

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: A.G. Rhodes Home - Cobb, Inc. Prvdr ID: 00493292A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 34.9% Nurse Hours per On-Site Day/Quality Incentive: 3.77 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4016 Quarterly Medicaid CMI: 1.6974 Qtrly Mcaid CMI w RUG Wght Options: 1.7298 Facility Specific: 1.4016 1.6974 1.7298 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$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 Adjstms	(\$284,999)	(\$63,751)	\$0	(\$37,217)	\$9,739	\$2,194	(\$205,354)		(\$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	\$557,852	\$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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,825	FY 18 GL-PL Ins Rpt Days								24,825		
10	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4016								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.55								
13	Net Per Diems after Case Mix Adjstnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.55	\$0.00	\$22.05	\$26.81		\$33.75	\$4.71	\$8.45	\$0.31
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	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		\$20.56	\$4.71	15.51 (FRV)	\$0.31
	Quarterly Per Diem Rate Prior to Add-ons											
16	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
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.64	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.71	\$15.51	\$0.31
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7298								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.43								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.42	\$146.43	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.71	\$15.51	\$0.31
	Quarterly Per Diem Add-on Amounts											
21	Efficiency Add-on Per Diem ((Std - Ahdw) 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	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.66	\$3.66								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.39	\$4.39								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.15	\$8.05	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$265.57	\$154.48	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$4.71	\$15.51	\$0.31
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.35									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: A.G. Rhodes Home at Wesley Woods, Inc.		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00040818A		Case Mix Per Diem Rate Effective Date: 7/1/2020	Growth Allowance: N/A	Qtrly BIMS score 49.4%	18.37%	Base Period Overall CMI: 1.4319				1.4319	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 4.01	Qtrly BIMS score 49.4%	5.5%	Quarterly Medicaid CMI: 1.6197				1.6197	1.4961		
				3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6509				1.6509	1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjmts	(\$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									
	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 Svcs	Ln 7 / Ln 8 Col a	\$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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.12	\$0.00	\$16.71	\$27.37		\$41.65	\$0.00	\$9.25	\$0.26
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.26
Quarterly Per Diem Rate Prior to Add-ons												
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 Allowance Add-on)	Ln 14 + Ln 15	\$173.28	\$84.65	\$0.00	\$19.78	\$27.33	\$0.00	\$24.34	\$0.00	\$16.92	\$0.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6509								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.38	\$139.75	\$0.00	\$19.78	\$27.33	\$0.00	\$24.34	\$0.00	\$16.92	\$0.26
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.69	\$7.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.19	\$4.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.20	\$11.88	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$267.68	\$161.63	\$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	\$180.36									

**Quarterly Case Mix Based Per Diem Rate Calculations
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FINAL

Provider: A.G. Rhodes Home, Inc.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140005A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3781			1.3781	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 4.26		Qtrly BIMS score: 46.7%		46.7%	5.5%	Quarterly Medicaid CMI: 1.6037			1.6037	1.4961
				Nurse Hours per On-Site Day/Quality Incentive: 4.26		4.26	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6329			1.6329	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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								47,335		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.3781								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.38	\$0.00	\$20.65	\$26.79		\$33.80	\$0.00	\$6.48	\$0.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$150.68	\$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												
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	\$175.22	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$0.00	\$16.83	\$0.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6329								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.79	\$138.22	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$0.00	\$16.83	\$0.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.60	\$7.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$4.15	\$4.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.85	\$11.75	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$257.64	\$149.97	\$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	\$180.41									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Abercorn Rehabilitation Center Prvdr ID: 00083025A												
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 30.2% Nurse Hours per On-Site Day/Quality Incentive: 3.14			Facility Score 18.37% 2.5% 3.0%			Add-on Percent 18.37% 2.5% 3.0%		
				Case Mix Index (CMI) Data Base Period Overall CMI: 1.5995 Quarterly Medicaid CMI: 1.4846 Qtrly Mcaid CMI w RUG Wght Options: 1.5100			Facility Specific 1.5995 1.4846 1.5100			State-wide 1.3617 1.4961 1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	\$66,591
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	\$66,591
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								30,185		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 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 Svcs)	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	\$123.82	\$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												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.97	\$10.31	\$0.00	\$3.03	\$2.85	\$0.00	\$3.78	N/A	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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5100</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.66	\$100.29	\$0.00	\$19.55	\$18.35	\$0.00	\$24.34	\$3.36	\$9.70	\$2.07
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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$6.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.44	\$106.34	\$0.00	\$19.77	\$18.76	\$0.00	\$41.44	\$3.36	\$9.70	\$2.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.26									

Quarterly Case Mix Per Diem Calculation

Provider: Advanced Health and Rehab of Twiggs County Prvdr ID: 003185378A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 33.0% Nurse Hours per On-Site Day/Quality Incentive: 3.54		Facility Score N/A 33.0% 3.54	Add-on Percent 18.37% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3617 Quarterly Medicaid CMI: 1.5886 Qtrly Mcaid CMI w RUG Wght Options: 1.6197			Facility Specific Use Stwd 1.5886 1.6197	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 54,437		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								26,482		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$15.71	\$0.00
	<u>Allowed @ 95% of Std</u>		\$142.60	\$67.93		\$17.49	\$21.94		\$19.53		\$15.71	\$0.00
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$167.97	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.06	\$15.71	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.6197</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$130.24								
	Quarterly Medicaid CMA Allowed Per Diem		\$217.80	\$130.24		\$20.70	\$25.97		\$23.12	\$2.06	\$15.71	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% o Routine Svcs)		\$3.26	\$3.26								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.91	\$3.91								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$24.26									
	Quarterly Case Mix Based Per Diem Rate		\$242.06	\$137.40		\$20.70	\$25.97		\$40.22	\$2.06	\$15.71	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$168.72										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Altamaha Healthcare Ctr. Prvdr ID: 00140027A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 20.4% Nurse Hours per On-Site Day/Quality Incentive: 2.75 Facility Score: N/A Add-on Percent: 18.37% 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4937 Quarterly Medicaid CMI: 1.5330 Qtrly Mcaid CMI w RUG Wght Options: 1.5595 Facility Specific: 1.4937 State-wide: 1.3617 1.5330 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,546	FY 18 GL-PL Ins Rpt Days								20,546		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 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 Svcs)	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 (FRV)	\$1.20
Quarterly Per Diem Rate Prior to Add-ons												
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		1.5595								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$137.38	\$73.39	\$0.00	\$14.03	\$16.73	\$0.00	\$24.06	\$0.63	\$7.34	\$1.20
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.33	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.17		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.73	\$0.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.36	\$3.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.27	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.74	\$76.85	\$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	\$106.23									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Amara Healthcare & Rehab. Prvdr ID: 00140049A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 25.0% Nurse Hours per On-Site Day/Quality Incentive: 4.00 Facility Score N/A 1.0% 3.0% Add-on Percent 18.37% 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.1730 Quarterly Medicaid CMI: 1.6043 Qtrly Mcaid CMI w RUG Wght Options: 1.6331 Facility Specific 1.1730 1.6043 1.6331 State-wide 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,847,054.00	\$2,145,096	\$0	\$445,961	\$203,920	\$315,526	\$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	\$3,067	\$4,746	(\$135,914)		(\$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	\$932,371	\$111,711	\$549,622	\$15,074
8	Total Nursing Facility Days As Filed Days = 37,101	FY12 Audited C/R Days	37,101									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,067	FY 18 GL-PL Ins Rpt Days								35,067		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1730								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.62								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.62	\$0.00	\$12.02	\$14.21		\$25.13	\$3.19	\$14.81	\$0.41
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 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											
16	Growth Allowance Percentage = 18.37%	Ln 14 x Gwth Allwnc %	\$17.90	\$9.30	\$0.00	\$2.21	\$2.61	\$0.00	\$3.78	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.57	\$59.92	\$0.00	\$14.23	\$16.82	\$0.00	\$24.34	\$3.19	\$10.66	\$0.41
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6331								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$97.86	\$97.86	\$0.00	\$14.23	\$16.82	\$0.00	\$24.34	\$3.19	\$10.66	\$0.41
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.51	\$97.86	\$0.00	\$14.23	\$16.82	\$0.00	\$24.34	\$3.19	\$10.66	\$0.41
	Quarterly Per Diem Add-on Amounts											
21	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.18	\$4.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.69	\$102.31	\$0.00	\$14.46	\$17.23	\$0.00	\$41.44	\$3.19	\$10.66	\$0.41
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.44									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Anderson Mill Health & Rehab Prvdr ID: 00140379A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 26.4% Nurse Hours per On-Site Day/Quality Incentive: 3.58			N/A	18.37% 1.0% 2.0%	Base Period Overall CMI: 1.4753 Quarterly Medicaid CMI: 1.6339 Qtrly Mcaid CMI w RUG Wght Options: 1.6636			1.4753 1.6339 1.6636	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 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 Adjstmnts	(\$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/R Days	50,357									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,121	FY 18 GL-PL Ins Rpt Days								44,121		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.70	\$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 FY12		1.4753								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.86								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.86	\$0.00	\$13.34	\$15.40		\$27.89	\$9.34	\$23.62	\$1.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$121.49	\$52.86	\$0.00	\$13.34	\$15.40		\$20.56	\$9.34	8.86 (FRV)	\$1.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$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 15	\$140.26	\$62.57	\$0.00	\$15.79	\$18.23	\$0.00	\$24.34	\$9.34	\$8.86	\$1.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6636								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.78	\$104.09	\$0.00	\$15.79	\$18.23	\$0.00	\$24.34	\$9.34	\$8.86	\$1.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stdnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.38	\$3.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.16	\$107.74	\$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	\$139.65									

