\$0.00	\$23.10	\$21.89		\$30.19	\$3.30	\$13.00	\$4.12
!	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00		\$23.09		\$20,56	\$0.00	N/A	•
	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151,20	\$68.89	\$0,00		\$21.89		\$20.56	\$3.30	14,03	\$4,12
O	dedi. Des Diens Date Brieste Add en-				•	1				!	(FRV)	*
	rterly Per Diem Rate Prior to Add-ons owth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$23,84	\$12.66	\$0.00	\$3,38	\$4.02	\$0.00	\$3.78	N/A	N/A	N/A
		Ln 14 + Ln 15	\$175.04	\$81.55	\$0.00		•	\$0.00		(		
	AA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qir End	\$175.04		\$0.00	\$21.79	\$25.91	\$0.00	\$24.34	\$3.30	\$14.03	\$4.12
'	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x La 17		1.6511		1				)		
1 1	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem parterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.14	\$134.65 \$134.65	\$0.00	\$21,79	\$25.91	\$0.00	\$24.34	\$3.30	\$14.03	\$4.12
15 00	raiterly Medicald ONIX Allowed Fel Dietit	NO - ER TO, ANOTH - EN TO	. \$220,14	\$134.03	\$0.00	\$21.79	\$23.91	\$0.00	\$24.34	\$3.30	\$14,03	<b>\$4.12</b>
Qua	rterly Per Diem Add-on Amounts			:				i	:	( )	:	
1	ficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	!	\$0.00	
	MS Add-on Per Diem = 5.5% (to Roulino Srvs)	Ln 19 Col b x CPS Add-on	\$7,41	\$7.41		1			:	;		
	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$4.04	\$4.04		1				1		
23 Nu	rsing Home Provider Fee	(Fixed Amount)	\$17.10			<u> </u>			\$17.10	;	;	
24 To	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.49	\$11.98	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quai	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$257.63	\$146.63	\$0.00	\$21.79	\$26.32	\$0.00	\$41.44	\$3.30	\$14.03	\$4.12
26 Qua	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.40			···		·	·		<u>.</u>	

#### FINAL

Pr	ovider, The Lodge vdr ID: 00142381A H/B ?: No Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	•	•	ita and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 30.6% 3.33	Add-on Percent 18.37% 2.5% 3.0%		Quarterl	(CMI) Data iod Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific 1.4841 1.9080 1.9450	State- wide 1,3617 1,5438 1,5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			<u>a</u>	b	c	d	e e	<u>f</u>	g	<u> </u>	h	<u>                                     </u>
GA	SE 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: Percentile Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$160.54 \$23.31 \$185.92	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.9450	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	\$ 87,427 42,182 \$ 2.07	\$33.65 \$33.65 \$33.65 (FRV Rate)	\$0.00
	Quarterly Paclining Case Mix Adjistd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% (to Routine Srvs 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		\$261.91 \$3.91 \$4.69 \$17.10 \$25.70 \$287.61	\$156.40 \$156.40 \$3.91 \$4.69		\$20.70 \$20.70	\$25.97 \$25.97		\$23.12 17.10 \$40.22	\$2.07 \$2.07	\$33.65	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$202.88	<u> </u>						Ĺ			

Provider			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID		41470004		owth Allowance:	N/A	18.37%			Overall CMI:		1.4603	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	.,	s per On-Site Day/Q	trly BIMS score uality Incentive:	34.6% 4.00	2.5% 3.0%	Ortrly Moaid	CMI w RUG	vledicald CMI: Vght Options:		1.6154 1.6435	1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		:	a	. b	С	d	е	f	g	g	h	ì
CASE	MIX BASED RATE CALCULATIONS							1				
1 Cos	t Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1	1	1		
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
:	Bed Size Range within Peer Group	:		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
Pee	r Group Standards & Efficiency Measure Limits	:				:				1		
2 Pe	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	i i		
4 ; Et	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Bas	e Period Per Diem Allowed Amounts	:		1		: :				1		
5 As	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,564,531.00	\$4,722,890	\$0	\$870,206	\$640,113	\$554,298	\$1,162,143	\$404,204	\$210,677	, \$0
6 Au	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$216,528)	(\$4,858)	\$0	\$0	\$0	(\$2,166)	(\$207,967)	d :	(\$32,151)	\$30,614
7 Cc	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,348,003	\$4,718,032	\$0	\$870,206	\$640,113	\$552,132	\$954,176	\$404,204	\$178,526	\$30,614
8	Total Nursing Facility Days As Filed Days = 59,128	FY12 Audited C/R Days	59,128			i }				1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,582	FY 18 GL-PL Ins Rpt Days								56,582		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.49	\$79.79	\$0.00	\$14.72	\$20.16	(with L&H)	\$16.14	\$7,14	\$3.02	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4603		1		:				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.64		1 :			i			
12 No	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.64	\$0.00	\$14.72	\$20.16		\$16.14	\$7.14	\$3.02	\$0.52
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.51	\$54.64	\$0.00	\$14.72	\$20.16		\$16.14	\$7.14	13.19	\$0.52
<b></b>	rterly Per Diem Rate Prior to Add-ons				:	i :			•		(FRV)	
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$19.40	\$10.04	\$0.00	\$2,70	\$3.70	\$0.00	\$2.96	N/A	N/A	N/A
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.91	\$64.68	\$0.00		\$23.86	\$0.00	\$19.10	1 1	\$13.19	\$0.52
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	3143.51	1.6435	φ0.00	\$17.42	\$23.00	\$0.00	, <b>418.10</b>	97.14	\$15.19	φ0.52
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.30						1		
	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.53	\$106.30	\$0.00	\$17,42	\$23.86	\$0.00	\$19.10	\$7.14	\$13.19	\$0.52
0	erterly Per Diem Add-on Amounts	· ·										
	ficiency Add-on Per Diem ([Stad - Alvel] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66	Ψυ.υυ	ψυ.ΖΖ	φ0.41	90.00	90.31	1	20.00	
	urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.19	\$3.19		1				1		
. }	ursing Home Provider Fee	(Fixed Amount)	\$17.10	90.18					\$17.10	1		
}	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.48	\$6.38	\$0.00	\$0,22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
<del></del>	erterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.01	\$112.68	\$0.00	·	\$24.27	\$0.00	\$36.57	57.14	\$13.19	\$0.52
<del></del>		<u>:</u>			+3.30	J	42.121	+0.00	1 400.01	*****	¥.0.10	*****
26 Qua	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.18	:								

	ovider: The Oaks at Limestone, LLC vdr ID: 00141743A  Case Mix Per Diem Rate Effect MDS & Nurse Hrs Data per Quarte			wth Allowance: rly BIMS score	Facility Score N/A 47.2% 4.05	Add-on <u>Percent</u> 18.37% 5.5% 2.0%		Quarterly N	MI) Data  I Overall CMI: Medicaid CMI: Vght Options:		Facility Specific  1.5724  1.7065  1.7361	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,769,050.00	\$3,568,493	\$0	\$547,731	\$464,576	\$483,264	\$915,707	\$250,221	\$539,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$129,154)	(\$11,254)	\$0	\$0	(\$4,637)	(\$4,825)	(\$102,719)		(\$127,392)	\$121,673
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,639,896	\$3,557,239	\$0	\$547,731	\$459,939	\$478,439	\$812,988	\$250,221	\$411,666	\$121,673
8	Total Nursing Facility Days As Filed Days = 34,533	FY12 Audited C/R Days	34,533									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,907	FY 18 GL-PL Ins Rpt Days								34,907		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$192.19	\$103.01	\$0.00	\$15.86	\$27.17	(with L&H)	\$23.54	\$7.17	\$11.92	\$3.52
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10		1.5724								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$65.51	40.00	045.00	007.47		000.54	<b>67.47</b>	<b>#11.00</b>	00.50
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	per Peer Group Limits		\$65.51 \$71.51	\$0.00 \$0.00	\$15.86	\$27.17 \$23.09		\$23.54	\$7.17	\$11.92 N/A	\$3.52
13 14	Per Diem Standards (After Statewide CMA for Routine Srvcs)  Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.15	\$65.51	\$0.00	\$18.41 \$15.86	\$23.09		\$20.56 \$20.56	\$0.00 \$7.17	33.44	\$3.52
14	base Feriou Case Iviix Aujusteu Alloweu Fer Dieffi	Lessel of Lit 12 of Lit 13	\$109.13	ф03.31	φυ.υυ	\$15.00	Φ23.09		\$20.56	Φ7.17	(FRV)	φ3.52
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.96	\$12.03	\$0.00	\$2.91	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.11	\$77.54	\$0.00	\$18.77	\$27.33	\$0.00	\$24.34	\$7.17	\$33.44	\$3.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7361								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18. AllOthr = Ln 16	\$249.19	\$134.62 \$134.62	\$0.00	\$18.77	\$27.33	\$0.00	\$24.34	\$7.17	\$33.44	\$3.52
15	Quarterly inedicald Civia Allowed Fer Dieffi	110 - 211 10, 7410411 - 211 10	φ249.19	φ134.02	φυ.υυ	φ10.77	φ27.33	φ0.00	φ24.54	φ7.17	φ33.44	φ3.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Rout		\$7.40	\$7.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69					# · = · -			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$27.94	\$10.62	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	¢0.00
24	Total Quarterly Per Diem Add-on Amounts		•	• • • •	*****	**	** **	• • • • • • • • • • • • • • • • • • • •	,	• • • • • • • • • • • • • • • • • • • •	****	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$277.13	\$145.24	\$0.00	\$18.99	\$27.33	\$0.00	\$41.44	\$7.17	\$33.44	\$3.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.02									

Provider: Prvdr ID:	The Oaks at Scenic View 00178307A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		owth Allowance: trly BIMS score	Facility Score N/A 22,4% 3,91	Add-on <u>Percent</u> 18.37% 1.0% 3.0%	***************************************		f Overall CMI Medicald CMI		Facility <u>Specific</u> 1.5260 1.6722 1.7041	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C	ď	e	f	9	g	h	i
CASE N	MIX BASED RATE CALCULATIONS			:				:		1	i	i
1 Cost C	Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	<b>f</b> All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1	:	<i>:</i>
2 Peer 3 Peer	Group Standards & Efficiency Measure Limits r Group Standards: Percentile r Group Standards: Multiplier riency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			 
	Period Per Diem Allowed Amounts Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$8,083,419.00	\$4,226,764	\$0	\$654,059	\$498.833	\$545.367	\$1,141,692	\$356.084	\$660,620	: : : \$0
6 Audi 7 Cost	it Adjustments and Reallocations to Cost Center Costs I Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$145,534) \$7,937,885			(\$577) \$653,482	\$0 \$498,833	(\$3,418)	(\$138,181) \$1,003,511		(\$107,447) \$553,173	\$107,046
	otal Nursing Facility Days As Filed Days = 47,855  otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,455	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	47,855		: !					46,455		
9 Net I	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$166.11	\$88.26	\$0.00	\$13.66	\$21.75	(with L&H)	\$20.97	\$7.67	\$11.56	\$2.24
	ase Period Facility Case Mix Index for All Residents	from 4 ctrs of FY12		1.5260	1 1	1		:	:			
11   R	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	1	\$57.84		:		1		1		! !
12 Net I	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$13.66	\$21.75		\$20.97	\$7.67	\$11.56	\$2.24
13 Per l	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	,	\$71.51	\$0.00	\$18.41	\$23.09	i	\$20.56	\$0.00	N/A	
	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.87	\$57.84	\$0.00	\$13.66	\$21.75	i !	\$20.56	\$7.67	10.15 (FRV)	\$2.24
	erly Per Diem Rate Prior to Add-ons	1	***				****			1		
:	wth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.92	\$10.63	\$0.00		\$4.00	1	\$3.78	1	N/A	N/A
	A Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$154.79	\$68.47	\$0.00	\$16.17	\$25.75	\$0.00	\$24.34	\$7.67	\$10.15	\$2.24
	uarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		<u>1.7041</u>		1				į i		
1	rtriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem rterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.00	\$116.68 \$116.68	\$0.00	\$16.17	\$25.75	\$0.00	\$24.34	\$7.67	\$10.15	\$2.24
Quarte	erly Per Diem Add-on Amounts	,	:	:		1		!				
20 Effic	riency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
	S Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17	İ	1			į.	:		! !
22 Nurs	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routino Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.50	\$3.50	I -			:		1		
23 Nurs	sing Home Provider Fee	(Fixed Amount)	\$17.10	i i		1			\$17.10	1		1
24 Tota	l Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.93	\$5.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarte	erly Case Mix Based Per Diem Rate	Լռ 19 + Ln 24	\$225.93	\$121.88	\$0.00	\$16.39	\$26.16	\$0.00	\$41.44	\$7.67	\$10.15	\$2.24
26 Quarte	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.62					***************************************	***************************************			

Provider Prvdr ID		4/1/2021		Percentages owth Allowance: trly BIMS score	Facility Score N/A 46.2%	Add-on Percent 18.37% 5.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1.2854 1.7398	State- wide 1.3617 1.5382
	MDS & Nurse Hrs Data per Quarter Ending:		ers per On-Site Day/Q	. ,	3.73	3.0%	Ortrly Moaid	CMI w RUG V			1.7741	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	ď	е	į f	9	g	h	i
CASE	MIX BASED RATE CALCULATIONS							:	:			
1 Cost	t Center Peer Groups	(see Policy Manual)		1	4	2	1	1	1	1	,	
. 003	Type of Facility within Peer Group	(see I billy Mailual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	i i		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer	r Group Standards & Efficiency Measure Limits					1						
	per Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1 2		
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Eff	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	-		
Base	e Period Per Diem Allowed Amounts					1						
5 As	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,280,985.00	\$1,144,706	\$0	\$288,459	\$77,380	\$246,675	\$400.371	\$34,342	\$89,052	\$0
6 Au	rdit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts .	(\$2,666)	\$3,281	\$0	\$383	(\$740)	(\$2,076)	(\$3,328)		(\$39,826)	\$39,640
7 Co	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,278,319	\$1,147,987	\$0	\$288,842	\$76,640	\$244,599	\$397,043	\$34,342	\$49,226	\$39,640
8	Total Nursing Facility Days As Filed Days = 18,971	FY12 Audited C/R Days	18,971			1 :						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,365	FY 18 GL-PL Ins Rpt Days				1				21,365		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$119.89	\$60.51	\$0.00	\$15.23	\$16.93	(with L&H)	\$20.93	\$1.61	\$2.59	\$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2854</u>		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	; !	\$47.08					!	1		
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.08	\$0.00	\$15.23	\$16.93		\$20.93	\$1.61	\$2.59	\$2.09
13 Pe	er Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.28	\$47.08	\$0.00	\$15.23	\$16.93		\$20.56	\$1.61	14.78	\$2.09
Ous	rterly Per Diem Rate Prior to Add-ons								ì		(FRV)	
3	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.34	\$8.65	\$0.00	\$2.80	\$3.11	\$0.00	\$3.78	N/A	N/A	N/A
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.62	\$55.73	\$0.00	\$18.03	\$20.04	\$0.00	\$24.34	\$1.61	\$14.78	\$2.09
è	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1 4,55,52	1.7741	40.00	4.0.00	QLUID.		1	41.01	\$14.70	Ψ2.00
1	Ortrly Routine Srvcs Case Mix Adistd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.87		1			!	1		
19 Qu	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.76	\$98.87	\$0.00	\$18.03	\$20.04	\$0.00	\$24.34	\$1.61	\$14.78	\$2.09
0	stariu Bas Diana Add on Americate		ı						į	1		
	rterly Per Diem Add-on Amounts ficiency Add-on Per Diem ((Stnd - Alvd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
	MS Add-on Per Diem = 5,5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.44	\$5.44	<b>\$0.00</b>	\$0.22	<b>\$0.41</b>	φυ,υυ	. 30.00	1	90.0¢	
	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.97	\$2.97		1			Ì	1		
*	ursing Home Provider Fee	(Fixed Amount)	\$17.10	φε.3 <i>1</i>					\$17.10	i		
	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.67	\$8.94	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.43	\$107.81	\$0.00	\$18.25	\$20.45	\$0.00	\$41.44	· · · · · · · · · · · · · · · · · · ·	\$14.78	\$2.09
		# 25 1 - 32\ 1 0.75			7-100		<del></del>	. +4.40	<del>_</del>	1 7	4,	42.00
∠o uuai	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.00	:								

#### FINAL

PI	rovider: The Oaks of Athens rvdr ID: 00140126A H/B ?: No Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 14.3% 4.50	Add-on Percent 18.37% 0.0% 3.0%		Quarteri	(CMI) Data iod Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific 1.4177 1.5144 1.5423	State- wide 1.3617 1,5438 1,5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		<u> </u>	<u>a</u>	<u> </u>	С	d	<u>e</u>	<u> </u>	<u> </u>	l	h	
<u>UA</u>	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Lim		1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$12.48 \$80.41 1.5423 \$124.01	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	1 :	\$30.90 \$30.90 \$30.90 (FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% (to Routine Srv. Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee		\$233.84 \$0.00 \$3.72 \$17.10	\$124.01 \$124.01 \$0.00 \$3.72		\$20.70	\$25.97		\$23.12	\$7.31	\$30.90	\$1.82
	Total Quarterly Per Diem Add-On Amounts		\$20.82					-				
-	Quarterly Case Mix Based Per Diem Rate		\$254.66	\$127.73		\$20.70	\$25.97		\$40.22	\$7.31	\$30.90	\$1.82
Ĺ	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$178.17										

Provider: The Oaks of Carrollton		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00140181A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		owth Allowance: thy BIMS score uality Incentive:	N/A 18.8% 4.40	18.37% 8.0% 2.0%	Onnly Meald		d Overall CMI: Medicaid CMI: Wght Options:		1,5821 1.8543 1.8888	1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	С	d	е	f	g	9	h	i
CASE MIX BASED RATE CALCULATIONS	1		j		i				1		
1 Cost Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	. 1	1		
Typo of Facility within Peer Group Bød Size Range within Peer Group	(Soo Follo) mansaly		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts			i !					:			
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,037,555.00	\$1,367,458	\$0	\$234,636	\$223,314	\$223,429	\$506,430	\$101,051	\$381,237	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,635)	(\$3,973)	\$0	\$0	(\$1,599)	(\$3,386)	(\$34,759)		(\$88,849)	\$85,931
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,990,920	\$1,363,485	\$0	\$234,636	\$221,715	\$220,043	\$471,671	\$101,051	\$292,388	\$85,931
8 Total Nursing Facility Days As Filed Days = 14,520	FY12 Audited C/R Days	14,520						:			
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,492	FY 18 GL-PL Ins Rpt Days		:		1				14,492		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$205.99	\$93.90	\$0.00	\$16.16	\$30.42	(with L&H)	\$32.48	\$6.97	\$20.14	\$5.92
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5821</u>		1				1		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.35		1						
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.35	\$0.00	\$16.16	\$30.42		\$32.48	\$6.97	\$20,14	\$5.92
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.29	\$59.35	\$0.00	\$16.16	\$23.09		\$20.56	\$6.97	22.24	\$5.92
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.89	\$10.90	\$0.00	\$2.97	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.18	\$70.25	\$0.00	\$19.13	\$27.33	\$0.00	\$24.34	\$6.97	\$22.24	\$5.92
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8888					!	i i		
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.69		:				!		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.62	\$132.69	\$0.00	\$19.13	\$27.33	\$0.00	\$24.34	\$6.97	\$22.24	\$5.92
Quarterly Per Diem Add-on Amounts	:				1			!			
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	1	\$0.00	
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00					!	1 1		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.65	\$2.65					!	1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.50	\$3.18	\$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	\$259.12	\$135.87	\$0.00	\$19.35	\$27.33	\$0.00	\$41.44	\$6.97	\$22.24	\$5.92
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.52	•					·			· · · · · · · · · · · · · · · · · · ·

	rovider: The Place at Deans Bridge  out ID: 00141589A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Ho		with Allowance: trly BIMS score	Facility Score N/A 44.4% 4.13	Add-on Percent 18.37% 2.5% 3.0%			d Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 1.4214 1.4545 1.4823	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
-		·	а	ь	c	d	е	f	g	g	ħ	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS		:									
1	Cost Center Peer Groups Type of Facility within Peer Group Bod Size Range within Peer Group	(see Policy Manuat)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	; ; !	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	•										
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,709,219.00	\$2,353,279	\$0	\$469,452	\$245,103	\$221,119	\$735,262	\$200,608	\$484,396	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$347,696)	(\$160,571)	\$0	\$550	(\$683)	(\$618)	(\$182,099	)	(\$40,182)	\$35,907
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,361,523	\$2,192,708	\$0	\$470,002	\$244,420	\$220,501	\$553,163	\$200,608	\$444,214	\$35,907
8	Total Nursing Facility Days As Filed Days = 29,016	FY12 Audited C/R Days	29,016	· ·	}				į.	:		
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,415	FY 18 GL-PL Ins Rpt Days							:	27,415		i i
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.72	\$75.57	\$0.00	\$16.20	\$16.02	(with L&H)	\$19.06	\$7.32	\$15.31	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4214						1		: [
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$53.17		:				1		1
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53,17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	\$15.31	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem  Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$122.19	\$53.17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	9.18 (FRV)	\$1.24
: : 15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.19	\$9.77	\$0.00	\$2.98	\$2,94	\$0.00	: \$3,50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £n 15	\$141,38	\$62.94	\$0.00	\$19.18	\$18.96	\$0.00	\$22.56	1	\$9.18	\$1.24
: 17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ141,50	1.4823	\$0.00	Ψ19.10	\$10.20	30.00	922,00	φ1.02	<b>\$3.10</b>	φ1.24
: 18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$93.30						1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.74	\$93.30	\$0.00	\$19.18	\$18.96	\$0.00	\$22.56	\$7.32	\$9.18	\$1.24
	Quarterly Per Diem Add-on Amounts	T Anadas				: !			:	!		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33	Į.	· .		! :		1		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.80	\$2.80	! !	1				: :		
່ 23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		!				\$17.10	:		. !
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.76	\$5.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.50	\$98.96	\$0.00	\$19.40	\$19.37	\$0.00	\$40.03	\$7.32	\$9.18	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.80		·	*************		•				·
			i									