Quarterly Case Mix Per Diem Calculation

Provider: Ansley Park Health & Rehab Center Prvdr ID: 003136416A H/B ? : No			Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 15.2% 4.06	Add-on Percent 18.37% 0.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.2416 1.2627	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	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 Srvc)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$39.71	\$5.82
	<u>Allowed @ 95% of Std</u>		\$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 Allowance)		\$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>1.2627</u>							(FRV Rate)	
	Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$101.53								
	Quarterly Medicaid CMA Allowed Per Diem		\$219.87	\$101.53		\$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% o Routine Srvc)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.05	\$3.05								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$20.15									
	Quarterly Case Mix Based Per Diem Rate		\$240.02	\$104.58		\$20.70	\$25.97		\$40.22	\$3.02	\$39.71	\$5.82
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$167.19										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Appling Nursing and Rehab Pavillion Prvdr ID: 00140093A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score: 16.7% Nurse Hours per On-Site Day/Quality Incentive: 2.35		N/A	18.37% 0.0% 2.0%	Base Period Overall CMI: 1.0796 Quarterly Medicaid CMI: 1.0816 Qtrly Mcaid CMI w RUG Wght Options: 1.0954			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$366,387	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$115,028)	\$0	\$0	\$0	(\$17,548)	(\$20,441)	(\$62,275)		(\$14,764)	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,296,355	\$3,136,854	\$0	\$947,947	\$417,922	\$486,848	\$737,019	\$218,142	\$351,623	\$0
8	Total Nursing Facility Days As Filed Days = 36,305	FY12 Audited C/R Days	36,305									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,711	FY 18 GL-PL Ins Rpt Days								36,711		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.03								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.03	\$0.00	\$26.11	\$24.92		\$20.30	\$5.94	\$9.69	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$175.81	\$71.51	\$0.00	\$26.11	\$23.09		\$20.30	\$5.94	28.86 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.91	\$13.14	\$0.00	\$4.80	\$4.24	\$0.00	\$3.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.72	\$84.65	\$0.00	\$30.91	\$27.33	\$0.00	\$24.03	\$5.94	\$28.86	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0964								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$92.73	\$92.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.80	\$92.73	\$0.00	\$30.91	\$27.33	\$0.00	\$24.03	\$5.94	\$28.86	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.19		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.85	\$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	\$19.36	\$1.85	\$0.00	\$0.22	\$0.00	\$0.00	\$17.29	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.16	\$94.58	\$0.00	\$31.13	\$27.33	\$0.00	\$41.32	\$6.94	\$28.86	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.05									

Quarterly Case Mix Per Diem Calculation

Provider: Archway Transitional Care Center Prvdr ID: 003185502A H/B ? : No				Add-on Data and Percentages Growth Allowance: BIMS:		Facility Score N/A 47.7%	Add-on Percent 18.37% 5.5%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.2407 1.2607	State-wide 1.3617 1.4961 1.5223
Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive:		4.01	2.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	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 Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$24.20	\$5.86
	<u>Allowed @ 95% of Std</u>		\$156.95	\$67.93		\$17.49	\$21.94		\$19.53		\$24.20	\$5.86
	Growth Allowance 18.37%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$185.09	\$80.41		\$20.70	\$25.97		\$23.12	\$ 4.83	\$24.20	\$5.86
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.2607</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$101.37								
	Quarterly Medicaid CMA Allowed Per Diem		\$206.05	\$101.37		\$20.70	\$25.97		\$23.12	\$4.83	\$24.20	\$5.86
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)		\$5.58	\$5.58								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.03	\$2.03								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$24.70									
	Quarterly Case Mix Based Per Diem Rate		\$230.76	\$108.97		\$20.70	\$25.97		\$40.22	\$4.83	\$24.20	\$5.86
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$160.24										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Arrowhead Healthcare			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143162A			Case Mix Per Diem Rate Effective Date: 7/1/2020			Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4860			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 2.36			Qtrly BIMS score 66.0%	5.5%	Quarterly Medicaid CMI: 1.9364			1.4961	
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.9745			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.88								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	\$14.30	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$107.53	\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	9.35 (FRV)	\$1.72
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	\$125.08	\$53.12	\$0.00	\$16.04	\$21.80	\$0.00	\$22.16	\$0.89	\$9.35	\$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9745								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.85	\$104.89	\$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 (Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.77	\$5.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.10	\$2.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.50	\$8.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.35	\$113.29	\$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	\$139.69									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Autumn Breeze Health Care Ctr			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140159A			Growth Allowance: N/A				N/A	18.37%	Base Period Overall CMI: 1.2569			1.2569	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 25.0%				25.0%	1.0%	Quarterly Medicaid CMI: 1.5510			1.5510	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.23				3.23	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5818			1.5818	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$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	\$61,986	\$562,772	\$35,555	
8	Total Nursing Facility Days As Filed Days = 35,506	FY12 Audited C/R Days	35,532										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,023	FY 18 GL-PL Ins Rpt Days								33,023			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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		1.2669									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.19									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 %	\$19.82	\$10.69	\$0.00	\$2.71	\$2.64	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.39	\$68.88	\$0.00	\$17.45	\$17.00	\$0.00	\$24.34	\$1.88	\$8.84	\$1.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5818									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.46	\$108.95	\$0.00	\$17.45	\$17.00	\$0.00	\$24.34	\$1.88	\$8.84	\$1.00	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$4.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.08	\$113.84	\$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	\$138.74										

Quarterly Case Mix Per Diem Calculation

Provider: Autumn Lane Prvdr ID: 00082992A H/B ?: No			Add-on Data and Percentages Growth Allowance: N/A BIMS: 31.3% Nurse Hours per On-Site Day/Quality Incentive: 3.31			Facility Score Add-on Percent 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.2897 Quarterly Medicaid CMI: 1.3512 Qtrly Mcaid CMI w RUG Wght Options: 1.3726			Facility Specific 1.2897 1.3512 1.3726	State-wide 1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 55,587		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								20,097		
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$33.41	\$0.61
Allowed @ 95% of Std			\$160.91	\$67.93		\$17.49	\$21.94		\$19.53		\$33.41	\$0.61
Growth Allowance 18.4%			\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$186.99	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.77	\$33.41	\$0.61
Quarterly Facility Case Mix Index for Medicaid Residents				1.3726							(FRV Rate)	
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$110.37								
Quarterly Medicaid CMA Allowed Per Diem			\$216.95	\$110.37		\$20.70	\$25.97		\$23.12	\$2.77	\$33.41	\$0.61
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% o Routine Svcs)			\$2.76	\$2.76								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$3.31	\$3.31								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$23.17									
Quarterly Case Mix Based Per Diem Rate			\$240.12	\$116.44		\$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%		\$167.27										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Avalon Hlth. & Rehab			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142084A			Growth Allowance: N/A				18.37%	Base Period Overall CMI: 1.1537			1.3617		
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 65.3%				5.5%	Quarterly Medicaid CMI: 1.4532			1.4961		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.40				3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4742			1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$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	Total Nursing Facility Days As Filed Days = 28,784	FY12 Audited C/R Days	28,784										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,835	FY 18 GL-PL Ins Rpt Days								28,835			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.49	\$80.10	\$0.00	\$14.25	\$19.33	(with L&H)	\$19.66	\$2.99	\$14.29	\$0.87	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1537									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.43									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	\$14.29	\$0.87	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$136.52	\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	9.99 (FRV)	\$0.87	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>18.37%</u>	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4742									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$121.15	\$121.15									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.02	\$121.15	\$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 ((SInd - AInd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.66	\$6.66									
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfing 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	\$28.92	\$10.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.94	\$131.97	\$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 Days	(Ln 25 - Ln 23) * 0.75	\$157.38										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Azalea Health & Rehab Prvdr ID: 00059441A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score: 40.8% Nurse Hours per On-Site Day/Quality Incentive: 3.48		N/A	18.37% 2.5% 2.0%	Base Period Overall CMI: 1.5985 Quarterly Medicaid CMI: 1.8783 Qtrly Mcaid CMI w RUG Wght Options: 1.9149			1.5985 1.8783 1.9149	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,490,686.07	\$2,425,377	\$0	\$456,736	\$176,843	\$251,995	\$873,694	\$2,876	\$303,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$39,474)	\$0	\$0	\$0	(\$1,511)	(\$2,153)	(\$33,581)		(\$41,835)	\$39,606
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,451,212	\$2,425,377	\$0	\$456,736	\$175,332	\$249,842	\$840,113	\$2,876	\$261,330	\$39,606
8	Total Nursing Facility Days As Filed Days = 31,831	FY12 Audited C/R Days	31,831									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,099	FY 18 GL-PL Ins Rpt Days								29,099		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.85	\$76.20	\$0.00	\$14.35	\$13.36	(with L&H)	\$26.39	\$0.10	\$8.21	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6986								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.67	\$0.00	\$14.35	\$13.36		\$26.39	\$0.10	\$8.21	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$109.24	\$47.67	\$0.00	\$14.35	\$13.36		\$20.56	\$0.10	11.96 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth 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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.87	\$56.43	\$0.00	\$16.99	\$15.81	\$0.00	\$24.34	\$0.10	\$11.96	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9149								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$108.06	\$108.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.50	\$108.06	\$0.00	\$16.99	\$15.81	\$0.00	\$24.34	\$0.10	\$11.96	\$1.24
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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.12	\$5.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.62	\$113.45	\$0.00	\$17.21	\$16.22	\$0.00	\$41.44	\$0.10	\$11.96	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.39									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Azalea Health & Rehabilitation Prvdr ID: 00141963A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score 37.0% Nurse Hours per On-Site Day/Quality Incentive: 3.17		N/A 37.0% 3.17	18.37% 2.5% 2.0%	Base Period Overall CMI: 1.3435 Quarterly Medicaid CMI: 1.4913 Qtrly Mcaid CMI w RUG Wght Options: 1.5189			1.3435 1.4913 1.5189	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Adjstmnt to Routine Svcs	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		1.3436								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.86								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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		1.5189								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$91.44	\$91.44	\$0.00	\$18.63	\$20.64	\$0.00	\$22.40	\$3.80	\$9.66	\$1.04
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.61	\$91.44	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.83	\$1.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.75	\$4.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.36	\$96.09	\$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	\$129.95									

Quarterly Case Mix Per Diem Calculation

Provider: Azalealand Nursing Home Prvdr ID: 00141237A H/B ? : No			Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 39.5% 3.21	Add-on Percent 18.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific 1.4999 1.5208 1.5508	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								\$ 43,732		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56	24,700	\$17.05	\$1.48
	<u>Allowed @ 95% of Std</u>		\$145.42	\$67.93		\$17.49	\$21.94		\$19.53		\$17.05	\$1.48
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$170.50	\$80.41		\$20.70	\$25.97		\$23.12	\$ 1.77	\$17.05	\$1.48
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.5508</u>							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$124.70								
	Quarterly Medicaid CMA Allowed Per Diem		\$214.79	\$124.70		\$20.70	\$25.97		\$23.12	\$1.77	\$17.05	\$1.48
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% o Routine Srvs)		\$3.12	\$3.12								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.74	\$3.74								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$23.96									
	Quarterly Case Mix Based Per Diem Rate		\$238.75	\$131.56		\$20.70	\$25.97		\$40.22	\$1.77	\$17.05	\$1.48
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$166.24										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Bainbridge Health Care				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00258915A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2138	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		44.4%	2.5%	Quarterly Medicaid CMI:			1.8354	1.4961
						2.48	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8702	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2138</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.87								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8702</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$94.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.24	\$94.91	\$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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$1.90	\$1.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$176.14	\$99.71	\$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	\$119.28									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Baptist Village, Inc.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140203A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.1403	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score		24.4%	1.0%	Quarterly Medicaid CMI:			1.3708	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive:		4.34	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3948	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmis	(\$143,433)	\$0	\$0	\$0	\$0	\$0	(\$145,334)		(\$33,528)	\$35,429
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,802,600	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,701,738	\$104,476	\$847,348	\$35,429
8	Total Nursing Facility Days As Filed Days = 85,093	FY12 Audited C/R Days	85,093									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,407	FY 18 GL-PL Ins Rpt Days								78,407		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$153.91	\$71.51	\$0.00	\$18.41	\$23.09		\$20.00	\$1.33	19.15 (FRV)	\$0.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.34	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$23.67	\$1.33	\$19.15	\$0.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3948								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.76	\$118.07	\$0.00	\$21.79	\$27.33	\$0.00	\$23.67	\$1.33	\$19.15	\$0.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$3.91	\$3.54	\$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	\$215.67	\$121.61	\$0.00	\$21.79	\$27.33	\$0.00	\$24.04	\$1.33	\$19.16	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.76									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Bayview Nursing Home			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Pvdr ID: 00624951A			Growth Allowance:				N/A	18.37%	Base Period Overall CMI:			1.3673	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score				52.2%	5.5%	Quarterly Medicaid CMI:			1.5101	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:				3.98	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5388	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,900	FY 18 GL-PL Ins Rpt Days								21,900			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3673									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.24									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	\$14.09	\$2.16	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$128.24	\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	13.55 (FRV)	\$2.16	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>18.37%</u>	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	\$148.49	\$66.57	\$0.00	\$20.44	\$23.82	\$0.00	\$19.66	\$2.29	\$13.55	\$2.16	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5388									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.44									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.36	\$102.44	\$0.00	\$20.44	\$23.82	\$0.00	\$19.66	\$2.29	\$13.55	\$2.16	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.63	\$5.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.07	\$3.07									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.33	\$9.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.69	\$111.67	\$0.00	\$20.66	\$24.23	\$0.00	\$37.13	\$2.29	\$13.55	\$2.16	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.94										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Berrien Nursing Center Prvdr ID: 00143382A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 31.8% Nurse Hours per On-Site Day/Quality Incentive: 3.45 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3657 Quarterly Medicaid CMI: 1.5249 Qtrly Mcaid CMI w RUG Wght Options: 1.5497 Facility Specific: 1.3657 1.5249 1.5497 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$76,686)	(\$6,925)	\$0	\$0	\$0	\$3,548	(\$73,309)		(\$35,723)	\$35,723
7	Cost 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
8	Total Nursing Facility Days As Filed Days = 37,394	FY12 Audited C/R Days	37,394									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,514	FY 18 GL-PL Ins Rpt Days								35,514		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3657								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.56	\$0.00	\$17.51	\$16.80		\$19.91	\$4.34	\$12.08	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$124.41	\$51.56	\$0.00	\$17.51	\$16.80		\$19.91	\$4.34	13.33 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.44	\$9.47	\$0.00	\$3.22	\$3.09	\$0.00	\$3.66	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.85	\$61.03	\$0.00	\$20.73	\$19.89	\$0.00	\$23.57	\$4.34	\$13.33	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6497								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.40	\$94.58	\$0.00	\$20.73	\$19.89	\$0.00	\$23.57	\$4.34	\$13.33	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.83	\$5.73	\$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	\$201.23	\$100.31	\$0.00	\$20.96	\$20.30	\$0.00	\$41.04	\$4.34	\$13.33	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.10									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Blue Ridge Healthcare of Buchanan			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142722A			Case Mix Per Diem Rate Effective Date: 7/1/2020			Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2328			1.2328	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score: 26.5%	1.0%	Quarterly Medicaid CMI: 1.4021			1.4021	1.4961
						2.12	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4274	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmis	(\$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	\$75,853	\$108,752	\$17,597
8	Total Nursing Facility Days As Filed Days = 19,686	FY12 Audited C/R Days	19,686									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,724	FY 18 GL-PL Ins Rpt Days								18,724		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.87	\$0.00	\$14.07	\$15.62		\$23.39	\$4.05	\$5.52	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$121.32	\$55.87	\$0.00	\$14.07	\$15.62		\$20.56	\$4.05	10.26 (FRV)	\$0.89
Quarterly Per Diem Rate Prior to Add-ons												
15	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)	Ln 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		1.4274								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$94.39	\$94.39	\$0.00	\$16.65	\$18.49	\$0.00	\$24.34	\$4.05	\$10.26	\$0.89
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.07	\$94.39	\$0.00	\$16.65	\$18.49	\$0.00	\$24.34	\$4.05	\$10.26	\$0.89
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.94	\$0.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.14	\$2.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.21	\$96.80	\$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	\$129.08									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Bolingreen Health & Rehab			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059485A			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.3111	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score			27.5%	1.0%	Quarterly Medicaid CMI:			1.4548	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:			3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4790	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Svcs	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		1.3111								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	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	\$141.20	\$69.72	\$0.00	\$17.01	\$21.50	\$0.00	\$21.20	\$2.89	\$8.28	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4790								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.60	\$103.12	\$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 (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.75	\$4.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.36	\$107.77	\$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	\$135.19									