Provider: The Place at Martinez		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00142535A			wth Allowance:	N/A	18.37%		Base Perior	d Overall CMI:		1,3341	1.3617
Case Mix Per Diem Rate Effective Date			trly BIMS score	35.9%	2.5%			Medicaid CMI:		1.4700	1.5382
MDS & Nurse Hrs Data per Quarter Ending	: 12/31/20 Nurse Hour	rs per On-Site Day/Q	uality Incentive:	4.12	2.0%	Ortrly Moaid	CMI w RUG Y	Wght Options:		1.4932	1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· :		a	b	C	d	е	f	. 9	g	h	i
CASE MIX BASED RATE CALCULATIONS								:			
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1	:		
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	:		
Bed Size Range within Peer Group		,	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits				' !				:	!		!
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	i :		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		ŀ
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			! 
Base Period Per Diem Allowed Amounts											i I
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,564,064.00	\$2,579,902	\$0	\$526,677	\$270,261	\$310,298	\$502,796	\$200,608	\$173,522	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$285,585	(\$3,631)	\$0	\$0	\$395	(\$677)	(\$35,500)	:	\$277,664	\$47,334
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,849,649	\$2,576,271	\$0	\$526,677	\$270,656	\$309,621	\$467,296	\$200,608	\$451,186	\$47,334
8 Total Nursing Facility Days As Filed Days = 30,465	FY12 Audited C/R Days	30,465			1			f	i i		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY 18 GL-PL Ins Rpt Days				1				27,936		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$159.78	\$84.56	\$0.00	\$17.29	\$19.05	(with L&H)	\$15.34	\$7.18	\$14.81	\$1.55
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3341</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.39		1			1	:		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 9		\$63.39	\$0.00	\$17.29	\$19.05		\$15.34	\$7,18	\$14.81	\$1.55
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	:
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.89	\$63.39	\$0.00	\$17.29	\$19.05		\$15.34	\$7.18	10.09	\$1.55
Quarterly Per Diem Rate Prior to Add-ons									! :	(FRV)	! 
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.14	\$11.64	\$0.00	\$3.18	\$3,50	\$0.00	\$2.82	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.03	\$75.03	\$0.00	\$20.47	\$22.55	\$0.00	\$18.16	\$7.18	\$10.09	\$1.55
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	<b>4</b> ,00.00	1.4932	\$0.00	\$20.47	ΨΕΣ.ΟΟ		\$10.10	\$7,10	\$10.05	91,00
18   Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.03		. :			:	:		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.03	\$112.03	\$0.00	\$20.47	\$22.55	\$0.00	\$18.16	\$7.18	\$10.09	\$1.55
Quarterly Per Diem Add-on Amounts							:				
20 Efficiency Add-on Per Diem ([Strid - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	: -	\$0.00	:
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.80	\$2.80	φυ.υυ	90.22	φυ.41	. 30.00	. \$0.31		30.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvs)	En 19 Col b x Sting Add-on	\$2.24	\$2.00		i i			!	1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φε.24 :		: :			\$17,10	į		
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	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.70	\$117.60	\$0.00	\$20.69	\$22.96	\$0.00	\$35.63	\$7.18	\$10.09	\$0.00 \$1.55
	-		\$111.00	\$0.00	\$20.03	722.50	\$0.00	\$33.63	27.10	\$10.09	. 31.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.95									

Provider			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID	o: 00142733A  Case Mix Per Diem Rate Effective Date:	4/1/2021		owth Allowance:	N/A	18.37%			Overall CMI:		1.0648	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		es per On-Site Day/Q	trly BIMS score uality Incentive:	33.3% 3.97	2.5% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.0931 1.1055	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	¢	d	е	f	g	g .	h	i
CASE	MIX BASED RATE CALCULATIONS					•			!			) )
1 Cos	t Center Peer Groups	(see Policy Manual)	: 1	1	. 1	1 1	1	1	1			:
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities	1		·
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bod Sizes	All Bed Sizes	i i		i
Peer	r Group Standards & Efficiency Measure Limits		:			:		ì				1
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	eer Group Standards: Multiplier	(see Policy Manual)	· !	100.0%	100.0%	100.0%	100.0%		105.0%			:
. 4 : ER	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	I	\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			•
Base	e Period Per Diem Allowed Amounts	-	I			!		:	1	:		
5 As	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,106,375.00	\$1,495,689	\$0	\$704,603	\$191,701	\$259,887	\$283,777	\$48,494	\$122,224	\$0
6 Au	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$217,869	\$27,490	\$0	(\$1,623)	\$2,348	\$3,679	\$189,241	1	(\$8,976)	\$5,710
7 - Co	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,324,244	\$1,523,179	\$0	\$702,980	\$194,049	\$263,566	\$473,018	\$48,494	\$113,248	\$5,710
8	Total Nursing Facility Days As Filed Days = 19,848	FY12 Audited C/R Days	19,848	:		1		:		1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,232	FY 18 GL-PL Ins Rpt Days				*		:		19,232		i
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.57	\$76.74	\$0.00	\$35.42	\$23.06	(with L&H)	\$23.83	\$2.52	\$5.71	\$0.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0648		;						!
11 :	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$72.07		1			:	!		
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$72.07	\$0.00	\$35.42	\$23.06		\$23.83	\$2.52	\$5.71	\$0.29
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
: 14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.03	\$71.51	\$0.00	\$29.15	\$23.06	i	\$20.56	\$2.52	7.94	\$0.29
· · · ·	interly Per Diem Rate Prior to Add-ons		:			1		:			(FRV)	)
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	. N/A .	N/A	N/A
, :	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.54	\$84.65	\$0.00	\$34.50	\$27.30	\$0.00	\$24.34	\$2.52	\$7.94	\$0.29
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	3101.54	1.1055	\$0.00	\$34,50	\$27.30	. 40.00	\$24.34	\$2.52	37.84	, \$U.29
: (	Ortrly Routine Srvcs Case Mix Adjatd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.58		: 1				į į		
	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.47	\$93.58	\$0.00	\$34.50	\$27.30	\$0.00	\$24.34	\$2.52	\$7.94	\$0.29
Ous	erterly Per Diem Add-on Amounts											
1	ficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.02	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00		\$0.00	I
. 1	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34	40,00	ψο.σσ	ψ0.02	. 40,00	. 40.00	:	Ψ0.00	l i
	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (Io Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.81	\$2.81		1 :				1 :		
- 3	ursing Home Provider Fee	(Fixed Amount)	\$17.10	:					\$17.10			
	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.27	\$5.15	\$0.00	\$0.00	\$0.02	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
<del> </del>	rterly Case Mix Based Per Diem Rate	Լո 19 + Լո 24	\$212.74	\$98.73	\$0.00	\$34.50	\$27.32	\$0.00	\$41.44	\$2.52	\$7.94	\$0.29
<del></del>		(In 25 In 23): 0.75	· · · · · · · · · · · · · · · · · · ·	:	,	1				·		
.∠o uuua	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.73									

Provider: Thomasville Nurs. & Rehab. Ctr. Prvdr ID: 00277604A  Case Mix Per Diem Rate Effective Date:	4/1/2021		Percentages with Allowance: trly BIMS score	Facility <u>Score</u> N/A 35.5%	Add-on <u>Percent</u> 18.37% 2.5%	Caş		CMI) Data  f Overall CMI: Medicaid CMI;		Facility <u>Specific</u> 1,5025 1,6377	State- wide 1,3617 1,5382
MDS & Nurse Hrs Data per Quarter Ending:		ırs per On-Site Day/Qı		3.03	3.0%	Ortrly Mcaid		Nght Options:		1.6687	1.5656
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	C	ď	e	f	g	g	h	ĺ
CASE MIX BASED RATE CALCULATIONS					İ			: }			
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bod Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see lino 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	! ! !	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts  S As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,738,554.35	\$1,148,365	\$0	\$309,188	\$177,148	\$127,277	\$634,398	\$10,271	\$331,907	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 16,153	FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	(\$309,976) \$2,428,578 16,153	(\$124,318) \$1,024,047	\$0 \$0	(\$10,866) \$298,322	(\$4,518) \$172,630	(\$433) \$126,844	(\$205,441) \$428,957	\$10,271	\$25,837 \$357,744	\$9,763 \$9,763
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,102	FY 18 GL-PL Ins Rpt Days	10,133							17,102		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.32	\$63.40	\$0.00	\$18,47	\$18.54	(with L&H)	\$26.56	\$0.60	\$22.15	\$0.60
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5025</u>		1		:	:	ļ :		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.20		1		1				
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$42.20	\$0.00	\$18.47	\$18.54		\$26.56	\$0.60	\$22.15	\$0.60
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.27	\$42.20	\$0.00	\$18.41	\$18.54		\$20.56	\$0,60	9.36 (FRV)	\$0.60
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.32	\$7.75	\$0.00	\$3.38	\$3,41	\$0.00	\$3.78	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.59	\$49.95	\$0.00		\$3.41 \$21.95	\$0.00	\$24.34	\$0.60	\$9.36	\$0.60
17   Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$120.55	1.6687	\$0.00	\$21.75	\$21.53	. 40.00	φ24.34	. 40.00	\$9.30	, 40.00
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£л 16 x Ln 17		\$83.35		1		:		1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.99	\$83.35	\$0.00	\$21.79	\$21.95	\$0.00	\$24.34	\$0.60	\$9.36	\$0.60
Quarterly Per Diem Add-on Amounts							:		1		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0,53	\$0.00	\$0.00	\$0.41	\$0.00	\$0,00	1	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08		(				1 7		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.50	\$2.50		1						
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17,10	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$5.11	\$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	\$184.61	\$88.46	\$9.00	\$21.79	\$22.36	\$0.00	\$41.44	\$0.60	\$9.36	\$0.60
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.63			:		·				·

Provider: Thomson Health & Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
Prvdr ID: 00143261A	*****		wth Allowance:	N/A	18.37%			d Overall CMI:		1.1378	1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	urs per On-Site Day/Qı urs per On-Site Day/Qı	trly BIMS score	47.6% 4.17	5.5% 4.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.3722 1.3928	1.5382 1.5656
WIDO & Nuise 1113 Data per Quarter Enuing.	12/31/20 Nuise Hot	ara per on-one bay/Qu	daily incentive.	4.17	4.076	Gitily Modic	OWI W TIOC	wynt Options.		1.5520	1.5050
Line	Sources /	Totals	Routine	Special	Dietary	Laundry &	Plant Operatns	Admin and	A&G- GL-PL	Property and	Taxes and
# Description	Calculations	Totals	Services	Services	Dietary	Houskpng	& Maint	General	Insurance	Related	Insurance
		а	b	С	d	e	f	g	q	h	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group	(coo : cho, manea,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,744,749.00	\$2,887,297	\$0	\$712,802	\$413,312	\$336,171	\$660,843	\$99,517	\$634,807	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$73,347)	\$1,582	\$0	\$0	\$887	\$721	(\$65,752)		(\$35,652)	\$24,867
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,671,402	\$2,888,879	\$0	\$712,802	\$414,199	\$336,892	\$595,091	\$99,517	\$599,155	\$24,867
8 Total Nursing Facility Days As Filed Days = 43,939	FY12 Audited C/R Days	43,939									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,165	FY 18 GL-PL Ins Rpt Days								42,165		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$129.17	\$65.75	\$0.00	\$16.22	\$17.09	(with L&H)	\$13.54	\$2.36	\$13.64	\$0.57
10 Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1378</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.79								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.79	\$0.00	\$16.22	\$17.09		\$13.54	\$2.36	\$13.64	\$0.57
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.00	\$57.79	\$0.00	\$16.22	\$17.09		\$13.54	\$2.36	8.43	\$0.57
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.23	\$10.62	\$0.00	\$2.98	\$3.14	\$0.00	\$2.49	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.23	\$68.41	\$0.00	\$19.20	\$20.23	\$0.00	\$16.03	\$2.36	\$8.43	\$0.57
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3928								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.28								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.10	\$95.28	\$0.00	\$19.20	\$20.23	\$0.00	\$16.03	\$2.36	\$8.43	\$0.57
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.24	\$5.24			•					
22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.81	\$3.81								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.68	\$9.58	\$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	\$189.78	\$104.86	\$0.00	\$19.42	\$20.64	\$0.00	\$33.50	\$2.36	\$8.43	\$0.57
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.51									

Provider:			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID:				wth Allowance:	N/A	18.37%			d Overall CMI:		1.5802	1.3617
	Case Mix Per Diem Rate Effective Date:			lrly BIMS score	30.6%	2.5%			Medicaid CMI:		1.6028	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality incentive:	3.23	3.0%	Qriny Mcaid	CMI W RUG	Wght Options:		1.6315	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g .	h	i
CASE I	MIX BASED RATE CALCULATIONS	:						! :	:			
1 Cost	Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
1	Type of Facility within Peer Group	(eas r sins, mailes)		All Facilities	All Facilities	Free Standing	All Facilities	: All Facilities	All Facilities			
1	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits	:		!					:			
2 Pee	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	Period Per Diem Allowed Amounts					:		i -	:			
5 As	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-FL Rpt	\$7,904,994.00	\$3,457,694	\$0	\$636,771	\$357,288	\$370,163	\$1,576,669	\$172,244	\$1,334,165	\$0
6 Auc	fit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$803,200)	(\$251,995)	\$0	(\$5,485)	(\$2,580)	\$724	(\$631,432)	1	(\$14,266)	\$101.834
7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,101,794	\$3,205,699	\$0	\$631,286	\$354,708	\$370,887	\$945,237	\$172,244	\$1,319,899	\$101.834
8 T	Total Nursing Facility Days As Filed Days = 44,915	FY12 Audited C/R Days	44,895					ì			. , ,	
Т .	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,494	FY 18 GL-PL Ins Rpt Days								45,494		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158,13	\$71.40	\$0.00	\$14.06	\$16.16	(with L&H)	\$21.05	\$3.79	\$29.40	\$2.27
10 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5802								
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.18					ì	1	:	
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.18	\$0.00	\$14.06	\$16.16		\$21.05	\$3.79	\$29.40	\$2.27
13 Per	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.01	\$45.18	\$0.00	\$14.06	\$16.16		\$20.56	\$3.79	17.99	\$2.27
	to to Book Book Boto to Add to	:				:					(FRV)	
	terly Per Diem Rate Prior to Add-ons with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwric %	\$17.63	60.20	\$0.00	\$2.58	60.07	\$0.00	60.70	1		
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.64	\$8.30 \$53.48	\$0.00	\$2.58 \$16.64	\$2.97 \$19.13	\$0.00		1	N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$137.04	1.6315	\$0.00	\$15.64	\$19.13	\$0.00	\$24.34	\$3.79	\$17.99	\$2.27
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.25				:	:	1		
	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$171.41	\$87.25	\$0.00	\$16.64	\$19.13	\$0,00	\$24.34	\$3.79	\$17.99	\$2.27
Quari	terly Per Diem Add-on Amounts	į				:						
	ciency Add-on Per Diem {[Stnd - Alwd] x .75, up to max, or 0}	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
	IS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.18	\$2.18	Ψ0.00	40.22	<b>40,41</b>		40,00		90.00	
i	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	En 19 Cal b x Sting Add-on	\$2.62	\$2.62				:	1			
. 1	sing Home Provider Fee	(Fixed Amount)	\$17,10			, !			\$17,10	1	į	
	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.06	\$5.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.47	\$92.58	\$0.00	\$16.86	\$19.54	\$0.00		\$3.79	\$17.99	\$2.27
26 Quari	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.03					i		<del></del>		

	rovider: Tifton Health and Rehab Center		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0 Base Perio	CMI) Data d Overall CMI:	•	Facility Specific 1.4355	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q ors per On-Site Day/Q	trly BIMS score	35.9% 3.21	2.5% 2.0%	Order Monie	,	Medicaid CMI: Wght Options:		1.6864 1.7162	1.5382 1.5656
	moo a voise in o data per quarter Entaing.	TECHEO NOISE FACE	iis per oil-oite bayid		J.E #	2.076	Citily Micald	,	vvgat Options.		1.7 102	
Line #	Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	· · · · · · · · · · · · · · · · · · ·		а	b	С	d	e	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)			. 1	2	1	1	1	<u> </u>		
	Type of Facility within Peer Group	(see to ney standary		All Facilities		Free Standing	All Facilities	: All Facilities	: All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	;		
1	Peer Group Standards & Efficiency Measure Limits	:		:		1		!	:	1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	!	105.0%	;		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	1						I	:			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,499,668.45	\$2,295,359	\$0	\$441,741	\$161,006	\$209,565	\$1,084,888	\$3,029	\$304,080	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$277,786)	\$0	\$0	\$0	\$0	\$0	(\$277,786)		(\$30,668)	\$30,668
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,221,882		\$0		\$161,006	\$209,565	\$807,102	\$3,029	\$273,412	\$30,668
8	Total Nursing Facility Days As Filed Days = 31,601	FY12 Audited C/R Days	31,601	i							•	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,660	FY 18 GL-PŁ Ins Rpt Days	·			1			:	32,660		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$133.60	\$72.64	\$0.00	\$13.98	\$11.73	(with L&H)	\$25.54	\$0.09	\$8.65	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4355								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$50.60	' ! !				:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.60	\$0.00	\$13.98	\$11.73	2	\$25.54	\$0.09	\$8.65	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.83	\$50.60	\$0.00	\$13.98	\$11.73		\$20.56	\$0.09	11.90 (FRV)	\$0.97
:	Quarterly Per Diem Rate Prior to Add-ons	:				1		:		1		
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.80	\$9.30	\$0.00		\$2.15	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.63	\$59.90	\$0.00	\$16.55	\$13.88	\$0.00	\$24.34	\$0.09	\$11.90	\$0.97
17		per Current Qtr End		<u>1.7162</u>						1		
18	, , , , , , , , , , , , , , , , , , , ,	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$170.53	\$102.80	***	040.55	040.00		<b>***</b>		244.00	**
: 19	Quarterly Medicald GWA Allowed Per Diem	RS - Cri To, ARQUII - ER TO	\$170.53	\$102.80	\$0.00	\$16.55	\$13.88	\$0,00	\$24.34	\$0.09	\$11.90	\$0.97
	Quarterly Per Diem Add-on Amounts					1		:		;		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57		1		,			:	
22	<u> </u>	Lя 19 Col b x Stfng Add-on	\$2.06	\$2.06		1 1						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					:	\$17,10	:		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.89	\$5,16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + £n 24	\$193.42	<b>\$1</b> 07.96	\$0.00	\$16.77	\$14.29	\$0.00	\$41.44	\$0.09	\$11.90	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) " 0.75	\$132.24	:				······································		·		
		,										

	ovider: Tower Road Healthcare vdr ID: 00083003A	-	Add-on Data and Gro	Percentages	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.4452	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hour	Q s per On-Site Day/Q	trly BIMS score uality Incentive:	24.6% 2.72	1.0% 2.0%	Ortrly Meaid		Medicaid CMI: Wght Options:		1.8050 1.8403	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	. С	d	е	f	g	<u> 9</u>	h	i
C	ASE MIX BASED RATE CALCULATIONS	:				1				į .		
- 1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1	1		
	Type of Facility within Peer Group	(see I Only Manual)		All Facilities		Free Stending	All Facilities	All Facilities	All Facilities	£		
: :	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	3	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits	:				1				1		
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	1		
	Base Period Per Diem Allowed Amounts	:										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,808,435.35	\$3,614,570	\$0	\$652,801	\$289,111	\$444,765	\$1,459,904	\$56,650	\$290,634	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$147,207)	(\$47,672)	\$0	(\$212)	\$143	(\$345)	(\$99,121)	i i	(\$54,872)	\$54,872
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,661,228	\$3,566,898	\$0	\$652,589	\$289,254	\$444,420	\$1,360,783	\$56,650	\$235,762	\$54,872
8	Total Nursing Facility Days As Filed Days = 40,246	FY12 Audited C/R Days	40,246						i			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,585	FY 18 GL-PL Ins Rpt Days				1				41,585		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/£n8 Cola	\$165.47	\$88.63	\$0.00	\$16.22	\$18.23	(with L&H)	\$33.81	\$1.36	\$5.86	\$1,36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4452		:				:	-	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$61.33					!			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$61.33	\$0.00	\$16.22	\$18.23		\$33.81	\$1.36	\$5.86	\$1,36
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.71	\$61.33	\$0.00	\$16.22	\$18.23	3	\$20.56	\$1.36	12.65	\$1.36
	Quarterly Per Diem Rate Prior to Add-ons		!	Į.	:						(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.38	\$11,27	\$0.00	\$2.98	\$3.35	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.09		\$0.00		\$21.58	\$0.00			\$12.65	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	4100.00	1.8403	<b>Q</b> 0.00	0.5.20	42.,00		:	ψ1.55	V12.00	Ψ1.00
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133,61		1		-	1			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.10	\$133.61	\$0.00	\$19.20	\$21.58	\$0.00	\$24.34	\$1.36	\$12.65	\$1.36
	Constant Bar Diagram And an Assessment	:							1			
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alvd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	; \$0.00	\$0.00	:	\$0.00	
21	BIMS Add-on Per Diem = (Isrna - Aiwa) x .75, up to max, or 0)	Ln 19 Col b x CPS Add-on	\$1.16 \$1.34	\$0.53 \$1.34	30.00	\$0.22	<b>\$</b> 0.41	20.00	. 20.00	1	50.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Sivs)	Ln 19 Col b x String Add-on	\$2.67	\$1.34					1			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φ2.01		1			\$17,10	:		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.27	\$4,54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	,	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.37	\$138.15	\$0.00	\$19.42	\$21.99	\$0.00	\$41.44	\$1.36	\$12.65	\$1,36
				,,				L		<u> </u>	¥	+
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.45									

	ovider: Townsend Park H & R  vdr ID: 00404995A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 35.2% 2.98	Add-on <u>Percent</u> 18.37% 2.5% 4.0%		Quarterly N	MI) Data  d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3657 1.2210 1.2401	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,890,696.39	\$2,276,104	\$0	\$454,843	\$338,849	\$263,394	\$960,646	\$118,231	\$478,629	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$149,130	\$167,177	\$0	\$0	\$0	\$0	(\$18,047)		(\$17,282)	\$17,282
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,039,826	\$2,443,281	\$0	\$454,843	\$338,849	\$263,394	\$942,599	\$118,231	\$461,347	\$17,282
8	Total Nursing Facility Days As Filed Days = 28,961	FY12 Audited C/R Days	28,961									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,002	FY 18 GL-PL Ins Rpt Days								41,002		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$172.82	\$84.36	\$0.00	\$15.71	\$20.79	(with L&H)	\$32.55	\$2.88	\$15.93	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3657</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.77	\$0.00	\$15.71	\$20.79		\$32.55	\$2.88	\$15.93	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.71	\$61.77	\$0.00	\$15.71	\$20.79		\$20.56	\$2.88	12.40 (FRV)	\$0.60
	Quarterly Per Diem Rate Prior to Add-ons										(****)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.84	\$11.35	\$0.00	\$2.89	\$3.82	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.55	\$73.12	\$0.00	\$18.60	\$24.61	\$0.00	\$24.34	\$2.88	\$12.40	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2401</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.11	\$90.68	\$0.00	\$18.60	\$24.61	\$0.00	\$24.34	\$2.88	\$12.40	\$0.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.63	\$3.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.16	\$6.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.27	\$97.11	\$0.00	\$18.82	\$25.02	\$0.00	\$41.44	\$2.88	\$12.40	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.88									