Quarterly Case Mix Per Diem Calculation

Provider: Bostick Nursing Center Prvdr ID: 003192286A H/B ? : No				Add-on Data and Percentages Growth Allowance: BIMS:		Facility Score N/A 15.0%	Add-on Percent 18.37% 0.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.2835 1.3061	State-wide 1.3617 1.4961 1.5223
Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive:		4.03	2.0%					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs										\$ 42,226		
Total Nursing Facility Days GL-PL Ins. Rpt										11,249		
Standard Per Diem (After CMA for Routine Srvcs)					\$71.51	\$18.41	\$23.09		\$20.56		\$20.20	\$2.95
<u>Allowed @ 95% of Std</u>				\$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 Allowance)				\$177.10	\$80.41	\$20.70	\$25.97		\$23.12	\$ 3.75	\$20.20	\$2.95
Quarterly Facility Case Mix Index for Medicaid Residents					<u>1.3061</u>							
Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem					\$105.02						(FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem				\$201.71	\$105.02	\$20.70	\$25.97		\$23.12	\$3.75	\$20.20	\$2.95
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 0.0% o Routine Srvs)				\$0.00	\$0.00							
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%				\$2.10	\$2.10							
Nursing Home Provider Fee				\$17.10					17.10			
Total Quarterly Per Diem Add-On Amounts				\$19.20								
Quarterly Case Mix Based Per Diem Rate			\$220.91	\$107.12		\$20.70	\$25.97		\$40.22	\$3.75	\$20.20	\$2.95
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$152.86									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Brentwood Health & Rehab Prvdr ID: 00140071A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 33.8% Nurse Hours per On-Site Day/Quality Incentive: 3.34		N/A	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.3764 Quarterly Medicaid CMI: 1.3875 Qtrly Mcaid CMI w RUG Wght Options: 1.4098				1.3764 1.3875 1.4098	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmls	(\$20,888)	\$0	\$0	(\$1,811)	\$0	\$0	(\$20,888)		(\$24,531)	\$26,342
7	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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,533	FY 18 GL-PL Ins Rpt Days								33,533		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3764								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.75								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	\$11.72	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$109.03	\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	9.56 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.60	\$9.51	\$0.00	\$2.42	\$2.74	\$0.00	\$2.93	N/A	N/A	N/A
16	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		1.4098								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.73	\$86.36	\$0.00	\$15.57	\$17.68	\$0.00	\$18.87	\$2.94	\$9.56	\$0.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.59	\$2.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.38	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.11	\$91.64	\$0.00	\$16.79	\$18.09	\$0.00	\$36.34	\$2.94	\$9.56	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.61									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Brian Center of Canton Prvdr ID: 00140643A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 26.8% Nurse Hours per On-Site Day/Quality Incentive: 3.46 Facility Score: 18.37% Qtrly BIMS score: 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3878 Quarterly Medicaid CMI: 1.6132 Qtrly Mcdid CMI w RUG Wght Options: 1.6419 Facility Specific: 1.3617 1.4961 1.5223 State-wide												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 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)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities 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%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$58,995)	(\$449)	\$0	\$0	\$0	\$0	(\$56,373)		(\$45,153)	\$42,980
7	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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,839	FY 18 GL-PL Ins Rpt Days								32,839		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.3878								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.74	\$0.00	\$14.01	\$15.32		\$29.13	\$0.25	\$19.11	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$119.51	\$55.74	\$0.00	\$14.01	\$15.32		\$20.56	\$0.25	12.39 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.40	\$10.24	\$0.00	\$2.57	\$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	\$138.91	\$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		1.6419								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.26	\$108.33	\$0.00	\$16.58	\$18.13	\$0.00	\$24.34	\$0.25	\$12.39	\$1.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.59	\$4.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.85	\$113.19	\$0.00	\$16.80	\$18.54	\$0.00	\$41.44	\$0.26	\$12.39	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.06									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Brianwood Health & Rehab Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00706813A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.6087	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		40.3%	2.5%	Quarterly Medicaid CMI:			1.5721	1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.17	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6005	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,597,355.36	\$3,385,591	\$0	\$533,518	\$186,630	\$261,950	\$904,829	\$4,493	\$320,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$34,340)	(\$19,883)	\$0	\$0	(\$226)	(\$318)	(\$13,528)		(\$88,674)	\$88,289
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 Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.34	\$0.00	\$15.39	\$12.92		\$25.71	\$0.13	\$6.68	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$122.80	\$60.34	\$0.00	\$15.39	\$12.92		\$20.56	\$0.13	10.91 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
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		1.6005								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.75	\$114.31	\$0.00	\$18.22	\$15.29	\$0.00	\$24.34	\$0.13	\$10.91	\$2.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.41	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.16	\$119.99	\$0.00	\$18.44	\$15.70	\$0.00	\$41.44	\$0.13	\$10.91	\$2.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.05									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Brightmoor Health Care, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Pvdr ID: 00140412A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.2636	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score		23.7%	1.0%	Quarterly Medicaid CMI:				1.5652	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive:		3.92	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5950	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Reallocations 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										
	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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2636</u>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.26									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.84	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$24.24	\$13.14	\$0.00	\$3.38	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6950</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.02									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.45	\$135.02	\$0.00	\$21.79	\$27.33	\$0.00	\$22.42	\$2.05	\$19.00	\$1.84	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35									
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.05	\$4.05									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.87	\$5.40	\$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	\$252.32	\$140.42	\$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	\$176.42										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: Brown Health and Rehab Prvdr ID: 00059562A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score 33.8% Nurse Hours per On-Site Day/Quality Incentive: 3.47 Facility Score Add-on Percent 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3805 Quarterly Medicaid CMI: 1.5172 Qtrly Mcaid CMI w RUG Wght Options: 1.5458, 1.5223 Facility Specific State-wide												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups 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 Measure Maximums (see line 20 for actual)	(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		(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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$6,386,941	\$3,084,712	\$0	\$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)	\$0	\$0	\$0	\$0	\$0	(\$615,487)		(\$14,918)	\$14,918
7	Cost Center Costs After 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 Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,086 As Filed Days = 38,079	12/31/14 Audited C/R Days FY 18 GL-PL Ins Rpt Days	37,086								
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Altwnc %	\$21.49	\$11.07	\$0.00	\$3.07	\$3.51	\$0.00	\$3.84	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.08	\$71.32	\$0.00	\$19.80	\$22.63	\$0.00	\$24.73	\$3.61	\$17.59	\$0.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	por Current Qtr End		1.5458								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.01	\$110.25	\$0.00	\$19.80	\$22.63	\$0.00	\$24.73	\$3.61	\$17.59	\$0.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Stnd - Alwd) x .75, up to max. or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stng Add-on	\$3.31	\$3.31								
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	\$24.70	\$6.60	\$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	\$223.71	\$116.85	\$0.00	\$20.02	\$23.04	\$0.00	\$42.20	\$3.61	\$17.59	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.96									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Brown's Healthcare				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific		State-wide	
Pvdr ID: 00140434A				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.4535			1.3617			
		Case Mix Per Diem Rate Effective Date: 7/1/2020		Qtrly BIMS score 15.2%		0.0%		Quarterly Medicaid CMI: 1.5142			1.4961			
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 2.85		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5418			1.5223			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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											
	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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.15										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.92	\$7.19	\$0.00	\$2.23	\$2.72	\$0.00	\$3.78	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 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		1.5418										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.45										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.19	\$71.45	\$0.00	\$14.36	\$17.51	\$0.00	\$24.34	\$0.62	\$10.99	\$0.92		
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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.43	\$1.43										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.69	\$1.96	\$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	\$169.88	\$73.41	\$0.00	\$14.58	\$17.92	\$0.00	\$41.44	\$0.62	\$10.99	\$0.92		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.09											

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Bryan County Health & Rehab Ctr			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00715569A			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.3338	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score			50.7%	5.5%	Quarterly Medicaid CMI:			1.6968	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:			3.77	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7304	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)		(\$63,432)	\$53,052
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	\$53,052
8	Total Nursing Facility Days As Filed Days = 35,129	FY12 Audited C/R Days	35,129									
	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 Svcs	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	\$1.51
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3338</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.30	\$0.00	\$18.86	\$18.86		\$13.48	\$3.76	\$3.67	\$1.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$1.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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	\$1.51
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7304</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.58	\$111.21	\$0.00	\$21.79	\$22.32	\$0.00	\$15.96	\$3.76	\$13.03	\$1.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.12	\$6.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.22	\$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.75	\$8.87	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.33	\$120.08	\$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	\$149.42									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Bryant Health & Rehab. Ctr, Inc Prvdr ID: 00142601A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 31.7% Nurse Hours per On-Site Day/Quality Incentive: 2.68 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.1714 Quarterly Medicaid CMI: 1.5385 Qtrly Mcaid CMI w RUG Wght Options: 1.5671 Facility Specific: 1.1714 1.5385 1.5671 State-wide: 1.3517 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,112,453.00	\$1,709,215	\$0	\$373,918	\$203,258	\$229,045	\$356,117	\$29,270	\$211,630	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$209,652)	(\$3,348)	\$0	(\$5,156)	(\$160)	(\$180)	(\$22,665)		(\$196,135)	\$17,992
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	\$17,992
8	Total Nursing Facility Days As Filed Days = 26,257	FY12 Audited C/R Days	26,257									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								25,472		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$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 Svcs)	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	\$108.13	\$55.46	\$0.00	\$14.04	\$16.45		\$12.70	\$1.15	7.64 (FRV)	\$0.69
Quarterly Per Diem Rate Prior to Add-ons												
15	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	\$0.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5671								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.48	\$102.88	\$0.00	\$16.62	\$19.47	\$0.00	\$15.03	\$1.15	\$7.64	\$0.69
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.29	\$6.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.77	\$109.07	\$0.00	\$16.84	\$19.88	\$0.00	\$32.60	\$1.15	\$7.64	\$0.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.00									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Budd Terrace At Wesley Woods			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 003167547A			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			Use Stwd	1.3617
H/B ?: No			Case Mix Per Diem Rate Effective Date: 07/01/20			BIMS: 28.9%	1.0%	Quarterly Medicaid CMI:			1.1926	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 8.21			2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2093	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$167,948.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								64,706		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$24.20	\$2.40
	Allowed @ 90% of Std		\$146.81	\$64.36		\$16.57	\$20.78		\$18.50		\$24.20	\$2.40
	Growth Allowance 18.37%		\$22.08	\$11.82		\$3.04	\$3.82		\$3.40			
	CMA Allowed Per Diem (After Growth Allowance)		\$161.23	\$76.18		\$19.61	\$24.60		\$21.90	\$ 2.60	13.94	\$2.40
	Quarterly Facility Case Mix Index for Medicaid Residents			1.2093							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$92.13								
	Quarterly Medicaid CMA Allowed Per Diem		\$177.18	\$92.13		\$19.61	\$24.60		\$21.90	\$2.60	\$13.94	\$2.40
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% to Routine Svcs)		\$0.92	\$0.92								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$1.84	\$1.84								
	Nursing Home Provider Fee		\$17.10						17.1			
	Total Quarterly Per Diem Add-On Amounts		\$19.86									
	Quarterly Case Mix Based Per Diem Rate		\$197.04	\$94.89		\$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%	\$134.96										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Calhoun Health Care Center Prvdr ID: 00140577A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 40.9% Nurse Hours per On-Site Day/Quality Incentive: 3.27 Facility Score: N/A Add-on Percent: 18.37% 2.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3183 Quarterly Medicaid CMI: 1.5828 Qtrly Mcaid CMI w RUG Wght Options: 1.6125 Facility Specific: 1.3183 1.5828 1.6125 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstnts	(\$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	\$19,776
8	Total Nursing Facility Days As Filed Days = 34,715	FY12 Audited C/R Days	34,715									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,375	FY 18 GL-PL Ins Rpt Days								29,375		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3183								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.37								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.61	\$17.93		\$15.76	\$3.73	\$7.30	\$0.57
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	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												
16	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.76	\$8.89	\$0.00	\$2.68	\$3.29	\$0.00	\$2.90	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.17	\$57.26	\$0.00	\$17.29	\$21.22	\$0.00	\$18.66	\$3.73	\$7.44	\$0.57
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6126								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.33								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.24	\$92.33	\$0.00	\$17.29	\$21.22	\$0.00	\$18.66	\$3.73	\$7.44	\$0.57
Quarterly Per Diem Add-on Amounts												
21	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.85	\$1.85								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.79	\$4.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.03	\$97.02	\$0.00	\$17.61	\$21.63	\$0.00	\$36.13	\$3.73	\$7.44	\$0.67
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.20									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Calhoun Nursing Home Prvdr ID: 00140478A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 50.0% Nurse Hours per On-Site Day/Quality Incentive: 4.34 Facility Score: N/A Add-on Percent: 18.37% 5.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2873 Quarterly Medicaid CMI: 1.8600 Qtrly Mcaid CMI w RUG Wght Options: 1.8958 Facility Specific: 1.2873 1.8600 1.8958 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Svcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2873								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 = 18.37%	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	\$155.53	\$59.69	\$0.00	\$26.28	\$26.42	\$0.00	\$24.34	\$4.20	\$14.14	\$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8968								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.00	\$113.16	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.22	\$6.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.87	\$10.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.87	\$123.30	\$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	\$164.83									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data

FINAL

Provider: Cambridge Post Acute Care Center Prvdr ID: 00494139A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 46.6% Nurse Hours per On-Site Day/Quality Incentive: 3.08 Facility Score Add-on Percent 18.37% 5.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4991 Quarterly Medicaid CMI: 1.6540 Qtrly Mcaid CMI w RUG Wght Options: 1.6827 Facility Specific State-wide 1.4991 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$97,723)	\$0	\$0	\$0	\$0	\$0	(\$97,723)		(\$72,835)	\$72,835
7	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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,366	FY 18 GL-PL Ins Rpt Days								48,366		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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	from 4 qtrs of FY10		1.4991								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.91	\$0.00	\$15.24	\$15.01		\$25.05	\$3.83	\$47.46	\$1.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$117.39	\$45.91	\$0.00	\$15.24	\$15.01		\$23.46	\$3.83	12.44 (FRV)	\$1.50
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.4%	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
16	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 Qtr End		1.6827								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.79	\$91.44	\$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 (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.03	\$5.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.83	\$1.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.12	\$7.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.91	\$98.83	\$0.00	\$18.26	\$18.18	\$0.00	\$44.87	\$3.83	\$12.44	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.61									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Camellia Gardens of Life Care Prvdr ID: 00366341A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 29.0% Nurse Hours per On-Site Day/Quality Incentive: 3.58 Facility Score: N/A Add-on Percent: 18.37% 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3243 Quarterly Medicaid CMI: 1.1718 Qtrly Mcaid CMI w RUG Wght Options: 1.1857 Facility Specific: 1.3617 1.4961 1.5223 State-wide												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,513	FY 18 GL-PL Ins Rpt Days								27,513		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qlrs of FY12		1.3243								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$120.59	\$54.98	\$0.00	\$16.94	\$16.63		\$20.56	\$2.31	8.09 (FRV)	\$1.08
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.04	\$10.10	\$0.00	\$3.11	\$3.05	\$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	\$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		1.1867								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.72	\$77.17	\$0.00	\$20.05	\$19.68	\$0.00	\$24.34	\$2.31	\$8.09	\$1.08
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.35	\$3.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.07	\$80.79	\$0.00	\$20.27	\$20.09	\$0.00	\$41.44	\$2.31	\$8.09	\$1.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.73									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Camellia Hlth & Rehab Prvdr ID: 00140588A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score: 52.7% Nurse Hours per On-Site Day/Quality Incentive: 3.20		N/A	18.37% 5.5% 3.0%	Base Period Overall CMI: 1.3516 Quarterly Medicaid CMI: 1.5380 Qtrly Mcaid CMI w RUG Wght Options: 1.5656			1.3516 1.5380 1.5223	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$33,919)	\$0	\$0	(\$1,817)	\$0	\$0	(\$33,919)		(\$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								23,848		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3516								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.10	\$0.00	\$15.47	\$17.84		\$18.13	\$4.21	\$6.33	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$118.19	\$53.10	\$0.00	\$15.47	\$17.84		\$18.13	\$4.21	8.62 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.20	\$9.75	\$0.00	\$2.84	\$3.28	\$0.00	\$3.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6656								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.94	\$98.40	\$0.00	\$18.31	\$21.12	\$0.00	\$21.46	\$4.21	\$8.62	\$0.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.41	\$5.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.95	\$2.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.99	\$8.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.93	\$107.29	\$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	\$137.12									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Candler Hospital Sub-Acute Unit Prvdr ID: 00870911A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 0.0% Nurse Hours per On-Site Day/Quality Incentive: 8.14		0.0%	18.37% 0.0%	Base Period Overall CMI: 2.3318 Quarterly Medicaid CMI: 1.7090 Qtrly Mcaid CMI w RUG Wght Options: 1.7430				2.3318 1.7090 1.7430	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmls	(\$10,246)	\$0	\$0	\$0	\$0	\$0	(\$10,246)		(\$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									
	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 Svcs	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		2.3318								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$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												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.90	\$13.14	\$0.00	\$3.74	\$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		1.7430								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.03	\$147.54	\$0.00	\$24.09	\$27.33	\$0.00	\$24.34	\$2.59	\$23.42	\$1.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.35	\$147.54	\$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	\$188.44									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Canton Nursing Center, Inc. Prvdr ID: 00140511A				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 63.3% Nurse Hours per On-Site Day/Quality Incentive: 2.82		Facility Score Add-on Percent: 18.37% 5.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.3680 Quarterly Medicaid CMI: 1.2158 Qtrly Mcaid CMI w RUG Wght Options: 1.2313				Facility Specific 1.3617 1.4961 1.5223	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$5,071,885.93	\$2,528,059	\$0	\$591,650	\$372,707	\$417,020	\$912,388	\$101,926	\$148,136	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$201,297)	\$0	\$0	\$0	\$0	\$15,281	(\$216,578)		(\$36,799)	\$36,799
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,870,589	\$2,528,059	\$0	\$591,650	\$372,707	\$432,301	\$695,810	\$101,926	\$111,337	\$36,799
8	Total Nursing Facility Days As Filed Days = 33,792	FY12 Audited C/R Days	33,792									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,521	FY 18 GL-PL Ins Rpt Days								30,521		
9	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$144.45	\$74.81	\$0.00	\$17.51	\$23.82	(with L&H)	\$20.59	\$3.34	\$3.29	\$1.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3680								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.68								
12	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.68	\$0.00	\$17.51	\$23.82		\$20.59	\$3.34	\$3.29	\$1.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$130.83	\$54.68	\$0.00	\$17.51	\$23.09		\$20.56	\$3.34	10.56 (FRV)	\$1.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.28	\$10.04	\$0.00	\$3.22	\$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	\$152.11	\$64.72	\$0.00	\$20.73	\$27.33	\$0.00	\$24.34	\$3.34	\$10.56	\$1.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2313								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$79.69									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.08	\$79.69	\$0.00	\$20.73	\$27.33	\$0.00	\$24.34	\$3.34	\$10.56	\$1.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.38	\$4.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$2.39	\$2.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.62	\$7.30	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.70	\$86.99	\$0.00	\$20.95	\$27.33	\$0.00	\$41.44	\$3.34	\$10.66	\$1.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.95									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Carrollton Manor, Inc. Prvdr ID: 00140852A				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 36.4% Nurse Hours per On-Site Day/Quality Incentive: 3.10		Facility Score Add-on Percent: 18.37% 2.5% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.3067 Quarterly Medicaid CMI: 1.6539 Qtrly Mcaid CMI w RUG Wght Options: 1.6832				Facility Specific 1.3617 1.4961 1.5223	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,595,654.00	\$2,333,134	\$0	\$598,067	\$317,522	\$207,390	\$737,203	\$122,627	\$279,711	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$139,226)	(\$6,955)	\$0	\$0	\$949	\$620	(\$120,974)		(\$49,231)	\$36,365
7	Cost 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	\$36,365
8	Total Nursing Facility Days As Filed Days = 35,484	FY12 Audited C/R Days	35,484									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,047	FY 18 GL-PL Ins Rpt Days								34,047		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,3067								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.17								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.17	\$0.00	\$16.85	\$14.84		\$17.37	\$3.60	\$6.50	\$1.02
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base 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 (FRV)	\$1.02
Quarterly Per Diem Rate Prior to Add-ons												
16	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.24	\$9.22	\$0.00	\$3.10	\$2.73	\$0.00	\$3.19	N/A	N/A	N/A
17	CMA 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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,6832								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.97								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.72	\$99.97	\$0.00	\$19.95	\$17.57	\$0.00	\$20.56	\$3.60	\$11.05	\$1.02
Quarterly Per Diem Add-on Amounts												
21	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.00	\$2.00								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.13	\$5.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.85	\$105.00	\$0.00	\$20.17	\$17.98	\$0.00	\$38.03	\$3.60	\$11.05	\$1.02
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.81									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

Provider: Carrollton Nursing and Rehab Center Prvdr ID: 00059661A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 29.0% Nurse Hours per On-Site Day/Quality Incentive: 3.11 Facility Score: N/A Add-on Percent: 18.37% 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3832 Quarterly Medicaid CMI: 1.5772 Qtrly Meaid CMI w RUG Wght Options: 1.6042 Facility Specific: 1.3832 1.5772 1.6042 State-wide: 1.4014 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		100.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Rpt Days								40,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.71
	Quarterly Per Diem Rate Prior to Add-ons											
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 (After 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		1.6042								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.32	\$132.84	\$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 (LSInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.99	\$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	\$23.58	\$5.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.90	\$138.69	\$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	\$159.60									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Cartersville Heights Care and Rehab Prvdr ID: 00143085A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 29.1% Nurse Hours per On-Site Day/Quality Incentive: 3.00 Facility Score: N/A Add-on Percent: 18.37% Case Mix Index (CMI) Data Base Period Overall CMI: 1.5517 Quarterly Medicaid CMI: 1.5091 Qtrly Mcaid CMI w RUG Wght Options: 1.5354 Facility Specific: 1.5517 State-wide: 1.3617 1.5091 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	(\$248,121)		(\$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									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								41,774		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$131.56	\$62.86	\$0.00	\$13.49	\$13.01	(with L&H)	\$23.22	\$2.13	\$16.12	\$0.73
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$40.51	\$0.00	\$13.49	\$13.01		\$23.22	\$2.13	\$16.12	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$102.68	\$40.51	\$0.00	\$13.49	\$13.01		\$20.56	\$2.13	12.25 (FRV)	\$0.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwth Allwnc %	\$16.09	\$7.44	\$0.00	\$2.48	\$2.39	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.77	\$47.95	\$0.00	\$15.97	\$15.40	\$0.00	\$24.34	\$2.13	\$12.25	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5354								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.44	\$73.62	\$0.00	\$15.97	\$15.40	\$0.00	\$24.34	\$2.13	\$12.25	\$0.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - 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 Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.47	\$1.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.47	\$2.74	\$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	\$164.91	\$76.36	\$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	\$110.86									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Cedar Springs Health and Rehab Center Prvdr ID: 00140544A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 22.2% Nurse Hours per On-Site Day/Quality Incentive: 3.81 Facility Score: N/A Add-on Percent: 18.37% 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.5659 Quarterly Medicaid CMI: 1.7240 Qtrly Mcaid CMI w RUG Wght Options: 1.7572 Facility Specific: 1.3617 1.4961 1.5223 State-wide:												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Audited 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 Svcs	Ln 7 / Ln 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		1.6659								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.39	\$0.00	\$14.21	\$18.78		\$15.51	\$5.65	\$0.27	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$109.41	\$46.39	\$0.00	\$14.21	\$18.78		\$15.51	\$5.65	8.17 (FRV)	\$0.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.43	\$8.52	\$0.00	\$2.61	\$3.45	\$0.00	\$2.85	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.84	\$54.91	\$0.00	\$16.82	\$22.23	\$0.00	\$18.36	\$5.65	\$8.17	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7672								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.42	\$96.49	\$0.00	\$16.82	\$22.23	\$0.00	\$18.36	\$5.65	\$8.17	\$0.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$190.90	\$100.87	\$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	\$130.36									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