Provider:	Traditions Health & Rehab		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
; FEVOLID.	Case Mix Per Diem Rate Effective Date:	4/1/2021		itriv BIMS score	55.9%	5.5%			Medicaid CMI:		1.2904 1.7507	1.3617 1.5382
!	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.80	3.0%	Orlrly Moaid		Wght Options:		1.7819	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS											
1 Cost	Center Peer Groups	(see Policy Manual)		1	1	2	1	. 1	: 1			i
	Type of Facility within Peer Group	(oco i one) inuitadi,		All Facilities	-	Free Standing	All Facilities	All Facilities	All Facilities	1		Ì
	Bad Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits					1			:	:		
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Pee	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	ì	105.0%			
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37			
Base	Period Per Diem Allowed Amounts	,				. :		1		i :		ļ
5 As l	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,266,760.37	\$4,706,424	\$0	\$841,310	\$494,651	\$448,988	\$924,613	\$173,818	\$676,956	\$0
6 Aud	fit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$43,619)	(\$784)	\$0	\$0	\$0	\$0	(\$42,835)		(\$86,651)	\$86,651
7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,223,141	\$4,705,640	\$0	\$841,310	\$494,651	\$448,988	\$881,778	\$173,818	\$590,305	\$86,651
8 T	otal Nursing Facility Days As Filed Days = 60,007	FY12 Audited C/R Days	60,007					1	1	1		
· T	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,768	FY 18 GL-PL Ins Rpt Days			!	1		:		61,768		
) 9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$136.95	\$78.42	\$0.00	\$14.02	\$15.73	(with L&H)	\$14.69	\$2.81	\$9.84	\$1.44
10 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2904		1				1		
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.77						1		1
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.77	\$0.00	\$14.02	\$15.73	:	\$14.69	\$2.81	\$9.84	\$1.44
13 Per	Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.85	\$60.77	\$0.00	\$14.02	\$15.73	:	\$14.69	\$2.81	9.39 (FRV)	\$1.44
	terly Per Diem Rate Prior to Add-ons							ì			· · · · · ·	
	wth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.33	\$11.16	\$0.00	1	\$2.89	\$0.00	\$2.70	N/A	N/A	N/A
: !	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.18	\$71.93	\$0.00	\$16.60	\$18.62	\$0.00	\$17.39	\$2.81	\$9.39	\$1.44
	Quarterry Facility Case Mix Index for Medicaid Residents	per Current Qir End		<u>1.7819</u>				:				
1	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.17					i	1		Í
19 Qua	arterly Medicaid CMA Allowed Per Diern	RS = Ln 18, AllOthr = Ln 16	\$194.42	\$128.17	\$0.00	\$16.60	\$18.62	\$0.00	\$17.39	\$2.81	\$9.39	\$1.44
Quart	terly Per Diem Add-on Amounts					1			1	: :		
20 Effic	ciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	1 4
21 BIM	S Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Cal b x CPS Add-on	\$7.05	\$7.05					1	: ;		)
22 Nun	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$3.85	\$3.85		i i			İ	1		Ì
23 Nun	sing Home Provider Fee	(Fixed Amount)	\$0.00					:	\$0.00			;
24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$12.43	\$11.43	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.85	\$139.60	\$0.00	\$16.82	\$19.03	\$0.00	\$17.76	\$2.81	\$9.39	\$1.44
26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.14	<del>i</del>				ł.,	L	<u>:</u>		
	,	,	V.00.14									

		Diem Rate Effective Date: s Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hot		wth Allowance: rly BIMS score	Facility Score N/A 43.9% 3.20	Add-on <u>Percent</u> 18.37% 2.5% 5.0%		Quarterly N	MI) Data  Overall CMI: Medicaid CMI: Wght Options:		Facility Specific  1.5628  1.6977  1.7299	State- wide 1.3617 1.5382 1.5656
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CA	ASE MIX BASED RATE CALCULATIONS			а	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Co	ombined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,674,762.44	\$1,402,185	\$0	\$320,749	\$135,542	\$193,942	\$404,100	\$48,009	\$170,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Co	osts	FY12 C/R Audit Adjstmts	(\$10,992)	\$0	\$0	(\$1,740)	\$661	\$945	(\$13,631)		(\$1,661)	\$4,434
7	Cost Center Costs After Audit Adjustments		FY12 Audited C/R	\$2,663,770	\$1,402,185	\$0	\$319,009	\$136,203	\$194,887	\$390,469	\$48,009	\$168,574	\$4,434
8		Filed Days = 18,155	FY12 Audited C/R Days	18,155									
	• • • • • • • • • • • • • • • • • • • •	Filed Days = 17,802	FY 18 GL-PL Ins Rpt Days								17,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Sr		Ln 7 / Ln 8 Col a	\$146.78	\$77.23	\$0.00	\$17.57	\$18.24	(with L&H)	\$21.51	\$2.70	\$9.29	\$0.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents		from 4 qtrs of FY12 Ln 9 / Ln 10		1.5628								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$49.42	40.00	047.57	040.04		004.54	00.70	<b>#0.00</b>	00.04
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs		per Peer Group Limits		\$49.42 \$71.51	\$0.00	\$17.57	\$18.24 \$23.09		\$21.51	\$2.70	\$9.29 N/A	\$0.24
13 14	Per Diem Standards (After Statewide CMA for Routine Srvd Base Period Case Mix Adjusted Allowed Per Diem	CS)	Lesser of Ln 12 or Ln 13	\$121.19	\$71.51 \$49.42	\$0.00 \$0.00	\$18.41 \$17.57	\$18.24		\$20.56 \$20.56	\$0.00 \$2.70	12.46	\$0.24
14	Base Fellou Case Mix Adjusted Allowed Fell Dielli		Ecosor of En 12 of En 10	\$121.19	φ43.42	φυ.υυ	φ17.57	φ10.24		φ20.50	φ2.70	(FRV)	φυ.24
	Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%		Ln 14 x Grwth Allwnc %	\$19.44	\$9.08	\$0.00	\$3.23	\$3.35	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		Ln 14 + Ln 15	\$140.63	\$58.50	\$0.00	\$20.80	\$21.59	\$0.00	\$24.34	\$2.70	\$12.46	\$0.24
17 18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Reside		per Current Qtr End Ln 16 x Ln 17		1.7299								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Quarterly Medicaid CMA Allowed Per Diem	r Diem	RS = Ln 18. AllOthr = Ln 16	\$183.33	\$101.20 \$101.20	\$0.00	\$20.80	\$21.59	\$0.00	\$24.34	\$2.70	\$12.46	\$0.24
10	•			ψ100.00	Ψ101.20	ψ0.00	Ψ20.00	Ψ21.00	ψ0.00	ΨΣ4.04	Ψ2.70	Ψ12.40	ψυ.Σ-τ
	Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to ma	*	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 22	BIMS Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$2.53 \$5.06	\$2.53 \$5.06								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% ( Nursing Home Provider Fee	(to Houtine Sives)	(Fixed Amount)	\$5.06 \$17.10	φο.υ6					\$17.10			
23	Total Quarterly Per Diem Add-on Amounts		Sum of Lns 20 thru 23	\$17.10 \$25.85	\$8.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate		Ln 19 + Ln 24	\$209.18	\$109.32	\$0.00	\$21.02	\$22.00	\$0.00	\$41.44	\$2.70	\$12.46	\$0.24
	•				Ţ100.0Z	ψυ.υυ	421.02	Ψ22.50	ψυ.υυ	<b>414</b>	Ψ2.73	ψ12.70	70.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Day	ys	(Ln 25 - Ln 23) * 0.75	\$144.06									

1	rovider: Twin Fountains Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
P	rvdr ID: 00142843A			wth Allowance:	N/A	18.37%			d Overall CMI:		1.0956	1.3617
:	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hot	Q ors per On-Site Day/Q	trly BIMS score tuality Incentive:	52.6% 3.40	5.5% 3.0%	Ortrly Meaid		Medicaid CMI: Wght Options:		1,0994 1,1112	1.5382 1.5656
										<del>,</del>		
Line		Sources /	Totals	Routine	Special	Dietary	Laundry &	Plant Operatos	Admin	A&G- GL-PL	Property	Taxes
#	Description	Calculations	, itals	Services	Services	Dietary	Houskpng	& Maint	General	Insurance	and Related	and Insurance
			а	b	С	d	е	f	g	g	h .	i
C	ASE MIX BASED RATE CALCULATIONS					;		:		;		
1	Cost Center Peer Groups	(see Policy Manual)	·	1	1	2	1	1	1			
: `	Type of Facility within Peer Group	(oos t olley manual)		All Facilities		Free Standing	All Facilities		All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	i i		
	Peer Group Standards & Efficiency Measure Limits		i	:		!			:			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	į į		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,039,364.00	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,486,263	\$59,384	\$317,089	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjalmts	(\$23,978)	\$0	\$0	\$0	\$0	\$0	(\$23,978)	1	(\$11,036)	\$11,036
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,015,386	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,462,285	\$59,384	\$306,053	\$11,036
8	Total Nursing Facility Days As Filed Days = 37,344	FY12 Audited C/R Days	37,344			: 1			:			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,434	FY 18 GL-PL Ins Rpt Days							:	36,434	:	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/£n8 Cola	\$187.91	\$93.66	\$0.00	\$32.79	\$12,17	(with L&H)	\$39.16	\$1.63	\$8.20	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0956		1				i .		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$85.49		1		ĺ	1			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.49	\$0.00	\$32.79	\$12.17		\$39.16	\$1.63	\$8.20	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$135,11	\$71.51	\$0.00	\$18.41	\$12,17		\$20.56	\$1.63	10.53	\$0.30
	Quarterly Per Diem Rate Prior to Add-ons			Í						:	(FRV)	
15	•	Ln 14 x Grwth Aliwnc %	\$22.54	\$13.14	\$0.00	\$3.38	\$2.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.65	\$84.65	\$0.00	\$21.79	\$14.41	\$0.00	\$24.34	\$1.63	\$10.53	\$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.1112	. 50.00	Ψ21.73	\$14.41	\$0.00	\$ \$24,04	\$1.05	\$10.55	φ0.30
18	,	Ln 16 x Ln 17		\$94.06				:				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.06	\$94.06	\$0.00	\$21.79	\$14.41	\$0,00	\$24.34	\$1.63	\$10.53	\$0.30
l	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	1	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Rouline Srvs)	En 19 Col b x CPS Add-on	\$5.17	\$5.17	40,00	\$0.00	50.41	\$0.00	. 40,00		φυ.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$2,82	\$2.82		į.				: :	; !	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10			1			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.50	\$7.99	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25		Լո 19 + Ln 24	\$192.56	\$102.05	\$0.00	\$21.79	\$14.82	<del> </del>	\$41.44	\$1.63	\$10.53	\$0.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	8494.50	<u>i</u>		1 1				<u> </u>	,	
20	quarterly Fer Dieth Kate for Bed Hold and Leave Days	(£11 25 ~ L11 23) V.75	\$131.60	i								

	rovider: Twin Oaks Convalescent Center	-	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data	•	Facility Specific 1,2778	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021		Itrly BIMS score	24.1%	1.0%			Medicaid CMI:		1.4863	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:		s per On-Site Day/Q	. ,	10.56	3.0%	Ortrly Moaid	CMI w RUG \			1.5132	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	e	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS								:			
1	Cost Center Peer Groups	(see Policy Manual)		. 1		1	1	1	1			
'	Type of Facility within Peer Group	(see Folicy manual)		: All Facilities	All Facilities	Hosp Based	ı All Facilities	All Facilities	: I : All Facilities	:		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			:
	Peer Group Standards & Efficiency Measure Limits					1				1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards; Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts					:			:			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,128,275.00	\$2,616,768	\$0	\$793,659	\$232,385	\$246,571	\$618,450	\$65,154	\$555,288	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$234,366)	(\$200,812)	\$0	\$2,544	\$17,018	\$3,084	(\$48,561)		(\$15,041)	\$7,402
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,893,909	\$2,415,956	\$0	\$796,203	\$249,403	\$249,655	\$569,889	\$65,154	\$540,247	\$7,402
8	Total Nursing Facility Days As Filed Days = 30,138	FY12 Audited C/R Days	30,138			1						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,367	FY 18 GL-PL Ins Rpt Days				1		I I		30,367		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$162.38	\$80.16	\$0.00	\$26.42	\$16.56	(with L&H)	\$18.91	\$2.15	\$17,93	\$0.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2778		1		i i		ì		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.73		:			:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	\$17.93	\$0.25
13	Per Diem Standards (After Statewide CMA for Routine Sivcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$145.92	\$62.73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	18.90	\$0.25
ł	Quarterly Per Diem Rate Prior to Add-ons					1			:		(FRV)	
15		Ln 14 x Grwth Allwnc %	\$22.88	\$11.52	\$0.00	\$4.85	\$3.04	\$0.00	\$3.47	N/A	N/A	N/A
16		Լռ 14 + Լո 15	\$168.80	\$74.25	\$0.00	\$31.27	\$19.60	\$0.00	\$22.38		\$18.90	\$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End		1.5132	41.00		2.3.00	. 45.00		1	\$.3.55	<b>\$5.2</b> 0
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.36				i	:			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.91	\$112.36	\$0.00	\$31.27	\$19.60	\$0.00	\$22.38	\$2.15	\$18.90	\$0.25
	Quarterly Box Diom Add on Amounts					1			}	:		
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1,0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.12	\$0.53	φυ.υυ	<b>⊅</b> 0.∠∠	<b>\$0.41</b>		ş şu.37	1 :	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37		į :						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φυ.σ1					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$23.12	\$5.02	\$0.00	\$0,22	\$0.41	\$0.00	\$17.47	1	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.03	\$117.38	\$0.00	· · · · · · · · · · · · · · · · · · ·	\$20.01	\$0.00	\$39.85	<del>r : :</del>	\$18.90	\$0.25
	>	(I = 25   I = 22) • 0.75			7				400.00	1	4.5.50	44.2.
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.70									

	rovider: Twin View Health Care		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
F	rvdr ID: 00040807A			wth Allowance:	N/A	18.37%			d Overall CMI:		1.2987	1.3617
	Case Mix Per Diem Rate Effective Date:			trly BIMS score		1.0%			Medicaid CMI:		1.5435	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hours pe	er On-Site Day/Q	uality Incentive:	2.11	2.0%	Ortrly Mcaid	CMI w RUG	Wght Options:		1.5717	1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
^	Type of Facility within Peer Group	(see Folicy Maridar)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,496,357.69	\$1,767,082	\$0	\$378,395	\$285,702	\$188,332	\$484,426	\$33,172	\$359,249	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$129,932)	(\$91,481)	\$0	\$990	\$563	\$2,972	(\$30,069)		(\$44,411)	\$31,504
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,366,426	\$1,675,601	\$0	\$379,385	\$286,265	\$191,304	\$454,357	\$33,172	\$314,838	\$31,504
8	Total Nursing Facility Days As Filed Days = 38,732	FY12 Audited C/R Days	38,732				*	*			*** ,,,,,,,	
-	Total Nursing Facility Days GL-PL Ins. Rpt  As Filed Days = 37,192	FY 18 GL-PL Ins Rpt Days	00,702							37,192		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$86.95	\$43.26	\$0.00	\$9.80	\$12.33	(with L&H)	\$11.73	\$0.89	\$8.13	\$0.81
10		from 4 gtrs of FY12	\$60.55	1.2987	\$0.00	\$9.60	\$12.33	(with Larry	\$11.75	\$0.09	φ0.13	\$0.01
11		A 10 <sup>10</sup> 00 1000										
	, , ,	Ln 9 / Ln 10		\$33.31								
12	10.000 (20.000 to C+0.000 (20.000 to C+0.00	RS = Ln 11, AllOthr = Ln 9		\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	\$8.13	\$0.81
13		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$76.06	\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	7.19 (FRV)	\$0.8
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$12.34	\$6.12	\$0.00	\$1.80	\$2.27	\$0.00	\$2.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$88.40	\$39.43	\$0.00	\$11.60	\$14.60	\$0.00	\$13.88	\$0.89	\$7.19	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5717								
18		Ln 16 x Ln 17		\$61.97								
19		RS = Ln 18, AllOthr = Ln 16	\$110.94	\$61.97	\$0.00	\$11.60	\$14.60	\$0.00	\$13.88	\$0.89	\$7.19	\$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.62	\$0.62	0.010/0.000	(34/00/2007)			CHEST AND SERVICES			
22	3.5 (SAC) - 1.5 (S	Ln 19 Col b x Stfng Add-on	\$1.24	\$1.24								
23		(Fixed Amount)	\$17.10	4					\$17.10			
24		Sum of Lns 20 thru 23	\$20.49	\$2.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25		Ln 19 + Ln 24	\$131.43	\$64.36	\$0.00	\$11.82	\$15.01	\$0.00	\$31.35	\$0.89	\$7.19	\$0.81
				7220	15		*	11.00		1	7,.10	1
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$85.75									

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Minimum Quarterly Case Mix Based Per Diem Rate

\$147.00

\$97.43

(Ln 27 - Ln 23) \* 0.75

1 .	Provider: Union County Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
P	rvdr ID: 00143415A	114555		owth Allowance:	N/A	18.37%			d Overall CMI:		1.1218	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	C urs per On-Site Day/Q	trly BIMS score	38.6% 4.82	2,5% 3.0%	Otthy Meaid	Quarterly I CMI w RUG !	Medicaid CMi: Maht Ontions:		1.1989 1.2202	1.5382 1.5656
	mood and beta per aporter Ending.	1251/26 Naise Flor	ara per on-one bayre	desity incentive.	4.02	3.076	Qitily Mcalu	CIVII W IXOG	regni Options.		1.4202	1.0000
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·			а	ь ь	C	ď	6	f	9	g	h	i
	CASE MIX BASED RATE CALCULATIONS								:			
	Cost Center Peer Groups	(see Policy Manual)		i ,	. 1	1	1		1			
: '	Type of Facility within Peer Group	(see Folicy Manday	:	All Facilities	All Facilities	Hosp Based	ı All Facilities	. All Facilities	All Facilities	[		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes	i 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)	1	100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts				r					:		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,035,735.96	\$4,745,381	\$0	\$1,274,391	\$475,144	\$646,645	\$1,224,348	\$119,878	\$549,949	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$189,908)	(\$59,584)	\$0	\$113	\$3,623	\$3,403	(\$121,620)		(\$15,843)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,845,828	\$4,685,797	\$0	\$1,274,504	\$478,767	\$650,048	\$1,102,728		\$534,106	\$0
8	Total Nursing Facility Days As Filed Days = 53,965	FY12 Audited C/R Days	53,965	1			-					
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,874	FY 18 GL-PL Ins Rpt Days	:			1				52,874		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$163.97	\$86.83	\$0.00	\$23.62	\$20,92	(with L&H)	\$20,43	\$2.27	\$9.90	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1	1.1218		i			1			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$77.40						1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.40	\$0.00	\$23.62	\$20.92		\$20.43	\$2.27	\$9.90	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.46	\$71.51	\$0.00	\$23.62	\$20.92	!	\$20.43	\$2.27	11.71	\$0.00
	Cuantanha Ban Birma Bata Britanta Add ann					1					(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.07	\$13.14	\$0.00	\$4.34	\$3.84	\$0.00				
16		Ln 14 + Ln 15	\$175.53	\$84.65	\$0.00				\$3.75	1	N/A	N/A
17		per Current Qlr End	\$175.53		\$0.00	\$27.96	\$24.76	\$0.00	\$24.18	\$2.27	\$11.71	\$0.00
18		Ln 16 x Ln 17		1.2202 \$103.29		( )		!	•			
19		RS = Ln 18, AllOthr = Ln 16	\$194.17	\$103.29	\$0.00	\$27.96	\$24.76	\$0.00	\$24.18	\$2.27	\$11.71	\$0.00
!				:	40.00	<b>V21.30</b>	Q2-1.70	. 40.00	. 424,10	Ψ2.21	Ψ11.71	φυ.υυ
200	Quarterly Per Diem Add-on Amounts	( D-P M II			•	***			1	1		
20		(see Policy Manual)	\$0.73	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10	: :	\$0.00	
21		Ln 19 Col b x CPS Add-on	\$2.58	\$2.58		:		:				
22	·	Ln 19 Col b x Sting Add-on	\$3.10	\$3.10						. :		
23	· -	(Fixed Amount)	\$17.10						\$17.10			
24		Sum of Lns 20 thru 23	\$23.51	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.68	\$108.97	\$0.00	\$28.18	\$25.17	\$0.00	\$41.38	\$2.27	\$11.71	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.44									

	rovider: University Nursing and Rehab Center rovdr ID: 00140533A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021		vth Allowance: ly BIMS score	21,1%	Add-on <u>Percent</u> 18,37% 1.0% 2,0%		Quarterly	CMI) Data d Overall CMI Medicaid CMI Wght Options		Facility <u>Specific</u> 1.4327 1.4361 1.4602	State- wide 1,4014 1,5382 1,5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		ħ	i
C.	ASE MIX BASED RATE CALCULATIONS			ļ								
1		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rp	\$3,429,093	\$1,878,812	\$0	\$254,029	\$134,931	\$141,835	\$678,738	\$10,987	\$329,761	S0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$51,535)		\$0	\$0	\$723	\$4,137	(\$47,018)	4,	(\$12,931)	\$14,615
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,377,558	\$1,867,751	\$0	\$254,029	\$135,654	\$145,972	\$631,720	\$10,987	\$316,830	\$14,61
8	Total Nursing Facility Days As Filed Days = 16,905	FY14 Audited C/R Days	16,905									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,746	FY 18 GL-PL Ins Rpt Days								33,746		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cof a	\$199.48	\$110.49	\$0.00	\$15.03	\$16.66	(with L&H)	\$37.37	\$0,33	\$18.74	\$0.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4327								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$77.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77,12	\$0,00	\$15.03	\$16.66		\$37,37	\$0,33	\$18.74	\$0.8
13	Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$73,31	\$0.00	\$19.52	\$23,55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.66	\$73.31	\$0.00	\$15,03	\$16.66		\$24.02	\$0,33	7.45 (FRV)	\$0.86
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwac %	¢02.70	£40.47	50.00	60.75	20.00	60.00				
16	CMA Allowed Per Diem (Alter Growth Allowance Add-on)	Ln 14 + Ln 15	\$23.70 \$161.36	\$13.47 \$86,78	\$0.00 \$0,00	\$2.76 \$17.79	\$3,06 \$19,72	\$0.00 \$0.00	\$4,41 \$28,43	N/A \$0,33	N/A \$7,45	N/A \$0.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$101.30	1,4502	\$0,00	\$17.79	\$19./2	\$0.00	\$20,43	\$0,03	\$7.45	<b>\$0.8</b>
18	) · · · · · · · · · · · · · · · · · · ·	Ln 16 x Ln 17		\$126.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.30	\$126.72	\$0.00	\$17.79	\$19.72	\$0.00	\$28,43	\$0.33	\$7.45	\$0.8
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 Uhru 23	\$21.53	\$3.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17,10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.83	\$130.52	\$0,00	\$18,01	\$20.13	\$0.00	\$45,53	\$0.33	\$7.45	\$0,88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$154,30			1			•	1		

#### FINAL

				Facility	Add-on					Facility	State-
Provider: Vista Park Health and Rehab		Add-on Da	ata and Percentages	Score	Percent		Case Mix Index	(CMI) Data		Specific	wide
Prvdr (D: 00142931A			Growth Allowance:	N/A	18,37%		Base Peri	od Overall CMI:		1.4571	1.3617
H/B ?: No Case Mix Per Diem Rate Effective Date:	04/01/21		BIMS:	43.8%	2.5%		Quarterly	y Medicaid CMI:		1,4292	1.5438
MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nu	rse Hours per On-Site	Day/Quality Incentive:	3.39	3.0%	Ortrly M	caid CMI w RUC	Wght Options:		1.4530	1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	C	đ	е	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	FY2018 GL-PL ins. Rp	ı							\$ 159,341		
Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rp								43,250		
Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Lim	ıit 📗	\$71,51		\$18.41	\$23.09		\$20.56		\$21,77	\$0.42
Allowed @ 95% of Std		\$149.08	\$67,93		\$17.49	\$21.94		\$19.53		\$21.77	\$0.42
Growth Allowance 18,4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Alowance)		\$176.07	\$80.41		\$20,70	\$25.97		\$23.12	\$ 3.68	\$21.77	\$0.42
Quarterly Facility Case Mix Index for Medicaid Residents			1.4530					Ì		(FRV Rate)	
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$116.83								[
Quarterly Medicaid CMA Allowed Per Diem		\$212.49	\$116.83		\$20.70	\$25.97		\$23.12	\$3.68	\$21.77	\$0.42
Quarterly Per Diem Add-On Amounts		12.2	¥11.5.55		1	]		1		021.11	30.72
BIMS Add-on Per Diem = 2.5% (to Routine Srys)		\$2.92	\$2.92			9					
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.51	\$3.51					Popular			1
Nursing Home Provider Fee		\$17.10	24.41					17.10			1
Total Quarterly Per Diem Add-On Amounts		\$23.53									1
Quarterly Case Mix Based Per Diem Rate		\$236.02	\$123,26	<del> </del>	\$20.70	\$25.97		\$40.22	\$3.68	\$21.77	\$0.42
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$164.19										

	ovider: Warm Springs Med. Ctr. NH		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		_	Facility Specific	State- wide
Pr	vdr ID: 00141952A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		owth Allowance: trly BIMS score uality Incentive:	N/A 27.8% 2.69	18.37% 1.0% 2.0%	Ortrly Moaid		d Overall CMI Medicaid CMI Wght Options	:	1.1001 1.2300 1.2487	1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Ь	С	ď	е	f	9	g	h	i
C	ASE MIX BASED RATE CALCULATIONS					1			!			
1	Cost Center Peer Groups	(see Policy Manual)		. 4	. 1		1	. 1	1	:		1
- 1	Type of Facility within Peer Group	(360 Folicy manual)		. 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			1
	Peer Group Standards & Efficiency Measure Limits				į.	i						-
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts					:			:			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-Pt, Rpt	\$2,845,929.50	\$1,710,029	\$0	\$566,162	\$0	\$0	\$544.033	\$25,705	\$0	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$982,766	\$0	\$0	\$0	\$325,090	\$388,274	(\$28,856		\$298.258	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,828,695	\$1,710,029	\$0	\$566,162	\$325,090	\$388,274	\$515,177		\$298,258	
8	Total Nursing Facility Days As Filed Days = 27,516	FY12 Audited C/R Days	27,516	411.101020	4.0	, ,,,,,,,	4020,000	4000,277	: 4510,111	420,100	4230,200	
- 1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,521	FY 18 GL-PL Ins Rpt Days	27,570			:				26,521		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$139.19	\$62,15	\$0.00	\$20.58	\$25.93	(with L&H)	\$18.72	1	\$10.84	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY32	0.00110	1.1001	40.00	125.00	<b>QL</b> 0.00	(1113) 2013	: 0.0.12	40.51	Ψ10,04	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.49		1						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56,49	\$0.00	\$20.58	\$25.93	!	\$18.72	\$0.97	\$10.84	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09	1	\$20.56		N/A	φυ.υυ
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.11	\$56.49	\$0.00	\$20.58	\$23.09		\$18.72	1	10.26	\$0.00
			<b>V100.77</b>		40.00	Q20.00	<b>\$25.65</b>		: \$10.12	\$0.57	(FRV)	30.00
	Quarterly Per Diem Rate Prior to Add-ons			:		( )		1		1	, ,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.84	\$10.38	\$0.00	\$3.78	\$4.24	\$0.00	\$3.44	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.95	\$66.87	\$0.00	\$24.36	\$27.33	\$0.00	\$22.16	\$0.97	\$10.26	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2487		i i			į.	1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.50					1	1		!
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.58	\$83.50	\$0.00	\$24.36	\$27.33	\$0.00	\$22.16	\$0.97	\$10.26	\$0.00
	Quarterly Per Diem Add-on Amounts					1			:	1		į
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	1
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84			43.00		. 40.01	1	<b>\$3.00</b>	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.67	\$1.67						1		1
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	207		1		1	\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.73	\$3.04	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47		\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.31	\$86.54	\$0.00	\$24.58	\$27.33	\$0.00		·	\$10.26	\$0.00
				•••••	40.00	ΨΑ-1.50	451.00	. 40.00	. 455.05	. 40.31	\$10.20	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.16									

Case May Per Denis Rate Efficiency Monaria Efficiency Monaria Efficiency Monaria Properties Description   1.000   1.		rovider: Warner Robins Rehab & Nursing Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Mode   Mode	. PI		A1419094			N/A	18.37%					1.5459	1.3617
Description   Sources   Totals   Sources   Totals   Sources   Totals   Sources   Sou					. ,			Ortrly Mcaid					
Color   Colo	Line #	Description		Totals			Dietary	,	Operators	and	A Company of the Comp	and	
1 Control Control Price Croups	·			а	ь	C	d	e	f	g	g		i
1 Control Control Price Croups	С	ASE MIX BASED RATE CALCULATIONS			:						:		
Page Circuits Pacific Registration Page (Page State Ag	1		fees Policy Manuall					4					
Pear Group Standards: Efficiency Measure Limits	•	· ·	(add r olicy Manual)			. All Escilition		•	,		1		
									1				
Price Group Standards: Multiplier   Issee Period Per Diem Allowed Amounts   So. 53   So. 50		Peer Group Standards & Efficiency Measure Limits	:										
Base Period Cost Center Costs (Regular Adjustments and Reallocations to Cost Center Costs   FY12 CAR Austr Adjustments (S161, A86)   (5.83, 288)   (5.83,	2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		:
Base Period Per Diem Allowed Amounts			(see Policy Manual)		100.0%	100.0%	100.0%	100,0%			:		
5         As Filed Cost Center Costs (Routine & Special Sirves Combined)         As Filed FY12 CIR - FY 2018 GL-PL Rpt         \$6,541,365,15         \$3,089,052         \$0         \$62,018         \$347,933         \$49,378         \$1,243,288         \$13,217         \$636,500         \$62,018         \$347,933         \$3,021         \$1,243,288         \$13,217         \$536,050         \$52,018         \$35,079,880         \$30,078         \$1,243,288         \$13,217         \$536,050         \$52,00         \$52,00         \$1,597         \$30,001         \$13,217         \$533,98         \$1,517         \$30,007         \$576,000         \$520,00         \$50,00         \$15,32         \$30,007         \$51,31,113,189         \$132,177         \$536,000         \$520,00         \$50,00         \$15,32         \$50,307         \$11,31,819         \$132,177         \$506,00         \$50,00         \$15,32         \$50,307         \$11,31,819         \$132,177         \$506,00         \$50,00         \$15,32         \$16,00         \$10,00         \$15,32         \$10,00         \$15,32         \$10,00         \$15,32         \$10,00         \$15,32         \$10,00         \$10,32         \$10,00         \$15,32         \$10,00         \$10,32         \$10,00         \$10,32         \$10,00         \$10,32         \$10,00         \$10,32         \$10,00         \$10,32	4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
6   Audit Adjustments and Reallocations to Cost Center Costs		Base Period Per Diem Allowed Amounts					: 1				:		
Coal Center Costs After Audifi Adjustments	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,541,365.15	\$3,069,052	\$0	\$662,018	\$347,953	\$450,378	\$1,243,288	\$132,171	\$636,505	\$0
Coal Center Coats After Audit Adjishments	6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$161,485)	(\$43,238)	\$0	\$1,597	\$2,334	\$3,021	(\$129,469)	yi I	(\$57,815)	\$62,085
Total Nursing Facility Days GL-PL Ins. Rpt	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,379,880	\$3,025,814	\$0	\$663,615	\$350,287	\$453,399			, ,	\$62,085
See   Per Diems prior to Case Mix Adjistmt to Routine Srvcs   Ln 7 / Ln 8 Cola   S147.59   S69.87   S0.00   S15.32   S18.56   (with L6H)   S25.72   S3.33   S13.36   S1.46   S147.59   S25.72   S2.33   S13.36   S1.47   S25.72   S2.33   S25.72   S2.33   S13.36   S1.47   S25.72   S2.33   S25.72   S2.33   S25.72   S2.33   S25.72   S2.33   S25.72   S2.33   S25.72   S2.33   S25.72   S2.33   S25.72   S2.33   S25.72   S2.33   S25.72   S2.33   S25.72   S2.33   S25.72   S2.33   S25.72   S2.33   S25.72   S2.33   S25.72   S2.34   S25.72   S2.33   S25.72   S2.34   S25.72   S2.33   S25.72   S2.34   S25.72   S2.33   S25.72   S2.34   S25.72   S2.34   S25.72   S2.34   S25.72   S2.34   S25.72   S2.34   S25.72   S2.34   S25.72   S2.34   S25.72   S25.72   S25.72   S25.72   S25.72   S25.72   S25.72   S25.72   S25.72   S25.72   S25.72   S25.72   S25.72   S25.72   S25.72   S25.72   S25.72   S25.72	8	Total Nursing Facility Days As Filed Days = 43,304	FY12 Audited C/R Days	43,304							:		
10 Base Period Facility Case Mix Index for All Residents from 4 qtro of FY12 1,5459 11 Routine Srvcs Case Mix Adjatd (CMA) Net Per Diem Lu 9 / 1,1 n 10 345,20 \$ 0,00 \$ 15,32 \$ 18,56 \$ 25,72 \$ 3,33 \$ 13,36 \$ 51,41 \$ 10,10 \$ 345,20 \$ 0,00 \$ 15,32 \$ 18,56 \$ 25,72 \$ 3,33 \$ 13,36 \$ 51,41 \$ 1,00 \$ 345,20 \$ 0,00 \$ 15,32 \$ 18,56 \$ 25,72 \$ 3,33 \$ 13,36 \$ 1,41		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,637	FY 18 GL-PL Ins Rpt Days				1		1	1	39,637		
11   Routine Srvcs Case Mix Adjistrd (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.59	\$69.87	\$0.00	\$15.32	\$18.56	(with L&H)	\$25.72	\$3.33	\$13,36	\$1.43
12 Net Per Diems after Case Mix Adjstint to Routine Srvcs	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5459</u>				I		1		!
13 Per Diem Standards (After Statewide CMA for Routine Srves)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.20		1					1	į.
14 Base Period Case Mix Adjusted Allowed Per Diem	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.20	\$0.00	\$15.32	\$18.56	:	\$25,72	\$3.33	\$13.36	\$1.43
Courterly Per Diem Rate Prior to Add-ons   Company   Courterly Per Diem Rate Prior to Add-ons   Company   Courterly Per Diem Rate Prior to Add-ons   Company   Courterly Per Diem Rate Prior to Add-ons   Company   Courterly Facility   Case Mix Index for Medicaid Residents   Company   Courterly Facility   Case Mix Index for Medicaid Residents   Courterly Facility   Case Mix Index for Medicaid Resi	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		. \$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allownce % \$18.30 \$8.30 \$0.00 \$2.81 \$3.41 \$0.00 \$3.78 N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	14		Lesser of Ln 12 or Ln 13	\$112.68	\$45.20	\$0.00	\$15.32	\$18.56	:	\$20.56	\$3.33		\$1.43
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$130.98 \$53.50 \$0.00 \$18.13 \$21.97 \$0.00 \$24.34 \$3.33 \$8.28 \$1.20 Cuarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1,4353 Qrtrly Routine Strvcs Case Mix Adjistd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$154.27 \$76.79 \$0.00 \$18.13 \$21.97 \$0.00 \$24.34 \$3.33 \$8.28 \$1.20		• -					:			,		<b>(</b> , , , , , ,	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Otr End Unit 16 x Ln 17 \$76.79  18 Quarterly Medicaid CMA Allowed Per Diem Rate Ln 16 x Ln 17 \$76.79  19 Quarterly Medicaid CMA Allowed Per Diem Rate Ln 16 x Ln 17 \$76.79  Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$	:	• —			-				\$0.00		N/A	N/A	N/A
18		·		\$130.98		\$0.00	\$18.13	\$21.97	\$0.00	\$24.34	\$3.33	\$8.28	\$1.43
Quarterly Medicaid CMA Allowed Per Diem   RS = Ln 18, AllOthr = Ln 16   \$154.27   \$76.79   \$0.00   \$18.13   \$21.97   \$0.00   \$24.34   \$3.33   \$8.28   \$1.40		, ,	•							i	i i		
Quarterly Per Diem Add-on Amounts   Surficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)   (see Policy Manual)   \$1.16   \$0.53   \$0.00   \$0.22   \$0.41   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00							1		:				
20 Efficiency Add-on Per Diem ([Stind - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1,16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 38, AllOthr = Ln 16	\$154.27	\$76.79	\$0.00	\$18,13	\$21.97	\$0.00	\$24.34	\$3.33	\$8.28	\$1.43
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.92 \$1.9	i	·									:		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Stros) Ln 19 Col b x Stifig Add-on \$1.54 \$1.5			(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10		BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Cof b x CPS Add-on	\$1.92	\$1.92		1						
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$21.72     \$3.99     \$0.00     \$0.22     \$0.41     \$0.00     \$17.10     \$0.00     \$0.00     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$175.99     \$80.78     \$0.00     \$18.35     \$22.38     \$0.00     \$41.44     \$3.33     \$8.28     \$1.40			•	\$1.54	\$1,54		1			1			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$175.99 \$80.78 \$0.00 \$18.35 \$22.38 \$0.00 \$41.44 \$3.33 \$8.28 \$1.40				\$17.10						\$17.10	1		
, the time that the time that the time that the time that the time the time that the time that the time that the time the time that the time the time the time the time the time the time the time that the time that the time tha	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.72	\$3.99	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) *0.75 \$119.17	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.99	\$80.78	\$0.00	\$18.35	\$22.38	\$0.00	\$41.44	\$3.33	\$8.28	\$1.43
	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.17	:		······		•		<u> </u>		

	vovider: Warrenton Health and Rehabilitation Center vdr ID: 00142645A Case Mix Per Diem Rate Effective Date:	4/1/2021		Percentages with Allowance: trly BIMS score	Facility Score N/A 38.6%	Add-on <u>Percent</u> 18.37% 2.5%	Cas		CMI) Data d Overail CMI Medicaid CMI		Facility Specific 1.3956 1.6499	State- wide 1.3617 1.5382
	MDS & Nurse Hrs Data per Quarter Ending:		s per On-Site Day/Q		3.22	2.0%	Ortrly Mcaid	CMI w RUG \			1.6823	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	9	9	h	i
C.	ASE MIX BASED RATE CALCULATIONS					1		:				1
1	Cost Center Peer Groups	(see Policy Manual)	-	1	1	2	1	1	1	1		
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits	;						:		1		
2	Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	*		
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37	: .		
•	, in the second of the second	(555 t only manual)			50.00	00.22	00.47	:		1 :		
_	Base Period Per Diem Allowed Amounts					1				1 2 :		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,914,244.06		\$0		\$270,244	\$291,109	\$508,116	\$14,765	\$350,362	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,759)	\$0	\$0		\$0	(\$286)		· · · · :	(\$30,783)	-
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,895,485	\$2,065,450	\$0	\$412,383	\$270,244	\$290,823	\$489,995	\$14,765	\$319,579	\$32,246
8	Total Nursing Facility Days As Filed Days = 27,472	FY12 Audited C/R Days	27,472			1						1
_	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,255	FY 18 GL-PL Ins Rpt Days	6444.60	075.40	****					25,255		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a from 4 qtrs of FY12	\$141.83	\$75.18	\$0.00	\$15.01	\$20.42	(with L&H)	\$17.84	\$0.58	\$11.63	\$1.17
10	Base Period Facility Case Mix Index for All Residents	•		<u>1.3956</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = Ln 11, AllOlhr = Ln 9		\$53.87			****	:		1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	per Peer Group Limits		\$53.87	\$0.00		\$20.42		\$17.84	\$0.58	\$11.63	\$1.17
13 14	Per Diem Standards (After Statewide CMA for Routine Stress)	Lesser of Ln 12 or Ln 13	C44C 04	\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem  Quarterly Per Diem Rate Prior to Add-ons	Lesser of the 12 of the 13	\$116.84	\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	7.95 (FRV)	\$1.17
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.69	\$9.90	\$0.00	\$2.76	\$3.75	\$0.00	\$3.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.53	\$63.77	\$0.00		\$24,17	\$0.00		\$0.58	\$7.95	\$1.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	*******	1.6823			<b>4</b>				ψ,	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17	:	\$107.28				:		1		•
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.04	\$107.28	\$0.00	\$17,77	\$24.17	\$0.00	\$21.12	\$0.58	\$7.95	\$1.17
	Quarterly Per Diem Add-on Amounts	•			1	1				1		:
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	: !	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68		i			!			
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.15	\$2.15		1		3		:		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			* ·		1	\$17,10	:		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,46	\$5.36	\$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	\$203.50	\$112.64	\$0.00	\$17.99	\$24.58	\$0.00	\$38.59	\$0.58	\$7.95	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.80	:						·		