Provider: Cedar Valley Nursing and Rehab Center Prvdr ID: 00142557A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 28.4% Nurse Hours per On-Site Day/Quality Incentive: 3.07 Facility Score Add-on Percent 18.37% 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4235 Quarterly Medicaid CMI: 1.5187 Qtrly Mcaid CMI w RUG Wght Options: 1.5441 Facility Specific 1.4235 1.5187 1.5441 State-wide 1.4014 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,218,532	\$1,082,784	\$0	\$196,985	\$116,921	\$109,719	\$403,891	\$9,005	\$299,227	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$16,961	\$0	\$0	\$0	\$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 C/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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.05
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.24	\$10.16	\$0.00	\$2.63	\$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	\$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		1.5441								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.55	\$101.08	\$0.00	\$16.95	\$19.57	\$0.00	\$28.43	\$0.31	\$9.16	\$1.05
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$3.03	\$3.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.30	\$4.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.85	\$105.65	\$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	\$136.31									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Chaplinwood Health & Rehab			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059694A			Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3992				1.3992	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.58		Qtrly BIMS score 30.9%	2.5%	Quarterly Medicaid CMI: 1.2934				1.2934	1.4961
						2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3129				1.3129	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	FY12 C/R Audit Adjstmtns	(\$18,406)	\$0	\$0	(\$1,462)	\$0	\$0	(\$18,406)		(\$21,592)	\$23,054
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,371,424	\$2,274,044	\$0	\$394,152	\$242,480	\$328,747	\$552,273	\$95,889	\$460,785	\$23,054
8	Total Nursing Facility Days As Filed Days = 28,038	FY12 Audited C/R Days	28,038									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,415	FY 18 GL-PL Ins Rpt Days								33,415		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3992								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.97								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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		1.3129								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.28	\$90.09	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.80	\$1.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.58	\$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	\$190.96	\$94.67	\$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	\$130.40									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Chatsworth Health Care Center Prvdr ID: 00209778A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 48.2% Nurse Hours per On-Site Day/Quality Incentive: 3.62			N/A	18.37%	Base Period Overall CMI: 1.2919 Quarterly Medicaid CMI: 1.8342 Qtrly Mcaid CMI w RUG Wght Options: 1.8708			1.2919	1.3617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 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)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,941	FY 18 GL-PL Ins Rpt Days								39,941		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.16								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$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		1.8708								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$122.14	\$122.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.30	\$122.14	\$0.00	\$17.71	\$22.49	\$0.00	\$21.53	\$3.28	\$8.66	\$1.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.72	\$6.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.79	\$9.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.09	\$131.83	\$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	\$166.99									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Chatuge Regional Nursing Home Prvdr ID: 00143338A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 30.2% Nurse Hours per On-Site Day/Quality Incentive: 3.61 Facility Score: N/A Add-on Percent: 18.37% 2.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2895 Quarterly Medicaid CMI: 1.6710 Qtrly Mcaid CMI w RUG Wght Options: 1.7032 Facility Specific: 1.2895 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$6,466,869.00	\$3,483,271	\$0	\$1,088,008	\$466,107	\$462,253	\$671,707	\$82,094	\$213,429	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$103,659)	(\$32,041)	\$0	\$4,510	\$0	\$1,581	(\$77,709)		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,363,210	\$3,451,230	\$0	\$1,092,518	\$466,107	\$463,834	\$593,998	\$82,094	\$213,429	\$0
8	Total Nursing Facility Days As Filed Days = 40,036	FY12 Audited C/R Days	40,036									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,599	FY 18 GL-PL Ins Rpt Days								39,599		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.96	\$86.20	\$0.00	\$27.29	\$23.23	(with L&H)	\$14.84	\$2.07	\$5.33	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2895								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.85	\$0.00	\$27.29	\$23.23		\$14.84	\$2.07	\$5.33	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$144.27	\$66.85	\$0.00	\$27.29	\$23.09		\$14.84	\$2.07	10.13 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Althnc %	\$24.26	\$12.28	\$0.00	\$5.01	\$4.24	\$0.00	\$2.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.53	\$79.13	\$0.00	\$32.30	\$27.33	\$0.00	\$17.57	\$2.07	\$10.13	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7032								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$134.77	\$134.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.17	\$134.77	\$0.00	\$32.30	\$27.33	\$0.00	\$17.57	\$2.07	\$10.13	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.37	\$3.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.29	\$6.60	\$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	\$248.46	\$141.37	\$0.00	\$32.52	\$27.33	\$0.00	\$35.04	\$2.07	\$10.13	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.62									

Quarterly Case Mix Per Diem Calculation

Provider: Chelsey Park H&R Pvdr ID: 003165720A H/B ?: No			Add-on Data and Percentages Growth Allowance: BIMS: MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 15.6% 3.96	Add-on Percent 18.37% 0.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.4759 1.5010	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 56,831		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								19,081		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.58	\$4.00
	Allowed @ 95% of Std		\$168.47	\$67.93		\$17.49	\$21.94		\$19.53		\$37.58	\$4.00
	Growth Allowance 18.37%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (Alter Growth Allowance)		\$194.76	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.98	\$37.58	\$4.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5010							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$120.69								
	Quarterly Medicaid CMA Allowed Per Diem		\$235.04	\$120.69		\$20.70	\$25.97		\$23.12	\$2.98	\$37.58	\$4.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% to Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.62	\$3.62								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$20.72									
	Quarterly Case Mix Based Per Diem Rate		\$255.77	\$124.31		\$20.70	\$25.97		\$40.22	\$2.98	\$37.58	\$4.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$179.00										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Cherry Blossom Health Care		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00413509A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.2276		1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 24.6%		1.0%		Quarterly Medicaid CMI: 1.7021		1.4961		
				3.77		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.7339		1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,545,801.46	\$1,920,138	\$0	\$356,142	\$202,257	\$189,822	\$465,782	\$78,889	\$312,771	\$0
6	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	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,531,302	\$1,920,138	\$0	\$354,700	\$202,257	\$189,822	\$470,906	\$78,889	\$284,909	\$29,681
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	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	\$11.42	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$125.97	\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	10.19 (FRV)	\$1.19
Quarterly Per Diem Rate Prior to Add-ons												
15	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 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		1.7339								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.93	\$128.69	\$0.00	\$16.83	\$18.61	\$0.00	\$22.35	\$3.07	\$10.19	\$1.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.86	\$3.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.71	\$134.37	\$0.00	\$17.06	\$19.02	\$0.00	\$39.82	\$3.07	\$10.19	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.71									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