Provider:			Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID:				wth Allowance:	N/A	18.37%			d Overall CMI:		1.2193	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021		trly BIMS score	36.6%	2.5%			Medicaid CMI:		1,2220	1.5382
:	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality incentive:	4.45	3.0%	Orthy Meaid	CMI w RUG	Wght Options:	;	1.2405	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	ď	e	: f	g	a	h	i
CVEE	MIX BASED RATE CALCULATIONS							:	7			
: 🗆												
1 Cost	Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group  Bed Size Range within Peer Group			All Facilities	All Facilities		All Facilities	All Facilities	All Facilities	1		
	•			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Group Standards & Efficiency Measure Limits									:		
	er Group Standards: Percentile er Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0%	90.0%	85.0%		50.0%	1		
	er Group Standards: Multiplier ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37	1		
-	, , ,	(See Folloy Manuary			30.00	30.22	ŞU,41		90.37			
	Period Per Diem Allowed Amounts							:	i			
	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,373,156.54	\$1,811,873	\$0	\$526,053	\$251,118	\$220,612			\$124,695	\$0
( 1	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$45,465)	(\$126,889)	\$0		\$23,828	\$2,360	\$44,850		(\$8,108)	\$5,261
9 1	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,327,692	\$1,684,984	\$0	\$539,286	\$274,946	\$222,972	\$459,100	\$24,556	\$116,587	\$5,261
	Total Nursing Facility Days As Filed Days = 21,337	FY12 Audited C/R Days	21,174			:		}	İ	1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,995	FY 18 GL-PL Ins Rpt Days						\$ \$		20,995		
£ .	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$157.18	\$79.58	\$0.00	\$25,47	\$23.52	(with L&H)	\$21.68	\$1.17	\$5.51	\$0.25
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2193						1		
. 1	Rouline Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.27					i			
1	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.27	\$0.00	\$25.47	\$23.52		\$21.68		\$5,51	\$0.25
1	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56		N/A	
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.68	\$65.27	\$0.00	\$25.47	\$23.09		\$20.56	\$1.17	9.87	\$0.25
Quar	rterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Gro	owth Allowance Percentage = 18.37%	£n 14 x Grwth Allwnc %	\$24.69	\$11.99	\$0.00	\$4.68	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16 CM	AA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.37	\$77.26	\$0.00	\$30.15	\$27.33	\$0.00	\$24.34	\$1.17	\$9.87	\$0.25
17 (	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2405</u>		; · · · · · · · ·			i	1		
18 (	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.84				i	:	1		
19 Qu	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.95	\$95.84	\$0.00	\$30.15	\$27.33	\$0.00	\$24.34	\$1.17	\$9.87	\$0.25
Quar	rterly Per Diem Add-on Amounts							!	i	1		
: .	iciency 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	
	VIS Add-on Per Diem = 2.5% (to Rouline Srve)	En 19 Col b x CPS Add-on	\$2.40	\$2,40	40.00		40.00	40.00		;	<b>Q</b> 0.00	
	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.88	\$2.88				İ	:	:		
	rsing Home Provider Fee	(Fixed Amount)	\$17.10	1_,00		:		i	\$17,10			
	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.13	\$5.81	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10		\$0.00	\$0.00
25 Quar	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.08	\$101.65	\$0.00	\$30.37	\$27.33	\$0.00	\$41.44		\$9.87	\$0.25
						1				<u> </u>	23,07	
Zo Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - Ln 23) * 0.75	\$146.24									

	ovider: Waycross Health & Rehabilitation Center		Add-on Data and Gro	Percentages owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data d Overall CMI:	- :	Facility Specific 1.2974	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	28.6% 3.38	1.0% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG I	Medicaid CMI: Wght Options:		1.5006 1.5286	1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	. d	е	f	g	g	h	i
Ç.	ASE MIX BASED RATE CALCULATIONS			:		: į		,	1	1		
1	Cost Center Peer Groups	(see Policy Manual)			1	2	1	1	. 1			
•	Type of Facility within Peer Group	(3001 only manual)		. All Facilities	•	Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits							1	!	;		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts					1			]	1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,407,599.55	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$471,187	\$88,979	\$230,911	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$15,947)	\$0	\$0	\$0	\$0	\$0	(\$16,433)	) ·	(\$18,980)	\$19,466
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,391,653	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$454,754		\$211,931	\$19,466
8	Total Nursing Facility Days As Filed Days = 26,933	FY12 Audited C/R Days	26,933			1						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,654	FY 18 GL-PL Ins Rpt Days		i		1				24,654		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$126.23	\$66.09	\$0.00	\$15.80	\$15.26	(with L&H)	\$16.88	\$3.61	\$7.87	\$0.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2974				:				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.94						į .		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.94	\$0.00	\$15.80	\$15.26	I	\$16.88	\$3.61	\$7.87	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.66	\$50.94	\$0.00	\$15.80	\$15,26		\$16.88	\$3.61	7.45	\$0.72
	Quarterly Per Diem Rate Prior to Add-ons			i						1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.16	\$9.36	\$0.00	\$2.90	\$2.80	\$0.00	\$3.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.82		\$0.00	\$18.70	\$18.06		\$19.98	1 .	\$7.45	\$0.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	<b>\$120,02</b>	1.5286	40.00	\$10.70	\$10.00	. 40.00	. 915.50	30.01	φ1.40	90.72
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.17		1				:		•
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$160.69		\$0.00	\$18.70	\$18.06	\$0.00	\$19.98	\$3.61	\$7.45	\$0.72
	Out to be be all to					1						•
20	Quarterly Per Diem Add-on Amounts	(and Belley Manual)	D4 50	) 	***	20.00	60.44			1 1	•	
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$0.92	\$0.53 \$0.92	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$0.92 \$2.77	\$0.92				:		:		
23	Nursing Home Provider Fee  Nursing Home Provider Fee	(Fixed Amount)	\$2.77 \$17.10	. 32.11		1			\$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	\$17.10 \$17.47		\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.01	\$96.39	\$0.00	\$18.92	\$18.47	<del> </del>	\$37.47	<del>}</del>		
20	who test ogse mix dasen her dien right	LII 197 LII 24	\$183.01	\$96.39	\$0.00	\$18.92	\$18.47	\$0.00	\$37.45	\$3.61	\$7.45	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.43									

	ovider: WellStar Paulding Nursing Center		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data	<del>-</del>	Facility Specific 1.0621	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021		trly BIMS score	41.8%	2.5%			Medicaid CMI		1.0883	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q	,	5.06	4.0%	Ortrly Mcaid	CMI w RUG \			1.1005	1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>				_			_		_			
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	1 Hosp Based	<b>1</b> All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	, ,			= 000 0.100								
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Nultiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$16,220,913.00	\$6,862,339	\$0	\$2,190,817	\$888,453	\$806,941	\$2,925,067	\$177,092	\$2,370,204	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$332,707)	(\$313,898)	\$0	(\$2,116)	\$2,261	\$24,126	(\$43,080)		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$15,888,206	\$6,548,441	\$0	\$2,188,701	\$890,714	\$831,067	\$2,881,987	\$177,092	\$2,370,204	\$0
8	Total Nursing Facility Days As Filed Days = 63,718	FY12 Audited C/R Days	63,718	. , ,	•	. , ,	. ,	,		. ,		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,473	FY 18 GL-PL Ins Rpt Days	,							61,473		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$249.45	\$102.77	\$0.00	\$34.35	\$27.02	(with L&H)	\$45.23	\$2.88	\$37.20	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0621								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.77	\$0.00	\$34.35	\$27.02		\$45.23	\$2.88	\$37.20	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.62	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$2.88	8.43	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.13	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.88	\$8.43	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	φ102.13	1.1005	φυ.00	φυ4.50	φ27.33	φυ.00	φ24.34	φ2.00	φ0.43	φυ.υυ
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.64	\$93.16	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.88	\$8.43	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33	ψ0.00	ψυ.υυ	ψυ.00	ψ0.00	ψ0.00		ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Stros)	Ln 19 Col b x Stfng Add-on	\$3.73	\$3.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00	\$3.70					\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.06	\$6.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	-	Ln 19 + Ln 24	\$196.70	\$99.22	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.88	\$8.43	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.53					<u> </u>	1			
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2 Peer Group Standards 3 Peer Group Standards 4 Efficiency Measure Ma Base Period Per Diem 5 As Filed Cost Center C 6 Audit Adjustments and 7 Cost Center Costs Aft 8 Total Nursing Facilit 9 Net Per Diems prior to 10 Base Period Facility 11 Routine Srvcs Case 12 Net Per Diems after C 13 Per Diem Standards (# 14 Base Period Case Mix Quarterly Per Diem Ral	ATE CALCULATIONS  Ips  Inin Peer Group  Ibin Peer Group  & Efficiency Measure Limits  S: Percentile  It Multiplier  aximums (see line 20 for actual)  Allowed Amounts  Costs (Rouline & Special Srvcs Combined)  It Reallocations to Cost Center Costs  er Audit Adjustments	4/1/2021 12/31/20 Nurse Hour  Sources / Calculations  (see Policy Manual) (see Policy Manual) (see Policy Manual) (see Policy Manual) (see Policy Manual) FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audited C/R FY12 Audited C/R FY12 Audited C/R	Totals  a  \$8,747,204.00 (\$226,908) \$8,520,296	Routine Services  b  1 All Facilities All Bed Sizes  90.0% 100.0% \$0.53  \$4,760,679 (\$33,605)	90.0% 100.0% \$0.00 \$0.00	18.37% 2.5% 3.0%  Dietary  d  2  Free Standing: All Bod Sizes  90.0% 100.0% \$0.22	Qrtrly Mcaid Laundry & Houskpng e  1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41	Quarterly No CMI w RUG V Plant Operatns & Maint f  1 All Facilities All Bed Sizes	d Overall CMI: Medicaid CMI: Wght Options:  Admin and General g  All Facilities All Bed Sizes  50.0% 105.0% \$0.37	A&G- GL-PL Insurance	1.2886 1.5095 1.5095 1.5383 Property and Related h	1.3617 1.5382 1.5656 Taxes and Insurance
# Descri  CASE MIX BASED RA  Cost Center Peer Grou Type of Facility with Bed Size Range with Peer Group Standards Peer Group Standards Peer Group Standards Efficiency Measure Me Base Period Per Diem As Filed Cost Center Costs Aft Cost Center Costs Aft Total Nursing Facility Net Per Diems prior to Base Period Facility Routine Srvcs Case Net Per Diem Standards (A Base Period Case Mix Quarterly Per Diem Rai	MDS & Nurse Hrs Data per Quarter Ending:  Polician  ATE CALCULATIONS  Ips  Ips  In Peer Group  thin Peer Group  & Efficiency Measure Limits  S: Percentile  Multiplier  aximums (see line 20 for actual)  Allowed Amounts  Costs (Rouline & Special Srvcs Combined)  I Reallocations to Cost Center Costs  er Audit Adjustments	Sources / Calculations  (see Policy Manual)  (see Policy Manual) (see Policy Manual) (see Policy Manual) (see Policy Manual) FOR Audit Adjsimts FY12 C/R Audit Adjsimts FY12 Audited C/R	Totals  a  \$8,747,204.00 (\$226,908) \$8,520,296	uality Incentive:  Routine Services  b  1 All Facilities All Bed Sizes  90.0% 100.0% \$0.53  \$4,760,679 (\$33,605)	4.22 Special Services C  1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	3.0%  Dietary  d  2 Free Standing: All Bed Sizes  90.0% 100.0% \$0.22	Laundry & Houskpng e  1 All Facilities All Bed Sizes  85.0% 100.0% \$0.41	CMI w RUG V Plant Operatns & Maint f  1 All Facilities All Bed Sizes	Wght Options:  Admin and General  g  1 All Facilities All Bed Sizes  50.0% 105.0%	A&G- GL-PL Insurance	1.5383 Property and Related	1.5656 Taxes and
# Descri  CASE MIX BASED RA  Cost Center Peer Grou Type of Facility with Bed Size Range with Peer Group Standards Peer Group Standards Peer Group Standards Efficiency Measure Me Base Period Per Diem As Filed Cost Center Costs Aft Cost Center Costs Aft Total Nursing Facility Net Per Diems prior to Base Period Facility Routine Srvcs Case Net Per Diem Standards (A Base Period Case Mix Quarterly Per Diem Rai	ATE CALCULATIONS  Ips  Inin Peer Group  Ibin Peer Group  & Efficiency Measure Limits  S: Percentile  It Multiplier  aximums (see line 20 for actual)  Allowed Amounts  Costs (Rouline & Special Srvcs Combined)  It Reallocations to Cost Center Costs  er Audit Adjustments	Calculations  (see Policy Manual)  (see Policy Manual)  (see Policy Manual)  (see Policy Manual)  As Filed FY12 C/R -FY 2018 GL-PL Rpt  FY12 C/R Audit Adjsimts  FY12 Audited C/R	\$8,747,204.00 (\$226,908) \$8,520,296	Services  b  1 All Facilities All Bed Sizes  90.0% 100.0% \$0.53  \$4,760,679 (\$33,605)	Services  C  1  All Facilities All Bed Sizes  90.0% 100.0% \$0.00	2 Free Standing . All Bod Sizes 90.0% 100.0% \$0.22	Houskpng e  1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41	Operatns & Maint f f 1 All Facilities All Bod Sizes	and General 9 1 All Facilities All Bed Sizes 50.0% 105.0%	Insurance 9	and Related	
1 Cost Center Peer Grou Type of Facility will Bed Size Range wil Peer Group Standards Peer Group Standards Peer Group Standards Peer Group Standards Efficiency Measure Me Base Period Per Diem As Filed Cost Center C Audit Adjustments and Cost Center Costs Aft Total Nursing Facilit Per Diems prior to Base Period Facility Routine Srvcs Case Net Per Diems after C Per Diem Standards (A Base Period Case Mix Quarterly Per Diem Ral	ps in Peer Group thin Peer Group  & Efficiency Measure Limits :: Percentile :: Multiplier aximums (see line 20 for actual)  Allowed Amounts Costs (Rouline & Special Srvcs Combined) I Reallocations to Cost Center Costs er Audit Adjustments	(see Policy Manual) (see Policy Manual) (see Policy Manual) As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audil Adjslmts FY12 C/R Audiled C/R	\$8,747,204.00 (\$226,908) \$8,520,296	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$4,760,679 (\$33,605)	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Free Standing : All Bod Sizes 90.0% 100.0% \$0.22	1 All Facililes All Bed Sizes 85.0% 100.0% \$0.41	1 All Facilities All Bod Sizos	1 All Facilities All Bed Sizes 50.0% 105.0%		h	i
1 Cost Center Peer Grou Type of Facility will Bed Size Range wil Peer Group Standards Peer Group Standards Peer Group Standards Peer Group Standards Efficiency Measure Me Base Period Per Diem As Filed Cost Center C Audit Adjustments and Cost Center Costs Aft Total Nursing Facilit Per Diems prior to Base Period Facility Routine Srvcs Case Net Per Diems after C Per Diem Standards (A Base Period Case Mix Quarterly Per Diem Ral	ps in Peer Group thin Peer Group  & Efficiency Measure Limits :: Percentile :: Multiplier aximums (see line 20 for actual)  Allowed Amounts Costs (Rouline & Special Srvcs Combined) I Reallocations to Cost Center Costs er Audit Adjustments	(see Policy Manual) (see Policy Manual) (see Policy Manual) As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audil Adjslmts FY12 C/R Audiled C/R	(\$226,908) \$8,520,296	All Facilities All Bed Sizes  90.0% 100.0% \$0.53  \$4,760,679 (\$33,605)	All Facilities All Bed Sizes 90.0% 100.0% \$0.00	Free Standing All Bed Sizes 90.0% 100.0% \$0.22	All Facilities All Bed Sizes 85.0% 100.0% \$0.41	All Facilities All Bed Sizes	All Bed Sizes 50.0% 105.0%			
Peer Group Standards Peer Group Standards Peer Group Standards Peer Group Standards Peer Group Standards Efficiency Measure Me Base Period Per Diem As Filed Cost Center C Audit Adjustments and Cost Center Costs Aft Total Nursing Facility Net Per Diems prior to Base Period Facility Routine Srvcs Case Net Per Diems after C Per Diem Standards (A Base Period Case Mix Quarterly Per Diem Rai	in Peer Group thin Peer Group  & Efficiency Measure Limits :: Percentile :: Multiplier aximums (see line 20 for actual)  Allowed Amounts Costs (Rouline & Special Srvcs Combined) I Reallocations to Cost Center Costs er Audit Adjustments	(see Policy Manual) (see Policy Manual) (see Policy Manual) As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audil Adjslmts FY12 C/R Audiled C/R	(\$226,908) \$8,520,296	All Facilities All Bed Sizes  90.0% 100.0% \$0.53  \$4,760,679 (\$33,605)	All Facilities All Bed Sizes 90.0% 100.0% \$0.00	Free Standing All Bed Sizes 90.0% 100.0% \$0.22	All Facilities All Bed Sizes 85.0% 100.0% \$0.41	All Facilities All Bed Sizes	All Bed Sizes 50.0% 105.0%	1		
Peer Group Standards Peer Group Standards Peer Group Standards Peer Group Standards Efficiency Measure Ma Base Period Per Diem As Filed Cost Center C Audit Adjustments and Cost Center Costs Aft Total Nursing Facilit Total Nursing Facilit Net Per Diems prior to Base Period Facility Routine Srvcs Case Net Per Diems after C Per Diem Standards (# Base Period Case Mix Quarterly Per Diem Ral	thin Peer Group  & Efficiency Measure Limits s: Percentile s: Multiplier aximums (see line 20 for actual)  Allowed Amounts Costs (Rouline & Special Srvcs Combined) I Reallocations to Cost Center Costs er Audit Adjustments	(see Policy Manual) (see Policy Manual) (see Policy Manual) As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audil Adjslmts FY12 C/R Audiled C/R	(\$226,908) \$8,520,296	90.0% 100.0% \$0.53 \$4,760,679 (\$33,605)	90.0% 100.0% \$0.00 \$0.00	Free Standing All Bed Sizes 90.0% 100.0% \$0.22	All Bed Sizes 85.0% 100.0% \$0.41	All Bod Sizes	All Bed Sizes 50.0% 105.0%	1		
Peer Group Standards Peer Group Standards Peer Group Standards Elficiency Measure Me Base Period Per Diem As Filed Cost Center Cost Audit Adjustments and Cost Center Costs Aft Total Nursing Facilit Net Per Diems prior to Base Period Facility Routine Srvcs Case Net Per Diems after C. Per Diem Standards (# Base Period Case Mix Quarterly Per Diem Ral	& Efficiency Measure Limits :: Percentile :: Multiplier aximums (see line 20 for actual)  Allowed Amounts Costs (Rouline & Special Srvcs Combined) I Reallocations to Cost Center Costs er Audit Adjustments	(see Policy Manual) (see Policy Manual) As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit AdjsImts FY12 Audited C/R	(\$226,908) \$8,520,296	90.0% 100.0% \$0.53 \$4,760,679 (\$33,605)	90.0% 100.0% \$0.00 \$0	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0%			•
2 Peer Group Standards 3 Peer Group Standards 4 Efficiency Measure Ma Base Period Per Diem 5 As Filed Cost Center C 6 Audit Adjustments and 7 Cost Center Costs Aft	s: Percentile s: Multiplier aximums (see line 20 for actual) Allowed Amounts Costs (Rouline & Special Srvcs Combined) I Reallocations to Cost Center Costs er Audit Adjustments	(see Policy Manual) (see Policy Manual) As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit AdjsImts FY12 Audited C/R	(\$226,908) \$8,520,296	100.0% \$0.53 \$4,760,679 (\$33,605)	100.0% \$0.00 \$0	100.0% \$0.22	100.0% \$0.41		105.0%			
3 Peer Group Standards 4 Efficiency Measure Me 5 As Filed Cost Center C 6 Audit Adjustments and 7 Cost Center Costs Aft 8 Total Nursing Facilit     Total Nursing Facilit 9 Net Per Diems prior to 10 Base Period Facility 11 Routine Srvcs Case 12 Net Per Diems after C 13 Per Diem Standards (4 14 Base Period Case Mix Quarterly Per Diem Ral	s: Multiplier aximums (see line 20 for actual) Allowed Amounts Costs (Rouline & Special Srvcs Combined) I Reallocations to Cost Center Costs er Audit Adjustments	(see Policy Manual) (see Policy Manual) As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit AdjsImts FY12 Audited C/R	(\$226,908) \$8,520,296	100.0% \$0.53 \$4,760,679 (\$33,605)	100.0% \$0.00 \$0	100.0% \$0.22	100.0% \$0.41		105.0%		! !	
Base Period Per Diem As Filed Cost Center C Audit Adjustments and Cost Center Costs Aft Total Nursing Facility Net Per Diems prior to Base Period Facility Routine Srvcs Case Net Per Diems after C Base Period Case Mix Quarterly Per Diem Rai	aximums (see line 20 for actual)  Allowed Amounts  Costs (Rouline & Special Srvcs Combined)  I Reallocations to Cost Center Costs er Audit Adjustments	(see Policy Manual)  As Filed FY12 C/R -FY 2018 GL-PL Rpt  FY12 C/R Audit AdjsImts  FY12 Audited C/R	(\$226,908) \$8,520,296	\$0.53 \$4,760,679 (\$33,605)	\$0.00 \$0 \$0	\$0.22	\$0.41			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Base Period Per Diem As Filed Cost Center C Audit Adjustments and Cost Center Costs Aft Total Nursing Facilit Net Per Diems prior to Base Period Facility Routine Srvos Case Net Per Diems after C Per Diem Standards (# Base Period Case Mix Quarterly Per Diem Ral	Allowed Amounts Costs (Rouline & Special Srvcs Combined) I Reallocations to Cost Center Costs er Audit Adjustments	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit AdjsImts FY12 Audited C/R	(\$226,908) \$8,520,296	\$4,760,679 (\$33,605)	\$0 \$0				\$0.37			
As Filed Cost Center C Audit Adjustments and Cost Center Costs Aft Total Nursing Facilit Net Per Diems prior to Base Period Facility Routine Srvcs Case Net Per Diems after C Per Diem Standards (A Base Period Case Mix Quarterly Per Diem Ral	Costs (Routine & Special Srvcs Combined) I Reallocations to Cost Center Costs er Audit Adjustments	FY12 C/R Audit Adjslmts FY12 Audited C/R	(\$226,908) \$8,520,296	(\$33,605)	\$0	\$991,199	\$601.647		ı		i	
6 Audit Adjustments and 7 Cost Center Costs Aftr 8 Total Nursing Facilit Total Nursing Facilit 9 Net Per Diems prior to 10 Base Period Facility 11 Routine Srvcs Case 12 Net Per Diems after C 13 Per Diem Standards (# 14 Base Period Case Mix  Quarterly Per Diem Ral	Reallocations to Cost Center Costs er Audit Adjustments	FY12 C/R Audit Adjslmts FY12 Audited C/R	(\$226,908) \$8,520,296	(\$33,605)	\$0	\$991,199	\$601.647				;	
7 Cost Center Costs Aftr 8 Total Nursing Facilit Total Nursing Facilit 9 Net Per Diems prior to 10 Base Period Facility 11 Routine Srvcs Case 12 Net Per Diems after C 13 Per Diem Standards (# 14 Base Period Case Mix  Quarterly Per Diem Ral	er Audit Adjustments	FY12 Audited C/R	\$8,520,296				400 i,047	. \$631,055	\$1,039,305	\$143,697	\$579,622	\$0
8 Total Nursing Facilit Total Nursing Facilit 9 Net Per Diems prior to 10 Base Period Facility 11 Routine Srvos Case 12 Net Per Diems after C. 13 Per Diem Standards (# 14 Base Period Case Mix  Quarterly Per Diem Ral	,			\$4,727,074		\$906	\$466	(\$9,971)	(\$177,875)	1	(\$87,467)	\$80,638
Total Nursing Facility Net Per Diems prior to Base Period Facility Routine Srvos Case Net Per Diems after C Per Diem Standards (# Base Period Case Mix Quarterly Per Diem Ral	y Days As Filed Days = 55,567	FY12 Audited C/R Days	'		\$0	\$992,105	\$602,113	\$621,084	1	\$143,697	\$492,155	\$80,638
9 Net Per Diems prior to 10 Base Period Facility 11 Routine Srvcs Case 12 Net Per Diems after C 13 Per Diem Standards (/ 14 Base Period Case Mix  Quarterly Per Diem Ral			55,567		•	1		· •				
10 Base Period Facility 11 Routine Srvcs Case 12 Net Per Diems after C. 13 Per Diem Standards (/ 14 Base Period Case Mix  Quarterly Per Diem Ral	y Days GL-PL Ins. Rpt As Filed Days = 56,920	FY 18 GL-PL Ins Rpt Days			•			!	i	56,920	:	
11 Routine Srvos Case 12 Net Per Diems after C. 13 Per Diem Standards (A. 14 Base Period Case Mix  Quarterly Per Diem Ral	Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$153.26	\$85.07	\$0.00	\$17.85	\$22.01	(with L&H)	\$15.50	\$2.52	\$8.86	\$1,45
12 Net Per Diems after C. 13 Per Diem Standards (A 14 Base Period Case Mix  Quarterly Per Diem Ral	Case Mix Index for All Residents	from 4 qtrs of FY12		1.2886	} ?				i		:	
Per Diem Standards (A Base Period Case Mix Quarterly Per Diem Ral	Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.02	1			f		1		
14 Base Period Case Mix Quarterly Per Diem Ra	ase Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.02	\$0.00	\$17.85	\$22.01	ĺ	. \$15.50	\$2,52	\$8.86	\$1.45
Quarterly Per Diem Ra	After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
	Adjusted Allowed Per Diem	Lesser of £n 12 or £n 13	\$135.25	\$66.02	\$0.00	\$17.85	\$22.01		\$15.50	\$2.52	9.90	\$1,45
	te Prior to Addrone				!					:	(FRV)	
15 Growth Allowance Per		En 14 x Grwth Allwnc %	\$22.30	\$12.13	\$0.00	\$3.28	\$4.04	\$0.00	\$2.85	N/A	N/A	N/A
1	n (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.55	\$78.15	\$0.00	\$21.13	\$26.05	\$0.00	\$18.35	\$2.52	\$9.90	\$1.45
1	ase Mix Index for Medicaid Residents	per Current Qir End	¥107.00	1.5383		Q21.10	420,00	40.00	. 410.00	φ2.32	Ψ3.50	31,40
	Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.22	i İ				:	1		
19 Quarterly Medicaid CN	, , ,	RS = Ln 18, AllOthr = Ln 16	\$199.62	\$120.22	\$0.00	\$21.13	\$26.05	\$0.00	\$18.35	\$2.52	\$9.90	\$1.45
Quarterly Per Diem Ad	d-on Amounts					1				1 :	\$ 1 3	
•	Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Dier		Ln 19 Col b x CPS Add-on	\$3.01	\$3.01		)	*****	45.00	. 40.01	1	\$3,00	
22 Nurse Staff Hrs / Qual	ity Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.61	\$3.61		1			:	1	!	
23 Nursing Home Provide	· ·	(Fixed Amount)	\$17.10	· · · · ·	1				\$17.10		ŀ	
24 Total Quarterly Per Die	em 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 Ba	sed Per Diem Rate	Ln 19 + Ln 24	\$224.87	\$127.37	\$0.00	\$21.35	\$26.46	\$0.00		\$2.52	\$9.90	\$1.45
26 Quarterly Per Diem Rat		(Ln 25 - Ln 23) * 0,75	\$155.83		i	<u>i</u>			1	11		

Provider: Prvdr ID:	,		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1,2827	State- wide 1,3617
i i i i i i i i i i i i i i i i i i i	Case Mix Per Diem Rate Effective Date:	4/1/2021		triv BIMS score	53.3%	5.5%			Medicaid CMI:		1.4856	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	,	4.54	3.0%	Ortrly Moaid		Wght Options:		1.5148	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS					: 1				i		
1 Cost	t Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	. 1	1 .		
i	Type of Facility within Peer Group	,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
!	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			:
Peer	r Group Standards & Efficiency Measure Limits							İ	į.	1		
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	!	50.0%			
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	: !		
4 Effi	liciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base	e Period Per Diem Allowed Amounts					:				:		
5 As	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,627,469.00	\$4,495,983	\$0	\$1,108,982	\$606,111	\$614,641	\$965,266	\$128,134	\$708,352	\$0
6 Auc	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$209,225)	\$15,136	\$0	\$1,272	(\$1,574)	(\$13,942)	(\$202,960)		(\$80,933)	\$73,776
7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,418,244	\$4,511,119	\$0	\$1,110,254	\$604,537	\$600,699	\$762,306	\$128,134	\$627,419	\$73,776
8 1	Total Nursing Facility Days As Filed Days = 54,323	FY12 Audited C/R Days	54,323	i		; i			:	1		
. : -	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,298	FY 18 GL-PL Ins Rpt Days				* !				52,298		
9 Net	t Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.06	\$83.04	\$0.00	\$20.44	\$22.19	(with L&H)	\$14.03	\$2.45	\$11.55	\$1.36
10 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2827		1			-			
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$64,74								
	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.74	\$0.00	\$20.44	\$22.19		\$14.03	\$2.45	\$11.55	\$1.36
1	r Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	l i
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.60	\$64.74	\$0.00	\$18.41	\$22.19	i	\$14,03	\$2.45	9.42	\$1.36
Quar	rterly Per Diem Rate Prior to Add-ons							:		1 :	(FRV)	
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.93	\$11.89	\$0.00	\$3.38	\$4.08	\$0.00	\$2.58	N/A	N/A	N/A
16 CM	AA Allowed Per Diem (After Growth Allowance Add-on)	โภ 14 + Ln 15	\$154.53	\$76.63	\$0.00	\$21.79	\$26.27	\$0.00	\$16.61	\$2.45	\$9.42	\$1.36
17 (	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr Елd		1.5148					Ē	1		
18 (	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.08		1						
19 Qu	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.98	\$116.08	\$0.00	\$21.79	\$26.27	\$0.00	\$16.61	\$2.45	\$9.42	\$1.36
Quar	rterly Per Diem Add-on Amounts								[			
7	ficiency 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	
	MS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Cot b x CPS Add-on	\$6.38	\$6.38	<del></del>	1					40.00	
22 Nur	rrse Staff Hrs / Quality Add-on Per Diern : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.48	\$3.48		:				£ .		
23 Nur	rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Tot	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28,27	\$10.39	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quar	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.25	\$126.47	\$9.00	\$21.79	\$26.68	\$0.00	\$34.08	\$2.45	\$9.42	\$1.36
26 Ous	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153,86			· 		- A	1	·		

1	ovider: Westbury Medical Care Home, Inc.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data	•	Facility Specific	State- wide
Pr	rvdr ID: 00143514A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Ho		owth Allowance; trly BIMS score uality Incentive;	42.9%	18.37% 2.5% 3.0%	Ortrly Mcaid		i Overali CMI: Medicaid CMI: Wght Options:		1.1885 1.5285 1.5582	1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	C	ď	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS		1			1						i
1	Cost Center Peer Groups	(see Policy Manual)		1	: 1	2	1	1				:
	Type of Facility within Poer Group Bed Size Range within Peer Group	(Josef and) Mandaly	:	All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits							į				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	;	50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
-	Cinciancy measure maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts		:	<b>&gt;</b>		1		ì	:	1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,695,334.00	\$4,779,936	\$0	\$1,004,184	\$671,257	\$515,393	\$1,252,659	\$142,847	\$329,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$195,781)	(\$3,438)	\$0	\$0	(\$8,951)	(\$18,225)	,		(\$97,556)	\$91,327
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,499,553	\$4,776,498	\$0	\$1,004,184	\$662,306	\$497,168	\$1,093,721	\$142,847	\$231,502	\$91,327
8	Total Nursing Facility Days As Filed Days = 68,664	FY12 Audited C/R Days	68,664									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,751	FY 18 GL-PL Ins Rpt Days				1			1	67,751		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.81	\$69.56	\$0.00	\$14.62	\$16.89	(with L&H)	\$15.93	\$2.11	\$3.37	\$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	-	<u>1.1885</u>	ĺ				1			
11		Ln 9 / Ln 10	:	\$58.53	:							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.53	\$0.00	\$14.62	\$16.89		\$15.93	\$2.11	\$3,37	\$1,33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	!	\$20.56	\$0.00	N/A	
14	Base Períod Case Mix Adjusted Allowed Per Diern  Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$120.20	\$58.53	\$0.00	\$14.62	\$16.89		\$15,93 :	\$2.11	10.79 (FRV)	\$1.33
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$19.47	\$10.75	\$0.00	\$2.69	\$3.10	\$0.00	\$2.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.67	\$69.28	\$0.00	\$17.31	\$19.99	\$0.00	\$18.86		\$10,79	\$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.5582		\$11.51	Ψ13.33	. 40.00		φε	\$10.75	\$1.55
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.95						ļ .		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$178.34	\$107.95	\$0.00	\$17.31	\$19.99	\$0.00	\$18.86	\$2.11	\$10.79	\$1.33
	Quarterly Per Diem Add-on Amounts				i I	1		! 1	:	1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	! !
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70	:	1			· · · · · · · · · · · · · · · · · · ·			:
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24		1				:		!
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.57	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.91	\$114.42	\$0.00	\$17.53	\$20.40	\$0.00	\$36.33	\$2.11	\$10.79	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.36		· · · · · · · · · · · · · · · · · · ·			•		<del></del>		

1	rovider: Westminister Commons rvdr ID: 00140082A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/21		rth Allowance: ly BIMS score	41.2%	Add-on Percent 18,37% 2,5% 3,0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,3564 1,3013 1,3219	State- wide 1,3699 1.5382 1,5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
C.	ASE MIX BASED RATE CALCULATIONS							5				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$4,634,507	\$2,142,321	so so	\$373,615	\$221,648	\$334,257	\$885,491	\$115,686	\$561,489	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$109,588)	\$0	\$0	so	\$0	\$0	(\$109,588)		(\$65,969)	\$65,969
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,524,919	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$775,903	\$115,686	\$495,520	\$65,969
8	Total Nursing Facility Days As Filed Days = 27,110	FY13 Audited C/R Days	27,110									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,912	FY 18 GL-PL Ins Rpt Days								26,912		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$166.94	\$79.02	\$0.00	\$13.78	\$20,51	(with L&H)	\$28.62	\$4.30	\$18.28	\$2,43
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		1.3564			i					
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Łn 9 / Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.78	\$20,51		\$28.62	\$4.30	\$18,28	\$2,43
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130,55	\$58,26	\$0.00	\$13.78	\$20,51		\$23,46	\$4,30	7.81	\$2.43
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwine %	\$21,31	\$10,70	\$0.00	\$2,53	\$3.77	\$0.00	\$4,31	N/A	N/A	N/A
16	CMA Allowed Per Diem (Atter Growth Allowance Add-on)	Ln 14 + Ln 15	\$151,86	\$68,96	\$0.00	\$16,31	\$24,28	\$0.00	\$27.77	\$4.30	\$7,81	\$2,43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1,3219							4.10.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.16								
19	Quarterly Medicaid CMA Allowed Per Diem	AS = Ln 18, AllOthr = Ln 16	\$174.06	\$91.16	\$0.00	\$16.31	\$24.28	\$0.00	\$27.77	\$4,30	\$7.81	\$2.43
	Quarterly Per Diem Add-on Amounts								Ì			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28	40,00	90.22	\$0,41	φυ.υυ	\$0.00			
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3,0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.73	\$2.73				!				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1				i	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.27	\$5,54	\$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 + En 24	\$197,33	\$96,70	\$0.00	\$16.53	\$24.69	\$0.00	\$44.87	\$4.30	\$7.81	\$2.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 • Ln 23) * 0.75	\$135.17		1	L		!	l			
L	<u></u>		1									

	ovider: Westview Nursing & Rehab Center vdr ID: 00143536A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 27.1% 3.89	Add-on <u>Percent</u> 18.37% 1.0% 2.0%		Quarterly N	MI) Data  d Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3807 1.8244 1.8594	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CA	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,525,367.00	\$1,800,265	\$0	\$374,449	\$236,795	\$228,123	\$614,543	\$83,198	\$187,994	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$95,818)	\$0	\$0	\$0	(\$1,235)	(\$1,189)	(\$92,415)		(\$34,176)	\$33,197
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,429,549	\$1,800,265	\$0	\$374,449	\$235,560	\$226,934	\$522,128	\$83,198	\$153,818	\$33,197
8	Total Nursing Facility Days As Filed Days = 27,760	FY12 Audited C/R Days	27,760									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,696	FY 18 GL-PL Ins Rpt Days								26,696		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.67	\$64.85	\$0.00	\$13.49	\$16.66	(with L&H)	\$18.81	\$3.12	\$5.54	\$1.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10		1.3807								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$46.97	40.00	040.40	040.00		<b>#</b> 40.04	00.40	05.54	04.00
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	per Peer Group Limits		\$46.97 \$71.51	\$0.00	\$13.49	\$16.66 \$23.09		\$18.81	\$3.12	\$5.54 N/A	\$1.20
13 14	Per Diem Standards (After Statewide CMA for Routine Srvcs)  Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.39	\$71.51 \$46.97	\$0.00 \$0.00	\$18.41 \$13.49	\$23.09 \$16.66		\$20.56 \$18.81	\$0.00 \$3.12	11.14	\$1.20
14	Base Feriod Case Mix Adjusted Allowed Fer Diem	Lesser of Lift 2 of Lift 13	φ111.39	<b>Ф40.97</b>	φυ.υυ	φ13.49	φ10.00		Φ10.01	φ3.12	(FRV)	\$1.20
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.63	\$8.63	\$0.00	\$2.48	\$3.06	\$0.00	\$3.46	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.02	\$55.60	\$0.00	\$15.97	\$19.72	\$0.00	\$22.27	\$3.12	\$11.14	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8594								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18. AllOthr = Ln 16	\$176.80	\$103.38 \$103.38	\$0.00	\$15.97	\$19.72	\$0.00	\$22.27	\$3.12	\$11.14	\$1.20
15	Quarterly Medicald Civia Allowed Fer Dietii	110 = 211 10, 7410411 = 211 10	\$170.00	φ103.36	φυ.υυ	\$13.97	φ13.72	φυ.υυ	φ22.21	φ3.12	\$11.14	φ1.20
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07					# · = · -			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$21.73	\$3.63	\$0.00	\$0.22	¢0.44	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	<b>\$0.00</b>
24	Total Quarterly Per Diem Add-on Amounts		,	• • • • • • • • • • • • • • • • • • • •	*****		\$0.41	*****	,	***	**	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.53	\$107.01	\$0.00	\$16.19	\$20.13	\$0.00	\$39.74	\$3.12	\$11.14	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.07									

#### FINAL

	Case Mix Per Diem Rate Effective Date: DS & Nurse Hrs Data per Quarter Ending:	04/01/21 12/31/20 Nurse Hot		ata and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 43.6% 4.30	Add-on Percent 18.37% 2.5% 2.0%	Qrtr		riod Overall CMI: rly Medicaid CMI:		Facility Specific 1.3746 1.8648 1.9004	State- wide 1.3617 1.5438 1.5713
Line # Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS			a	b	С	d	е	f	g		h	i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group				1 All Facilities	<b>1</b> All Facilities	2 Freestanding	1 All Facilities	1 All Facilities	1 All Facilities			
Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Lim	nits			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards: Percentile Peer Group Standards: Multiplier				90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
Efficiency Measures (Maximums)  Base Period Per Diem Allowed Amounts				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Net Historical Cost 2010		FY2010 C/R -FY 2018 GL-PL Rpt		1,136,799		222.002	132.845	149.522	328,763	47.102	040.004	0.110
Inflation (July 2012) @	2.06%	1 12010 C/K -1 1 2016 GE-FE KPI		23,418		233,063 4,801	5.817	149,522	6,773	47,102	316,084	2,412 50
Patient Days	2.0076	FY 2010 Cost Rpt		19,770		19,770	19.770		19,770		19,770	19,770
Total Nursing Facility Days GL-PL Ins. Rpt		FY 18 GL-PL Ins Rpt Days		15,770		13,770	13,770		15,770	12,944	19,770	19,770
Inflated NHC/ Patient Days				58.69		12.03	14.58		16.97	3.64	15.99	0.12
Base Period Facility CMI for all Residents				1.3746		12.00	14.50		10.37	3.04	15.55	0.12
Routine Services Case Mix Adjusted Net Per Dien	n			\$42.69								
Net Per Diems After Case Mix Adjustments			\$106.03	\$42.69		\$12.03	\$14.58		\$16.97	\$3.64	\$15.99	0.12
Per Diem Standards			Ψ100.00	\$72.49		\$17.69	\$23.20		\$21.80	\$5.04	Ψ15.55	0.12
Base Period Case Mix Adjusted Allowed Per Diem	1		\$99.11	\$42.69		\$12.03	\$14.58		\$16.97	\$3.64	9.07	0.12
Quarterly Per Diem Rate Prior to Add-Ons	·		Ψ55.11	Ψ42.00		Ψ12.00	Ψ14.50		φ10.37	\$5.04	(FRV Rate)	0.12
Growth Allowance 18.37%			\$15.85	\$7.84		\$2.21	\$2.68		\$3.12		(1114 Mate)	
CMA Allowed Per Diem After Growth Allowance			\$114.95	\$50.54		\$14.24	\$17.25		\$20.09	\$3.64	\$9.07	\$0.12
Quarterly Facility Case Mix Index for Medicaid Res Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net P			\$114.55	1.9004 \$96.05		φ14.24	\$17.25		\$20.09	\$3.04	\$3.07	\$0.12
Quarterly Medicaid CMA Allowed Per Diem			\$160.46	\$96.05		\$14.24	\$17.25		\$20.09	\$3.64	\$9.07	\$0.12
Quarterly Per Diem Add-On Amounts			******						420.00	<b>V</b> 0.07	\$0.01	<b>4</b> 0.112
Efficiency Add-On Per Diem (Std - Allwd x .75 up to	max or 0)		\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
BIMS Add-on Per Diem =	2.5% (to Routine Srys)		\$2.40	2.40		7	75.71		40.01			
Nurse Staff Hrs / Quality Add-on Per Diem =	2.0%		\$1.92	1.92								
Nursing Home Provider Fee	(735.05		\$ 17.10						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts			\$22.95									
Quarterly Case Mix Based Per Diem Rate			\$183.41	\$100.90		\$14.46	\$17.66		\$37.56	\$3.64	\$9.07	\$0.12
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr F	ee) x 75%	\$124.73					,		7300			