Provider: Chestnut Ridge Nursing & Rehabilitation Center Prvdr ID: 00228049A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 17.0% Nurse Hours per On-Site Day/Quality Incentive: 2.54 Facility Score Add-on Percent 18.37% 0.0% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.5075 Quarterly Medicaid CMI: 1.5402 Qtrly Mcaid CMI w RUG Wght Options: 1.5663 Facility Specific 1.5075 1.5402 1.5663 State-wide 1.4014 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Reallocations 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 Adjstnt to Routine Svcs	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		1.5075								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.91								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	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 Svcs)	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											
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 Allowed 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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5663								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.94	\$111.08	\$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 ((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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sftng Add-on	\$2.22	\$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.48	\$2.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.42	\$113.83	\$0.00	\$16.44	\$16.40	\$0.00	\$45.53	\$0.30	\$7.38	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.49									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Christian City Convalescent Center, Inc. Prvdr ID: 00158034A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score: 38.4% Nurse Hours per On-Site Day/Quality Incentive: 3.77		N/A	18.37% 2.5% 2.0%	Base Period Overall CMI: 1.4851 Quarterly Medicaid CMI: 1.5057 Qtrly Mcaid CMI w RUG Wght Options: 1.5339			1.4851 1.5057 1.5339	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 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)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
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)		(\$43,344)	\$35,164
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	\$35,164
8	Total Nursing Facility Days As Filed Days = 70,236 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 68,828	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	70,236							68,828		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.4861								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.32	\$0.00	\$15.99	\$18.77		\$32.32	\$6.99	\$4.79	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$140.76	\$65.32	\$0.00	\$15.99	\$18.77		\$20.56	\$6.99	12.63 (FRV)	\$0.50
Quarterly Per Diem Rate Prior to Add-ons												
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	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6339								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.21	\$118.60	\$0.00	\$18.93	\$22.22	\$0.00	\$24.34	\$6.99	\$12.63	\$0.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.37	\$2.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.50	\$5.87	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.71	\$124.47	\$0.00	\$19.16	\$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	\$158.03									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Chulio Hills Health and Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143437A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.2223	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qltry BIMS score		32.4%	2.5%	Quarterly Medicaid CMI:				1.9076	1.4961
				Nurse Hours per On-Site Day/Quality Incentive:		4.09	3.0%	Qltry Mcaid CMI w RUG Wght Options:				1.9440	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$46,618)	(\$7,988)	\$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	\$457,998	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,250	FY 18 GL-PL Ins Rpt Days								33,250			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.48									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3.30	\$0.25	\$0.78	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.78	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.38	\$10.56	\$0.00	\$2.47	\$3.37	\$0.00	\$2.98	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.88	\$68.04	\$0.00	\$15.90	\$21.72	\$0.00	\$19.18	\$3.30	\$9.96	\$0.78	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9440									
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.27									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.11	\$132.27	\$0.00	\$15.90	\$21.72	\$0.00	\$19.18	\$3.30	\$9.96	\$0.78	
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		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.31	\$3.31									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$3.97	\$3.97									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.91	\$7.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.02	\$140.08	\$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	\$168.94										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Church Home Rehab & Healthcare			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140467A			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.2835				1.2835	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score 38.2%		38.2%	2.5%	Quarterly Medicaid CMI: 1.3041				1.3041	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 4.16		4.16	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3288				1.3288	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,416,690.00	\$1,369,585	\$0	\$266,767	\$111,575	\$190,478	\$437,521	\$9,292	\$31,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$8,507)	\$0	\$0	\$0	(\$217)	(\$370)	(\$7,920)		(\$13,849)	\$13,849
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,408,183	\$1,369,585	\$0	\$266,767	\$111,358	\$190,108	\$429,601	\$9,292	\$17,623	\$13,849
8	Total Nursing Facility Days As Filed Days = 17,393	FY12 Audited C/R Days	17,393									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,255	FY 18 GL-PL Ins Rpt Days								26,255		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.2835								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.34	\$17.33		\$24.70	\$0.35	\$1.01	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.05	\$11.27	\$0.00	\$2.82	\$3.18	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.80	\$72.62	\$0.00	\$18.16	\$20.51	\$0.00	\$24.34	\$0.35	\$27.02	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3288								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.68	\$96.50	\$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 ([Std - Ahdw] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.57	\$5.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.25	\$102.34	\$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	\$146.61									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Clinch Health Care Prvdr ID: 00142106A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 31.5% Nurse Hours per On-Site Day/Quality Incentive: 2.69		N/A	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.3288 Quarterly Medicaid CMI: 1.5442 Qtrly Mcaid CMI w RUG Wght Options: 1.5724				1.3288 1.5442 1.5724	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	(\$4,062)	\$0	\$0	\$0	\$0	\$0	(\$37,984)		\$10,841	\$23,081
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,934,818	\$1,460,510	\$0	\$316,871	\$183,612	\$218,595	\$454,407	\$19,237	\$258,505	\$23,081
8	Total Nursing Facility Days As Filed Days = 29,010	FY12 Audited C/R Days	29,010									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,515	FY 18 GL-PL Ins Rpt Days								23,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$101.32	\$50.35	\$0.00	\$10.92	\$13.86	(with L&H)	\$15.66	\$0.82	\$8.91	\$0.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3288</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$37.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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	\$86.76	\$37.89	\$0.00	\$10.92	\$13.86		\$15.66	\$0.82	6.81 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$14.40	\$6.96	\$0.00	\$2.01	\$2.55	\$0.00	\$2.88	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$101.16	\$44.85	\$0.00	\$12.93	\$16.41	\$0.00	\$18.54	\$0.82	\$6.81	\$0.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6724</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$126.83	\$70.52	\$0.00	\$12.93	\$16.41	\$0.00	\$18.54	\$0.82	\$6.81	\$0.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.76	\$1.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.51	\$4.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$149.34	\$74.93	\$0.00	\$13.16	\$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	\$99.18									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Coastal Manor Prvdr ID: 00856028A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 35.8% Nurse Hours per On-Site Day/Quality Incentive: 3.92			18.37% 2.5% 3.0%		Base Period Overall CMI: 1.3441 Quarterly Medicaid CMI: 1.3982 Qtrly Mcaid CMI w RUG Wght Options: 1.4238			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 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)		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		(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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL 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)	\$13,063
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,934,399	\$3,214,333	\$0	\$920,655	\$448,507	\$673,777	\$1,329,836	\$117,406	\$1,216,822	\$13,063
8	Total Nursing Facility Days As Filed Days = 36,013	FY12 Audited C/R Days	36,013									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,331	FY 18 GL-PL Ins Rpt Days								37,331		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col 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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 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 Svcs)	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	\$155.95	\$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%	Ln 14 x Grwth Allwnc %	\$24.92	\$12.20	\$0.00	\$4.70	\$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	\$180.87	\$78.60	\$0.00	\$30.26	\$27.33	\$0.00	\$24.34	\$3.14	\$16.84	\$0.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4238								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.18	\$111.91	\$0.00	\$30.26	\$27.33	\$0.00	\$24.34	\$3.14	\$16.84	\$0.36
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 Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.36	\$3.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.01	\$6.69	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.19	\$118.60	\$0.00	\$30.48	\$27.33	\$0.00	\$41.44	\$3.14	\$16.84	\$0.36
26	Quarterly Per Diem Rate for Bad Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.82									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Cobblestone Rehab and Healthcare Center				<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142711A				Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.4590	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score			23.3%	1.0%	Quarterly Medicaid CMI:			1.4537	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive:			3.38	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4777	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$50,908)	(\$2,304)	\$0	(\$9,289)	(\$811)	\$1,104	(\$38,342)		(\$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	\$819,969	\$6,221	\$382,687	\$65,941	
8	Total Nursing Facility Days As Filed Days = 20,374	FY12 Audited C/R Days	20,374										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,878	FY 18 GL-PL Ins Rpt Days								19,878			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4590</u>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.45									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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													
15	Growth Allowance Percentage = <u>18.37%</u>	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 Diem (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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4777</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.75									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.34	\$91.75	\$0.00	\$18.11	\$27.33	\$0.00	\$24.34	\$0.31	\$18.26	\$3.24	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.52	\$4.20	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.86	\$96.96	\$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	\$140.82										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: College Park Health Care Center Prvdr ID: 00140654A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score: 34.3% Nurse Hours per On-Site Day/Quality Incentive: 2.91		N/A	18.37% 2.5% 1.0%	Base Period Overall CMI: 1.2906 Quarterly Medicaid CMI: 1.4288 Qtrly Mcaid CMI w RUG Wght Options: 1.4553				1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	\$0	(\$4,986)	\$9,885	\$834	(\$362,911)		(\$66,906)	\$46,633	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,711,621	\$2,320,096	\$0	\$503,937	\$336,685	\$231,100	\$657,246	\$17,861	\$598,063	\$46,633	
8	Total Nursing Facility Days As Filed Days = 32,452	FY12 Audited C/R Days	32,452										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,852	FY 18 GL-PL Ins Rpt Days								29,852			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.24	\$71.49	\$0.00	\$15.53	\$17.50	(with L&H)	\$20.25	\$0.60	\$18.43	\$1.44	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2906									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.39									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	\$18.43	\$1.44	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$118.35	\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	7.64 (FRV)	\$1.44	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.96	\$10.18	\$0.00	\$2.85	\$3.21	\$0.00	\$3.72	N/A	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		1.4663									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.16	\$95.42	\$0.00	\$18.38	\$20.71	\$0.00	\$23.97	\$0.60	\$7.64	\$1.44	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$0.95	\$0.95									
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	\$21.83	\$3.87	\$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	\$189.99	\$99.29	\$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	\$129.67										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: Comer Health and Rehab Prvdr ID: 00220448A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 45.4% Nurse Hours per On-Site Day/Quality Incentive: 3.40 Facility Score Add-on Percent 18.37% 5.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2625 Quarterly Medicaid CMI: 1.4709 Qtrly Mcaid CMI w RUG Wght Options: 1.4960 Facility Specific 1.2625 1.4709 1.4960 State-wide 1.4014 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstms	(\$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-PL 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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.33								
12	Net Per Diems after Case Mix Adjstd to Routine Svcs	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 Svcs)	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 (FRV)	\$0.22
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$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 (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.49	\$73.78	\$0.00	\$20.87	\$20.25	\$0.00	\$22.55	\$2.89	\$7.93	\$0.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4960								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.08	\$110.37	\$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 ((Sind - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.07	\$6.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$3.31	\$3.31								
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	\$28.01	\$9.91	\$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	\$213.09	\$120.28	\$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	\$146.99									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Comfort Creek NRC of Wadley Prvdr ID: 00141138A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 35.3% Nurse Hours per On-Site Day/Quality Incentive: 2.76			N/A 35.3% 2.76	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.3067 Quarterly Medicaid CMI: 1.5749 Qtrly Mcaid CMI w RUG Wght Options: 1.6044			1.3067 1.5749 1.6044	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$56,048)	\$0	\$0	\$0	\$0	\$0	(\$54,075)		(\$46,994)	\$45,021
7	Cost Center Costs After Audit Adjustments	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. Rpt As Filed Days = 32,777	FY 18 GL-PL Ins Rpt Days								32,777		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 for All Residents	from 4 qtrs of FY12		1.3067								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	\$7.56	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$106.38	\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	8.30 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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 Allowance 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 Medicaid Residents	per Current Qtr End		1.6044								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.73	\$87.99	\$0.00	\$17.21	\$22.99	\$0.00	\$15.78	\$2.80	\$8.30	\$1.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.64	\$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.20	\$93.36	\$0.00	\$17.43	\$23.40	\$0.00	\$33.25	\$2.80	\$8.30	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.33									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