	wider: Westwood (University Extended Care) odr ID: 00219359A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Ho		wth Allowance: trly BIMS score	Facility Score N/A 38.6% 3.76	Add-on <u>Percent</u> 18.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.3761 1.5031 1.5292	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ъ	С	d	e	f	9	g	h	í
CA	ASE MIX BASED RATE CALCULATIONS		i .					:				:
1	Cost Center Peer Groups Type of Facility within Peer Group Bod Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts									i		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,260,037.13	\$4,994,106	\$0	\$831,460	\$532,811	\$395,396	\$1,007,514	\$183,274	\$315,476	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$134,484)	\$0	\$0	\$0	\$0	(\$4,648)	(\$129,836)	i	\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,125,553	\$4,994,106	\$0	\$831,460	\$532,811	\$390,748	\$877,678	\$183,274	\$315,476	\$0
8	Total Nursing Facility Days As Filed Days = 51,167	FY12 Audited C/R Days	51,167			1			i i	1		!
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,751	FY 18 GL-PL Ins Rpt Days				:			!	50,751		!
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a	\$158.83	\$97.60	\$0.00	\$16.25	\$18.05	(with L&H)	\$17.15	\$3.61	\$6.17	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3761		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$70.92		!		1		1		<i>i</i> •
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.92	\$0.00	\$16.25	\$18.05	1	\$17.15	\$3.61	\$6.17	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09	7	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.39	\$70.92	\$0.00	\$16.25	\$18.05	3	\$17.15	\$3.61	16.41	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons									į į	(FRV)	!
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22,49	\$13.03	\$0.00	\$2.99	\$3.32	\$0.00	\$3.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.88	\$83.95	\$0.00	\$19.24	\$21.37	\$0.00	\$20.30	\$3.61	\$16.41	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	į	1.5292		1				: 1		
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$128.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.31	\$128,38	\$0.00	\$19.24	\$21.37	\$0.00	\$20.30	\$3.61	\$16.41	\$0.00
	Quarterly Per Diem Add-on Amounts					1				1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.44	\$0,44	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.21	\$3.21		j į				i i		
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$3.85	\$3.85		; 1				1		:
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.60	\$7.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$234.91	\$135.88	\$0.00	\$19.46	\$21.78	\$0.00	\$37.77	\$3.61	\$16.41	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.36			•		***************************************	*****	i		

	ovider: Wildwood Health Care, Inc.  vdr ID: 00143547A  Case Mix Per Diem Rate Effective Date:	4/1/2021		Percentages with Allowance: trly BIMS score	Facility <u>Score</u> N/A 22.2%	Add-on <u>Percent</u> 18.37% 1.0%	Cas		CMI) Data d Overall CMI: Medicaid CMI;		Facility Specific 1,3013 1,4595	State- wide 1.3617 1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	4.16	2.0%	Ortrly Moaid	CMI w RUĞ I	Wght Options:		1.4876	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			8	<u> </u>	С	d	е	f	g	9	h	i
CA	ASE MIX BASED RATE CALCULATIONS			:								
1	Cost Center Peer Groups Type of Facility within Peer Group Bod Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts					1				i :		!
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,109,487.43	\$1,107,662	\$0	\$281,589	\$162,295	\$165,310	\$351,885	\$8,987	\$31,759	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$41,467)	(\$1,169)	\$0	\$0	\$1,443	\$1,470	(\$43,494)		(\$11,947)	\$12,230
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,068,020	\$1,106,493	\$0	\$281,589	\$163,738	\$166,780	\$308,391	\$8,987	\$19,812	\$12,230
8	Total Nursing Facility Days As Filed Days ≈ 15,340	FY12 Audited C/R Days	15,340	:		:						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,434	FY 18 GL-PL Ins Rpt Days				i :			1	15,434		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	1, n 7 / 1, n 8 Col a	\$134.81	\$72.13	\$0.00	\$18.36	\$21.55	(with L&H)	\$20.10	\$0.58	\$1.29	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,3013				:				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$55.43		}		:	1	:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.43	\$0.00	\$18.36	\$21.55		\$20.10	\$0.58	\$1.29	\$0.80
13	Per Diem Standards (Alter Statewide CMA for Routine Sirves)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	;	\$20.56	\$0.00	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.05	\$55.43	\$0.00	\$18.36	\$21.55		\$20.10	\$0.58	9.23 (FRV)	\$0.80
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$21.20	\$10.18	\$0.00	\$3.37	\$3.96	\$0.00	\$3.69	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.25	\$65.61	\$0.00	\$21.73	\$3.90 \$25.51	\$0.00		\$0.58	\$9.23	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ147.2Q	1.4876	30.00	Φ21.73	φ23.31	. 50.00	. 923.19	30,30	99.23	. 40.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.60		1						j
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.24	\$97.60	\$0.00	\$21.73	\$25.51	\$0.00	\$23,79	\$0.58	\$9.23	\$0.80
Ì	Quarterly 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	\$0.04	\$0.41	\$0.00	\$0.34	: 1	\$0.00	:
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs) ;	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98	43.00		43.11		1		43.00	:
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	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	\$21.35	\$3,46	\$0.00	\$0.04	\$0.41	\$0.00	\$17,44	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.59	\$101.06	\$0.00	\$21.77	\$25.92	\$0.00	\$41.23	\$0.58	\$9.23	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.62	<u> </u>					<del>*************************************</del>			<u></u>

	ovider: William Breman Jewish Home odor ID: 00040752A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2021</b> 12/31/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 48.2% 7.33	Add-on <u>Percent</u> 18.37% 5.5% 4.0%	Case  Qrtrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4004 1.8792 1.9150	State- wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,554,994.00	\$4,619,144	\$0	\$1,472,041	\$630,042	\$498,863	\$1,614,793	\$144,781	\$575,330	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$146,775)	\$7,250	\$0	\$0	(\$5,422)	(\$4,294)	(\$137,136)	, , -	(\$44,503)	\$37,330
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,408,219	\$4,626,394	\$0	\$1,472,041	\$624,620	\$494,569	\$1,477,657	\$144,781	\$530,827	\$37,330
8	Total Nursing Facility Days As Filed Days = 33,439	FY12 Audited C/R Days	33,439									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,595	FY 18 GL-PL Ins Rpt Days								33,595		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$281.33	\$138.35	\$0.00	\$44.02	\$33.47	(with L&H)	\$44.19	\$4.31	\$15.87	\$1.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4004</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.80	\$0.00	\$44.02	\$33.47		\$44.19	\$4.31	\$15.87	\$1.12
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.81	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$4.31	27.81 (FRV)	\$1.12
	Quarterly Per Diem Rate Prior to Add-ons										(1714)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.54	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.35	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.31	\$27.81	\$1.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.9150</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$162.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$268.80	\$162.10	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.31	\$27.81	\$1.12
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$8.92	\$8.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.48	\$6.48								
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	\$32.50	\$15.40	\$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	\$301.30	\$177.50	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$4.31	\$27.81	\$1.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$213.15									_

#### **FINAL**

Provider: Willowwood Nursing Center Prvdr ID: 00271829A H/B ?: No Case Mix Per Diem Rate Effective Da MDS & Nurse Hrs Data per Quarter Endie			ta and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 37.1% 3.09	Add-on Percent 18.37% 2.5% 2.0%	- Qrtrl		riod Overall CMI: rly Medicaid CMI:		Facility Specific 1.1879 1.7237 1.7572	State- wide 1.3617 1.5138 1.5405
ine Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS		a	b	C	d	е	f	g		h	1
Cost Center Peer Groups per Selected Options		1 1			2	1					
Type of Facility within Peer Group			All Facilities	All Facilities	_		7	7			
Bed Size Range within Peer Group					Freestanding	All Facilities	All Facilities	All Facilities			
Peer Group Standards & Efficiency Measure Limits			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards: Percentile			90.0%	00.004	00.00/	05.00/		50.00/			
Peer Group Standards: Percentile  Peer Group Standards: Multiplier			100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0%			
Efficiency Measures (Maximums)			\$0.53	\$0.00	1751155			105.0%			
Base Period Per Diem Allowed Amounts			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Net Historical Cost 2010	FY2010 C/R -FY 2018 GL-PL Rpt		1,595,445		413.205	205,765	267,259	616.206	70.000	200 000	40.505
Inflation (July 2012) @ 2.06%	1 12010 ON -1 1 2010 GE-FE KAR		32,866		8,512	9,744	267,259	12.694	78,669	380,009	18,585 383
Patient Days	FY 2010 Cost Rpt		35,750		35.750	35,750		35,750		25.750	35,750
Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days		35,750		35,730	33,730		35,750	31,254	35,750	35,750
Inflated NHC/ Patient Days			45.55		11.80	13.50		17.59	2.52	10.63	0.53
Base Period Facility CMI for all Residents			1.1879		11.00	15.50		17.55	2.52	10.03	0.50
Routine Services Case Mix Adjusted Net Per Diem			\$38.34								
Net Per Diems After Case Mix Adjustments		\$94.91	\$38.34		\$11.80	\$13.50		\$17.59	\$2.52	\$10.63	0.53
Per Diem Standards		\$0.00	\$72.49		\$17.69	\$23.20		\$21.80	Ψ2.02	φ10.03	0.00
Base Period Case Mix Adjusted Allowed Per Diem		\$92.28	\$38.34		\$11.80	\$13.50		\$17.59	\$2.52	7.99	0.53
Quarterly Per Diem Rate Prior to Add-Ons		702	***************************************		<b>\$11.00</b>	Ψ10.00		V17.00	Ψ2.02	(FRV Rate)	0.00
Growth Allowance 18.37%		\$14.92	\$7.04		\$2.17	\$2.48		\$3.23		() / () / (alo)	
CMA Allowed Per Diem After Growth Allowance		\$107.19	\$45.39		\$13.96	\$15.98		\$20.82	\$2.52	\$7.99	\$0.53
Quarterly Facility Case Mix Index for Medicaid Residents			1.7572		¥70.00	<b>\$10.00</b>		420.02	<b>\$2.02</b>	ψ1.00	Ψ0.00
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$79.76								
Quarterly Medicaid CMA Allowed Per Diem		\$141.56	\$79.76		\$13.96	\$15.98		\$20.82	\$2.52	\$7.99	\$0.53
Quarterly Per Diem Add-On Amounts								,		750	72.00
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
BIMS Add-on Per Diem = 2.5% (to Routine Sr	s)	\$1.99	1.99		92.000000						
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$1.60	1.60								
Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts		\$22.22									
Quarterly Case Mix Based Per Diem Rate		\$163.78	\$83.88		\$14.18	\$16.39		\$38.29	\$2.52	\$7.99	\$0.53

Provider: Windemere Health & Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00241678A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: Itrly BIMS score		18.37% 2.5% 3.0%	Ortrly Meald		d Overall CMI Medicaid CMI Woot Ontions	:	1.5761 1.5092 1.5348	1.3617 1.5382 1.5656
			i i i i i i i i i i i i i i i i i i i						•	7.3040	
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	С	d	e	f	g	g	ħ	i
CASE MIX BASED RATE CALCULATIONS				!					. 1		
1 Cost Center Peer Groups	(see Policy Manual)		. 1	1	2	1	. 1	1			
Type of Facility within Peer Group			All Facilities	All Facilities		All Facilities	All Facilities	All Facilities	1		
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	4		
Peer Group Standards & Efficiency Measure Limits			1	İ	1			:			:
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
Base Period Per Diem Allowed Amounts			!		1 .			:			
5 As Filed Cost Center Costs (Routine & Special Stress Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,691,497.00	\$3,243,931	\$0	\$613,683	\$206,128	\$279,704	\$1,067,395	\$3,884	\$276,772	. <b>\$</b> 0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,491)	\$0	\$0	\$0	(\$7,368)	(\$11,990)	(\$39,137	)	(\$58,352)	\$50,356
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,625,006	\$3,243,931	\$0	\$613,683	\$198,760	\$267,714	\$1,028,258	\$3,884	\$218,420	\$50,356
8 Total Nursing Facility Days As Filed Days = 40,515	FY12 Audited C/R Days	40,515			1	:	:		1		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,159	FY 18 GL-PL Ins Rpt Days			i	1			:	38,159		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.84	\$80.07	\$0.00	\$15.15	\$11.51	(with L&H)	\$25.38	\$0.10	\$5.39	\$1.24
10 Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.5761	1	1		!	:	i :		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$50.80		1						
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.80	\$0.00	\$15.15	\$11.51	i i	\$25.38	\$0.10	\$5.39	\$1.24
13 Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	; :
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.68	\$50.80	\$0.00	\$15.15	\$11.51		\$20.56		9.32	\$1.24
Outstate Bas Bias Bata Bata Add and			:		:	'			1	(FRV)	I
Quarterly Per Diem Rate Prior to Add-ons  15   Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$18.00	\$9.33	\$0.00	\$2.78	\$2.11	50.00	. 60.70		b.If.a	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.68				*			1	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$120.08	\$60.13	\$0.00	\$17.93	\$13.62	\$0.00	\$24.34	\$0.10	\$9.32	\$1.24
	Ln 16 x Ln 17		1.5348		1			!			
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$158.84	\$92.29 \$92.29	\$0.00	\$17.93	\$13.62	\$0.00	\$24.34	\$0.10	\$9.32	\$1.24
, , , , , , , , , , , , , , , , , , , ,		4700.01	: •			V.0.02	. 40.00	1	1 40.10	Ψ3.32	91.2
Quarterly Per Diem Add-on Amounts	Inna Ballan Manua	***				::		1			:
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	!
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31		1			i			!
	En 19 Col b x Stfng Add-on	\$2.77	\$2.77		1				1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.34	\$5.61	\$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	\$182.18	\$97.90	\$0.00	\$18.15	\$14.03	\$0.00	\$41.44	\$0.10	\$9.32	\$1.24
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	· (Ln 25 - Ln 23) * 0.75	\$123.81									

	Provider: Winder Nursing, Inc. Prodr ID: 00142854A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2021 12/31/20 Nurse Hour		owth Allowance: trly BIMS score	29.0%	Add-on Percent 18.37% 1.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3615 1.3733 1.3971	State- wide 1.3617 1.5382 1.5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	9	g	h	í
<u>c</u>	CASE MIX BASED RATE CALCULATIONS			:		1		ŧ				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts				İ				:	:		
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt i	\$7,471,546.00	\$4,058,730	\$0	\$827,505	\$349,698	\$545,779	\$1,031,580	\$118,089	\$540,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$86,521)	(\$32,627)	\$0	\$0	\$886	\$1,384	(\$57,483)		(\$18,805)	\$20,124
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,385,025	\$4,026,103	\$0	\$827,505	\$350,584	\$547,163	\$974,097	\$118,089	\$521,360	\$20,124
8	Total Nursing Facility Days As Filed Days = 53,832	FY12 Audited C/R Days	53,832						-			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,878	FY 18 GL-PL Ins Rpt Days			1				:	46,878		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137.51	\$74.79	\$0.00	\$15.37	\$16.68	(with L&H)	\$18.10	\$2.52	\$9.68	\$0.37
10	·	from 4 qtrs of FY12	i	1.3615		1		:	:			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.93		1		1				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	,	\$54.93	\$0.00	\$15.37	\$16.68	1	\$18.10	\$2.52	\$9.68	\$0.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14		Lesser of Ln 12 or Ln 13	\$119.13	\$54.93	\$0.00	\$15.37	\$16.68	i i	\$18.10	\$2.52	11,16 <i>(FRV)</i>	\$0.37
: 15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.29	\$10.09	\$0.00	\$2.82	\$3.06	\$0.00	\$3.32	N/A	N/A	
16		Ln 14 + Ln 15	\$138.42	\$65.02	\$0.00		\$3.06 \$19.74	\$0.00	\$21.42	\$2.52	\$11,16	N/A \$0.37
17		per Current Otr End	\$130.42	1.3971	. 50.00	910.19	\$19.74	\$0.00	921.42	\$2.52	\$11,10	\$0.5
18	· · · · · · · · · · · · · · · · · · ·	£n 16 x Ln 17		\$90.84				:				
19		RS = Ln 18, AllOthr = Ln 16	\$164.24	\$90.84	\$0.00	\$18.19	\$19.74	\$0.00	\$21.42	\$2.52	\$11.16	\$0.37
	Quarterly Per Diem Add-on Amounts								}	İ		
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$0.91	\$0.91			\$5.41	:	40.01	1	\$5.00	
22	·	Ln 19 Col b x Sting Add-on	\$2,73	\$2.73	:	1				1		
23		(Fixed Amount)	\$17.10						\$17,10			
24	1 -	Sum of Lns 20 thru 23	\$22.27	\$4.17	\$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 + Լո 24	\$186.51	\$95.01	\$0.00	\$18.41	\$20.15	\$0.00	\$38.89	\$2.52	\$11.16	\$0.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.06			<u> </u>		L	I	<u> </u>		
	:		V.21.00									

	rovider: Winthrop Manor Nursing Center	-	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data d Overall CMI		Facility Specific 1,3379	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021	Q	trly BIMS score	18.2%	0.0%			Medicaid CMI		1.3858	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hour	s per On-Site Day/Q	luality Incentive:	3.13	3.0%	Ortrly Moaid	CMI w RUG	Wght Options	:	1.4068	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>	AAD ALL ALL ALL ALL ALL ALL ALL ALL ALL		а	b	c	d d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS					1		:		1		
- 1	Cost Center Peer Groups	(see Policy Manual)		1		2		: 1	1	1		
( '	Type of Facility within Peer Group	(see Folicy Manual)		All Facilities	All Facilities		All Facilities	: I : All Facilities	All Facilities	1		
	Bed Size Range within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits									1		i
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	1		
. 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0,22	\$0.41	3	\$0.37	1		
-	Base Period Per Diem Allowed Amounts			r ·								
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,202,363.87	\$2,864,962	\$0	\$524,768	\$373,839	\$279,989	\$656,993	\$95,369	\$406,444	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$24,426)	\$0	\$0	\$0	\$227	\$0	(\$24,653	)	(\$33,959)	\$33,959
: 7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,177,938	\$2,864,962	\$0	\$524,768	\$374,066	\$279,989	\$632,340	\$95,369	\$372,485	\$33,959
8	Total Nursing Facility Days As Filed Days = 35,374	FY12 Audited C/R Days	35,374	1		:						
!	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,215	FY 18 GL-PL Ins Rpt Days				:		į	:	33,215		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.55	\$80.99	\$0.00	\$14.83	\$18,49	(with L&H)	\$17.88	\$2.87	\$10.53	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3379</u>				i N		1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.53		:						:
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.53	\$0.00	\$14.83	\$18.49	}	\$17.88	\$2.87	\$10.53	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.82	\$60.53	\$0.00	\$14.83	\$18.49		\$17.88	\$2.87	10.26	\$0.96
1	Quarterly Per Diem Rate Prior to Add-ons			1		1					(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.52	\$11,12	\$0.00	\$2.72	\$3.40	\$0.00	\$3.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.34	\$71.65	\$0.00	\$17.55	\$21.89	\$0.00	\$21.16	\$2.87	\$10.26	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Olr End		1.4068						1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.80		1		i				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.49	\$100.80	\$0.00	\$17.55	\$21.89	\$0.00	\$21,16	\$2.87	\$10.26	\$0.96
	Quarterly Per Diem Add-on Amounts					:		1	:			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00					1	:		43.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3.02							1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		:	\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.65	\$3.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Լո 19 + Ln 24	\$197.14	\$104.35	\$0.00	\$17.77	\$22.30	\$0.00	\$38.63	\$2.87	\$10.26	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 + Ln 23) * 0.75	\$135.03	1						<u> </u>		

Provide Prvdr I			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1,2524	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date:	4/1/2021	Q	trly BIMS score	38.1%	2.5%			Medicaid CMI:		1.4100	1.5382
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	2.34	2.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.4328	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C	ď	е	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS											
: 1						_ :			>			
1 00	st Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		: 1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities		:	
	Bed Size Range within Peer Group	i		All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes		i	
		i		7200 0.200	1111 232 01200	, and so sizes	71.7 200 21200	:	. All Ded Grees	:	i	
	er Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
1 1	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		
	ifficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		
Ra	se Period Per Diem Allowed Amounts					1					!	
1	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,219,033.00	\$2,417,583	\$0	\$472.033	\$287,471	\$253.518	\$474,971	\$8,205	\$305,252	\$0
	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$17,067)		\$0	(\$1,703)	\$0	\$0	(\$17,067)	40,200	(\$683)	\$2.386
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,201,966	· .	\$0	\$470,330	\$287.471	\$253,518	\$457,904	\$8,205	\$304,569	\$2,386
8	Total Nursing Facility Days As Filed Days = 29,208	FY12 Audited C/R Days	29.208	1	•••	4170,000	4207,411	. •	\$-51,504	40,203	4504,555	Ψ2,000
-	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,114	FY 18 GL-PL Ins Rpt Days	20,200					:		29,114		
9 1	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$143.86	\$82.77	\$0.00	\$16.10	\$18.52	(with L&H)	\$15.68	\$0.28	\$10,43	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	4. 10100	1.2524	40.00	V10.10	410.0L	. (2.1.1.2.2.7		40.20	\$10.45	ψ0.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09		!				1		
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$16.10	\$18.52		\$15.68	\$0.28	\$10.43	\$0.08
13 F	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23,09	i	\$20.56	\$0.00	N/A	44.55
14 B	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.39	\$66.09	\$0.00		\$18.52	:	\$15.68	\$0.28	9.64	\$0.08
_								:		•	(FRV)	*****
	arterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	****		** **							
1 1	Frowth Allowance Percentage = 18.37%	Ln 14 x Grwin Allwing %	\$21.38	\$12.14	\$0.00	\$2.96	\$3.40		\$2.88	N/A	N/A	N/A
16 C	MA Allowed Per Diem (After Growth Aflowance Add-on)	per Current Oir End	\$147.77	\$78.23	\$0.00	\$19,06	\$21.92	\$0.00	\$18.56	\$0.28	\$9.64	\$0.08
' 18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4328				1			:	
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.63	\$112.09 \$112.09	\$0.00	\$19.06	204.00		: 040.50		****	** **
. 13	darreny medicald CMA Allowed Fer cleff	N3 - Eli 16, Allottii - Eli 16	\$101.03	\$112.09	20.00	\$19.06	\$21.92	\$0.00	\$18.56	\$0.28	\$9.64	\$0.08
Qu	arterly Per Diem Add-on Amounts					1		I				
20 E	fficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 E	IMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80		1				:		
	furse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.24	\$2.24					:	. !	:	
1 1	lursing Home Provider Fee	(Fixed Amount)	\$17.10	:					\$17.10			
24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.67	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 <b>Q</b> u	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.30	\$117.66	\$0.00	\$19.28	\$22.33	\$0.00	\$36.03	\$0.28	\$9.64	\$0.08
26 Ou	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141,15	<u> </u>		1		<del></del>	<b>*</b>	·		

Provider: Woodlands Health & Rehab Ctr. Prvdr ID: 00141985A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			with Allowance: trly BIMS score	Facility Score N/A 32.8% 3.70	Add-on Percent 18.37% 2.5% 2.0%			Overall CMI dedicaid CMI		Facility <u>Specific.</u> 1.1917 1.3119 1.3330	State- wide 1.3617 1.5382 1.5656
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
•	! !	a .	b	С	d	e	f	g	g	ħ	i
CASE MIX BASED RATE CALCULATIONS	İ	•									
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts		:									
As Filed Cost Center Costs (Rouline & Special Stress Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,762,052.00	\$1,272,623	\$0	\$311,916	\$156,979	\$216,758	\$457,187	\$22,007	\$324,582	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$84,945)	\$0	\$0	\$0	(\$419)	\$3,085	(\$86,820)		(\$29,248)	\$28,457
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,677,107	\$1,272,623	\$0	4	\$156,560	\$219,843	\$370,367	\$22,007	\$295,334	\$28,457
8 Total Nursing Facility Days As Filed Days = 22,087	FY12 Audited C/R Days	22,087			i ·			:			
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,847	FY 18 GL-PL Ins Rpt Days				:				41,847		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	₹n7/Ln8Cola	\$120.74	\$57.62	\$0.00	\$14.12	\$17.04	(with L&H)	\$16.77	\$0.53	\$13,37	\$1.29
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1917		1		·		1		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.35		1						
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.35	\$0.00	\$14.12	\$17,04		\$16.77	\$0.53	\$13.37	\$1.29
13 Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.04	\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	12.94 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons  15   Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %		<b>***</b> 00	<b>co.oo</b>		20.40		40.00			
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$17.68 \$128.72	\$8.88 \$57.23	\$0.00 \$0.00	\$2.59	\$3.13	\$0.00	\$3.08	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End	\$120.72	1.3330	\$0.00	\$16.71	\$20.17	\$0.00	\$19.85	\$0.53	\$12.94	\$1.29
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.29					!		1	
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.78	\$76.29	\$0.00	\$16.71	\$20.17	\$0.00	: \$19.85	\$0.53	\$12.94	\$1,29
Quarterly Per Diem Add-on Amounts	I .	3	I		į (						
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	•	\$1.91	\$1.91	Ψ0.00		ΨV-4 ξ	40.00	. 40.31	1	\$0,00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.53						:	:		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	7,,55		1			\$17,10	ļ .	6	
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.07	\$3.97	\$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	\$169.85	\$80.26	\$0.00	\$16.93	\$20.58	\$0.00	\$37.32		\$12.94	\$1.29
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.56			<u> </u>				i		

1	ovider: Woodstock Nursing and Rehab Center vdr ID: 00171212A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Ad 4/1/2021 12/31/20 Nurse Hours per (	Qtr	rth Allowance: Iy BIMS score		Add-on Percent 18,37% 2.5% 2,0%			l Overall CMI: redicald CMI:		Facility <u>Specific</u> 1,5030 1,6464 1,6762	State- wide 1,4014 1,5382 1,5656
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			a	ь	С	d	е	f	g		h	ı
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	***************************************		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$4,660,444	\$2,454,523	\$0	\$361,256	\$172,432	\$210,220	\$771,588	\$202,899	\$487,526	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$41,721)	(\$7,343)	\$0	\$0	\$6,537	\$8,304	(\$67,698)	1 1	(\$358)	\$18,837
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$4,618,723	\$2,447,180	\$0	\$361,256	\$178,969	\$218,524	\$703,890	\$202,899	\$487,168	\$18,837
8	Total Nursing Facility Days As Filed Days = 22,894	FY14 Audited C/R Days	22,894									,
į	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,670	FY 18 GL-PL Ins Rpt Days								44,670		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7/Ln 8 Col a	\$197.42	\$106.89	\$0.00	\$15.78	\$17.36	(with L&H)	\$30.75	\$4.54	\$21.28	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY18		<u>1.5030</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$71,12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.12	\$0,00	\$15,78	\$17.36		\$30,75	\$4.54	\$21,28	\$0.82
13	Per Diem Standards (Alter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0,00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142,54	\$71,12	\$0.00	\$15.78	\$17,36		\$24.02	\$4.54	8,90	\$0.82
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$23.56	\$13,06	\$0,00	\$2.90	\$3,19	\$0,00	\$4,41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166,10	\$84,18	\$0.00	\$18.68	\$20,55	\$0.00	\$28,43	\$4.54	\$8,90	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,6762					******		13100	*
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	էո 16 x Ln 17		\$141.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = En 18, AllOthr = En 16	\$223.02	\$141.10	\$0.00	\$18,68	\$20.55	\$0.00	\$28.43	\$4.54	\$8,90	\$0.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3,53	\$3,53	QU.UU	\$0.22	φ <b>υ,4</b> I	\$0.00	90.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.33	\$3.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	42,02					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.61	\$6.88	\$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	\$247.63	\$147.98	\$0,00	\$18,90	\$20.96	\$0.00	\$45,53	\$4,54	\$8.90	\$0,82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$172,90						7	L		4-,62

Case Mak Rev Dem Rev Rev Dem Rev Rev Dem Rev Rev Dem Rev Rev Dem Rev Rev Dem Rev Rev Dem Rev Rev Rev Dem Rev Rev Rev Rev Rev Rev Rev Rev Rev Rev		rovider: Wrightsville Manor		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
	P						18.37%						1.3617
Description   Source   Totals   Service   Se	}							Orthy Mesid					1.5382
Line   Description   Sources   Totals Services   Serv		,		so per en en ene say a	duity mocnitive.		3.070	Qitily Mobile	Olali W 1000	rrgiit Options.		1,7702	1.5050
Coal Center Pear Groups	,	Description		Totals			Dietary	,	Operatos	and		and	Taxes and Insurance
Cost Center Part Croups   Cost Center Part Croups   AF pailing with five Group   AF pailing with five				: a	b	C	d :	е	f f	g	9	h	i
Profession Procession   Proce	c	ASE MIX BASED RATE CALCULATIONS			:	:			:	}	:		:
Profession Procession   Proce	1	Cost Capter Page Groups	(see Reliev Menual)			: .	١ ,						[
Bed Sine Range with Pietr Group   All Bed Sizes   All Sizes   All Sizes   All Sizes   All Sizes   All Sizes   All Sizes   All Sizes   All Sizes   All Sizes		·	(366 t Oiley Manual)	I	All Facilities			•		· All Facilities			
Pere Group Standards: Processible   Gees Policy Minimals   90.07%   90.07		i i		1									
Peer Group Standards: Procentile   Gene Picky Manual)   90.09%		Peer Group Standards & Efficiency Measure Limits					!		:				
Park Group Standards: Multiplier   (see Pelsiny Manual)   (see Pel	2		(see Policy Manual)	•	90.0%	90.0%	90.0%	85.0%		50.0%			1
Base Period Per Diem Allowed Amounts	3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%			:	1	į :		
As Flied Cest Certier Costs (Routine & Special Sirves Combined)	4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			1
6 Audit Adjustments and Reallocations to Cost Center Costs 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 PY12 Audited CR7 9 33,344  Total Nursing Facility Days As Field Days = 33,384  Total Nursing Facility Days As Field Days = 32,758  PY12 Audited CR7 9 33,344  Total Nursing Facility Days As Field Days = 32,758  PY12 Audited CR7 1 Cost Center Costs Add Facility Days As Field Days = 32,758  PY12 Audited CR7 9 33,344  Total Nursing Facility Days As Field Days = 32,758  PY18 GL-Pt lins Ript Days 1 Lin Tin Colin S12.35  PY18 GL-Pt lins Ript Days 1 Lin Tin Colin S12.35  S84.95  S0.00 S14.95  S14.51  (with Lét) S11.27  S3.75  S11.14  S0.00 S14.95  S14.51  Routine Sirves Case Mix Adjust to Chavine Sirves Base Period Facility Case Mix Adjust to Chavine Sirves Rs In 11, AllObur = In 9 S53.23 S0.00 S14.95  S53.23 S0.00 S14.95  S14.51  S11.27 S3.75 S11.14 S3.75 S3.75 S11.14 S3.75 S11.14 S3.75 S3.75 S11.14 S3.75 S3.75 S11.14 S3.75 S3.75 S11.14 S3.75 S3.75 S11.14 S3.75 S3.75 S11.14 S3.75		Base Period Per Diem Allowed Amounts											:
7. Cost Center Costs After Audit Adjishments	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,150,140.00	\$2,168,346	\$0	\$499,164	\$248,106	\$236,149	\$477,182	\$122,740	\$398,453	. \$0
8 Total Nursing Facility Days	6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,335)	\$0	\$0	\$0	\$0	\$0	(\$100,981)	ji i	(\$26,499)	\$26,145
Total Nursing Facility Days GL-PL Ins. Rpt	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,048,805	\$2,168,346	\$0	\$499,164	\$248,106	\$236,149	\$376,201	\$122,740	\$371,954	\$26,145
9 Net Per Diems prior to Case Mix Adjstint to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 33,384	FY12 Audited C/R Days	33,384			: !			!	1		
Base Period Facility Case Mix Aight (CMA) Net Per Diem		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,758	FY 18 GL-PL Ins Rpt Days				1		ł		32,758		
11   Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Gol a	\$121.35	\$64.95	\$0.00	\$14.95	\$14.51	(with L&H)	\$11.27	\$3.75	\$11.14	\$0.78
12   Net Per Diems after Case Mix Adjstimt to Routine Srvcs   RS = Ln 11, AllOthr = Ln 9   \$53,23   \$0.00   \$14.95   \$14.51   \$23.09   \$20.56   \$0.00   N/A     13   Per Diem Standards (Atter Statewide CMA for Routine Srvcs)   per Peer Group Limits   \$71.51   \$0.00   \$18.41   \$23.09   \$20.56   \$0.00   N/A     14   Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$108.50   \$53.23   \$0.00   \$14.95   \$14.51   \$23.09   \$20.56   \$0.00   N/A     15   Growth Allowance Percentage =   18.37%   Ln 14 × Growth Allowed Per Diem (Atter Growth Allowance Add-on)   Ln 14 + Ln 15   \$12.577   \$63.01   \$0.00   \$17.70   \$17.18   \$0.00   \$13.34   \$3.75   \$10.01   \$17.00   \$10.00	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2201	i			1	1	1		
13   Per Diem Standards (After Statewide CMA for Routine Srvcs)   per Peer Group Limits   S71.51   S0.00   \$18.41   \$23.09   \$20.56   \$0.00   N/A     14   Base Périod Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$108.50   \$53.23   \$0.00   \$14.95   \$14.51   \$11.27   \$3.75   \$10.01   \$10.0	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.23	, {			f				
14 Base Period Case Mix Adjusted Allowed Per Diem  Lesser of Ln 12 or Ln 13  15 Growth Allowance Percentage = 18.37%  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Alter Growth Allowance Add-on)  CMA Allowed Per Diem (Sind - Alwd) Net Per Diem  CMA Allowed Per Diem (Sind - Alwd) Net Per Diem  CMA Allowed Per Diem (Sind - Alwd) Net Per Diem  CMA Allowed Per Diem (Sind - Alwd) Net Per Diem  CMA Allowance Per Diem (Sind - Alwd) Net Per Diem  CMA Allowance Per Diem (Sind - Alwd) Net Per Diem  CMA Allowance Per Diem (Sind - Alwd) Net Per Diem  CMA Allowance Per Diem (Sind - Alwd) Net Per Diem  CMA Allowance Per Diem (Sind - Alwd) Net Per Diem  CMA Allowance Per Diem (Sind - Alwd) Net Per Diem  CMA Allowance Per Diem (Sind - Alwd) Net Per Diem  CMA Allowance Per Diem (Sind - Alwd) Net Per Diem  CMA Allowance Per Diem (Sind - Alwd) Net Per Diem  CMA Allowance Mix Sind Sind Net Per Diem Net Sind Net Per Diem Net Sind Net	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	•	\$53.23	\$0.00	\$14.95	\$14.51		\$11.27	\$3.75	\$11.14	\$0.78
Comparing Per Diem Rate Prior to Add-ons   Lin 14 x Growth Allowance   Street Per Diem Rate Prior to Add-ons   Lin 14 x Growth Allowance   Street Per Diem (Alter Growth Allowance Add-on)   Lin 14 x Lin 15   S125.77   S53.01   S0.00   S17.70   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.18   S0.00   S13.34   S3.75   S10.01   S17.10   S17.18   S0.00   S13.34   S3.75   S10.01   S17.10   S17.10   S17.18   S0.00   S13.34   S3.75   S10.01   S17.10	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons   Ln 14 x Grwth Allwanc	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.50	\$53.23	\$0.00	\$14.95	\$14.51	1	\$11.27	\$3.75	10.01	\$0.78
15   Growth Allowance Percentage =   18.37%		Quarterly Per Diem Rate Prior to Add-ons							3		}	(FRV)	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)  Ln 14 + Ln 15  Quarterly Facility Case Mix Index for Medicaid Residents  per Current QIr End  Ln 16 x Ln 17  Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Ln 16 x Ln 17  Quarterly Medicaid CMA Allowed Per Diem  RS = Ln 18, AllOthr = Ln 16  Quarterly Per Diem Add-on Amounts  Cuarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem = 2.5% (to Routine Srvcs)  Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)  Nursing Home Provider Fee  (Fixed Amount)  Quarterly Per Diem Add-on Amounts  Ln 19 + Ln 24  Sum of Lns 20 thru 23  Sum of Lns 20 thru 24  Sum of Lns 20 thru 25  Sum of Lns 20 thru 25  Sum of Lns 20 thru 25  Sum of Lns 20 thru 25  S	15	· · · · · · · · · · · · · · · · · · ·	Ln 14 x Grwth Allwnc %	\$17.27	\$9.78	\$0.00	\$2.75	\$2.67	\$0.00	\$2.07	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents por Current QIr End Unit 16 x Ln 17 Strate	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.77	\$63.01	\$0.00	\$17.70	\$17.18	\$0.00				\$0.78
18	17		per Current Qlr End					*******		:		4.5.5	
Quarterly Per Diem Add-on Amounts         Quarterly Per Diem Add-on Amounts         Statistical Control of the Cont	18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17			:							
20 Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.80	\$112.04	\$0.00	\$17.70	\$17.18	\$0.00	\$13.34	\$3.75	\$10.01	\$0.78
20 Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.00 \$0.37 \$0.00 \$		Quarterly Per Diem Add-on Amounts					1			:			
21   BIMS Add-on Per Diem =   2.5% (to Routine Srvs)   Ln 19 Col b x CPS Add-on   \$2.80   \$2	20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Stvcs)								<b>43.77</b>	. 44,00	. 40.01		\$3.00	
23     Nursing Home Provider Fee     (Fixed Amount)     \$17.10     \$17.10     \$17.10       24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$24.79     \$6.69     \$0.00     \$0.22     \$0.41     \$0.00     \$17.47     \$0.00     \$0.00     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     £n 19 + Ln 24     \$199.59     \$118.73     \$0.00     \$17.92     \$17.59     \$0.00     \$30.81     \$3.75     \$10.01     \$10.01		· · · · · · · · · · · · · · · · · · ·					i				i		
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$24.79     \$6.69     \$0.00     \$0.22     \$0.41     \$0.00     \$17.47     \$0.00     \$0.00     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$199.59     \$118.73     \$0.00     \$17.92     \$17.59     \$0.00     \$30.81     \$3.75     \$10.01     \$10.00									i	\$17.10	. !		
25 Quarterly Case Mix Based Per Diem Rate £n 19 + Ln 24 \$199.59 \$118.73 \$0.00 \$17.92 \$17.59 \$0.00 \$30.81 \$3.75 \$10.01 \$			·		\$6.69	\$0.00	\$0.22	\$0.41	\$0.00		1 1	\$0.00	\$0.00
	25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$199.59	<del>!</del>	·	<del> </del>				<del> </del>	·	\$0.78
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$136,87	20	Quarterly Per Diem Rate for Bed Hold and Leave Days	/( n 25 . l n 22\ • 0.75						4	<u> </u>		200	

#### FINAL

₽r	ovider: <b>Wynfield Park Health &amp; Rehab</b> vdr ID: <b>00141512A</b> H/B ?: No Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	•		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 29.7% 3.70	Add-on Percent 18.37% 1.0% 3.0%		Quarterl	(CMI) Data od Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility Specific 1.2181 1.4307 1.4520	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CA	SE MIX BASED RATE CALCULATIONS		a	b	<u> </u>	l d	<u>e</u>	<u> </u>	!g	L	<u>h</u>	<u></u>
	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowance Quarterly Facility Case Mix Index for Medicaid Residents Qurterly Facility Case Mix Index for Medicaid Residents Quty Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	FY2018 GL-PL Ins. R FY2018 GL-PL Ins. R FY 2012 Peer Group Li	pt	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$12.48 \$80.41 1.4520 \$116.75	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$25.63 \$25.63 \$25.63 (FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% (to Routine Size Nurse Staff Har / Quality Add-on Per Diem = 3.09 Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$216.19 \$1.17 \$3.50 \$17.10 \$21.77	\$116.75 \$1.17 \$3.50		\$20.70	\$25.97		\$23.12 17.10	\$2.79	\$25,63	\$1.23
	Quarterly Case Mix Based Per Diem Rate		\$237.96	\$121.42		\$20.70	\$25.97		\$40.22	\$2.79	\$25.63	\$1.23
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$165,65					1			1		1

#### FINAL

Provider: Zebuton Park Health & Rehab Prvdr ID; 003125041B H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;			Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:		Facility Score N/A 25.7% 3.56	Add-on Percent 18,37% 1,0% 3,0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.5101 1.5348	State- wide 1.3617 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
ļ			a	Ь	CC	<u>d</u>	e	<u>f</u>	9	L	h	<u> </u>
CA	SE 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			1 All Facilities All Bed Sizes 90.0%	1 All Facilities All Bed Sizes 90.0%	2 Freestanding All Bed Sizes 90.0%	1 All Facilities All Bed Sizes 85.0%	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0%	Tanana ayan ayan ayan ayan ayan ayan aya		TO THE THE PARTY OF THE PARTY O
	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 Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. RI FY2018 GL-PL Ins. RI	1			The same of the sa				\$ 63,806 21,332		
	Standard Per Diem (After CMA for Routine Srvcs)  Allowed @ 95% of Std  Growth Allowance 18.4%	FY 2012 Peer Group Lir	s168.52 \$23.31	\$71.51 \$67,93 \$12.48		\$18.41 \$17.49 \$3.21	\$23.09 \$21.94 \$4.03		\$20.56 \$19.53 \$3.59		\$36,35 \$36,35	
	CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$194.82	\$80.41 <u>1.<b>5348</b></u> \$123.41		\$20.70	\$25.97	without the first transformer was the first transformer.	\$23.12	\$ 2.99	\$36,35 (FRV Rate)	\$5,28
	Quarterly Medicaid CMA Allowed Per Diem  Quarterly Per Diem Add-On Amounts  BIMS Add-on Per Diem = 1.0% (to Routine Srea	الزد	\$237.82 \$1.23	\$123.41 \$1.23		\$20,70	\$25.97	Average designation of the second sec	\$23.12	\$2.99	\$36,35	\$5.28
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.09 Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$3.70 \$17.10 \$22.04	\$3.70		<b>V</b> O.0011111111111111111111111111111111111		Tarring paper a particular de la constanta de	17.10	ine farme debine f		
1	Quarterly Case Mix Based Per Diem Rate		\$259.86	\$128.35		\$20,70	\$25.97		\$40.22	\$2.99	\$36,35	\$5.28
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$182.07										