Provider: Cordele Health & Rehab Prvdr ID: 00059892A Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 36.5% Nurse Hours per On-Site Day/Quality Incentive: 5.01 Facility Score N/A Add-on Percent 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.1887 Quarterly Medicaid CMI: 1.7086 Qtrly Mcaid CMI w RUG Wght Options: 1.7407 Facility Specific 1.1887 1.7086 1.7407 State-wide 1.3699 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$15,067
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								23,836		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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		1.1887								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.11	\$0.00	\$20.90	\$15.29		\$26.24	\$3.26	\$16.13	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$1.28
	Quarterly Per Diem Rate Prior to Add-ons											
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 (After Growth Allowance Add-on)	Ln 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 Qtr End		1.7407								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.03	\$140.34	\$0.00	\$22.66	\$18.10	\$0.00	\$27.77	\$3.26	\$8.62	\$1.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max. or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.51	\$3.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.21	\$4.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.76	\$8.25	\$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	\$247.79	\$148.59	\$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	\$173.02									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Countryside Health Center Prvdr ID: 00141666A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 31.8% Nurse Hours per On-Site Day/Quality Incentive: 2.88			N/A	18.37% 2.5% 2.0%	Base Period Overall CMI: 1.1147 Quarterly Medicaid CMI: 1.5792 Qtrly Mcaid CMI w RUG Wght Options: 1.6078			1.1147 1.5792 1.6078	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$28,070)	(\$3,388)	\$0	\$0	\$0	(\$1,344)	(\$23,338)		(\$15,273)	\$15,273
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	\$0	\$15,273
8	Total Nursing Facility Days As Filed Days = 19,464	FY12 Audited C/R Days	19,464									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,564	FY 18 GL-PL Ins Rpt Days								19,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.1147								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$103.31	\$49.99	\$0.00	\$13.97	\$17.77		\$12.61	\$2.06	6.13 (PRV)	\$0.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.33	\$9.18	\$0.00	\$2.57	\$3.26	\$0.00	\$2.32	N/A	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	\$6.13	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6078								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.60	\$95.13	\$0.00	\$16.54	\$21.03	\$0.00	\$14.93	\$2.06	\$6.13	\$0.78
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.90	\$1.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.91	\$4.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.51	\$99.94	\$0.00	\$16.76	\$21.44	\$0.00	\$32.40	\$2.06	\$6.13	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: Covenant Dove - Macon Prvdr ID: 00141523A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 38.2% Nurse Hours per On-Site Day/Quality Incentive: 3.38 Facility Score: N/A Add-on Percent: 18.37% 2.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.5027 Quarterly Medicaid CMI: 1.7449 Qtrly Mcaid CMI w RUG Wght Options: 1.7767 Facility Specific: 1.5027 State-wide: 1.4014 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups 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 Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,726	FY 18 GL-PL Ins Rpt Days								30,726		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5027								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.79								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.79	\$0.00	\$14.21	\$20.03		\$25.56	\$0.39	\$18.99	\$1.35
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
15	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												
16	Growth Allowance Percentage = 18.37%	Ln 14 x Growth Allownc %	\$22.60	\$11.90	\$0.00	\$2.61	\$3.68	\$0.00	\$4.41	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.31	\$76.69	\$0.00	\$16.82	\$23.71	\$0.00	\$28.43	\$0.39	\$8.92	\$1.35
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7767								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.26								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.88	\$136.26	\$0.00	\$16.82	\$23.71	\$0.00	\$28.43	\$0.39	\$8.92	\$1.35
Quarterly Per Diem Add-on Amounts												
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, 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	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.41	\$3.41								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.73	\$2.73								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.40	\$6.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.28	\$142.93	\$0.00	\$17.04	\$24.12	\$0.00	\$45.53	\$0.39	\$8.92	\$1.35
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.39									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Crestview Nursing Facility Prvdr ID: 00273567A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 31.7% Nurse Hours per On-Site Day/Quality Incentive: 2.92				N/A 31.7% 2.92	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.1823 Quarterly Medicaid CMI: 1.0593 Qtrly Mcaid CMI w RUG Wght Options: 1.0711			1.1823 1.0593 1.0711	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$17,345,050.00	\$9,275,318	\$0	\$1,621,649	\$1,257,095	\$1,053,129	\$3,462,992	\$155,956	\$518,911	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$1,737,823)	(\$610,837)	\$0	(\$349,850)	(\$63,040)	(\$177,026)	(\$273,838)		(\$267,314)	\$4,082	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$15,607,227	\$8,664,481	\$0	\$1,271,799	\$1,194,055	\$876,103	\$3,189,154	\$155,956	\$251,597	\$4,082	
8	Total Nursing Facility Days As Filed Days = 89,009	FY12 Audited C/R Days	89,009										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 101,433	FY 18 GL-PL Ins Rpt Days								101,433			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 qtrs of FY12		1.1823									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.33									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.79	\$13.14	\$0.00	\$2.63	\$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	\$164.66	\$84.65	\$0.00	\$16.92	\$27.33	\$0.00	\$24.34	\$1.54	\$9.83	\$0.05	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0711									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.67									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.68	\$90.67	\$0.00	\$16.92	\$27.33	\$0.00	\$24.34	\$1.54	\$9.83	\$0.05	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.72	\$2.72									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$5.21	\$4.99	\$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	\$175.89	\$95.66	\$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	\$131.92										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Crisp Regional Nursing and Rehab Ctr			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00274128A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4206	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		66.7%	5.5%	Quarterly Medicaid CMI:				1.8437	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		4.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.8785	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,952,644.00	\$2,971,066	\$0	\$711,607	\$402,802	\$416,741	\$836,579	\$70,786	\$543,063	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$71,154)	\$0	\$0	\$0	\$1,048	\$1,086	(\$74,675)		(\$9,002)	\$10,389
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,881,490	\$2,971,066	\$0	\$711,607	\$403,850	\$417,827	\$761,904	\$70,786	\$534,061	\$10,389
8	Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,234	FY 18 GL-PL Ins Rpt Days								25,234		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.82	\$85.39	\$0.00	\$20.45	\$23.62	(with L&H)	\$21.90	\$2.81	\$15.35	\$0.30
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4206</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.11								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.11	\$0.00	\$20.45	\$23.62		\$21.90	\$2.81	\$15.35	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$136.94	\$60.11	\$0.00	\$20.45	\$23.09		\$20.56	\$2.81	9.62 (FRV)	\$0.30
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.82	\$11.04	\$0.00	\$3.76	\$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	\$159.76	\$71.15	\$0.00	\$24.21	\$27.33	\$0.00	\$24.34	\$2.81	\$9.62	\$0.30
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8785</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.27	\$133.66	\$0.00	\$24.21	\$27.33	\$0.00	\$24.34	\$2.81	\$9.62	\$0.30
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.35	\$7.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.21	\$11.89	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$261.48	\$145.55	\$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	(Ln 25 - Ln 23) * 0.75	\$175.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data

FINAL

Provider: Cross View Care Center Prvdr ID: 00142502A Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 30.4% Nurse Hours per On-Site Day/Quality Incentive: 2.71 Facility Score Add-on Percent 18.37% 2.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.1512 Quarterly Medicaid CMI: 1.4174 Qtrly Mcaid CMI w RUG Wght Options: 1.4413 Facility Specific 1.1512 1.4174 1.4413 State-wide 1.3699 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$1,899,677	\$760,302	\$0	\$281,878	\$267,254	\$198,948	\$303,862	\$18,730	\$58,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	\$693	\$0	\$0	\$0	(\$200)	\$0	\$893		(\$32,517)	\$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	\$36,186	\$32,517
8	Total Nursing Facility Days As Filed Days = 16,252	FY13 Audited C/R Days	16,252									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,178	FY 18 GL-PL Ins Rpt Days								24,178		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.1512								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.37	\$7.47	\$0.00	\$3.19	\$4.27	\$0.00	\$3.44	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.82	\$48.11	\$0.00	\$20.53	\$27.54	\$0.00	\$22.19	\$0.77	\$7.68	\$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4413								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.05	\$69.34	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.73	\$1.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.39	\$1.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.34	\$3.65	\$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	\$171.39	\$72.99	\$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	(Ln 25 - Ln 23) * 0.75	\$115.72									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Cumming Nursing Center Prvdr ID: 00140302A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												
				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3016	1.3617
				Qtrly BIMS score:		62.8%	5.5%	Quarterly Medicaid CMI:			1.4198	1.4961
				Nurse Hours per On-Site Day/Quality Incentive:		4.23	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4444	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,766	FY 18 GL-PL Ins Rpt Days								41,766		
10	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.65	\$96.24	\$0.00	\$19.72	\$21.80	(with L&H)	\$15.41	\$1.48	\$4.05	\$0.95
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3016								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.94								
13	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.94	\$0.00	\$19.72	\$21.80		\$15.41	\$1.48	\$4.05	\$0.95
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.41	\$71.51	\$0.00	\$18.41	\$21.80		\$15.41	\$1.48	9.85 (FRV)	\$0.95
Quarterly Per Diem Rate Prior to Add-ons												
16	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.35	\$13.14	\$0.00	\$3.38	\$4.00	\$0.00	\$2.83	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.76	\$84.65	\$0.00	\$21.79	\$25.80	\$0.00	\$18.24	\$1.48	\$9.85	\$0.95
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4444								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$122.27	\$122.27	\$0.00	\$21.79	\$25.80	\$0.00	\$18.24	\$1.48	\$9.85	\$0.95
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.38	\$122.27	\$0.00	\$21.79	\$25.80	\$0.00	\$18.24	\$1.48	\$9.85	\$0.95
Quarterly Per Diem Add-on Amounts												
21	Efficiency Add-on Per Diem ((Stnd - Awd) 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	
22	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.72	\$6.72								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.67	\$3.67								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total 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
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.66	\$132.66	\$0.00	\$21.79	\$26.21	\$0.00	\$35.71	\$1.48	\$9.85	\$0.95
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.66									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: D. Scott Hudgens Center for Skilled Nursing				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 000815493B				Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3112			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score: 41.4%		41.4%	2.5%	Quarterly Medicaid CMI: 1.4501			1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive: 4.49		4.49	1.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4717			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	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
7	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	5,856									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,404										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.49	\$0.00	\$15.74	\$31.84		\$53.61	\$0.21	\$19.96	\$1.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$161.17	\$71.51	\$0.00	\$15.74	\$23.09		\$20.56	\$0.21	28.24 (FRV)	\$1.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.05	\$13.14	\$0.00	\$2.89	\$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	\$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 Qtr End		1.4717								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.15	\$124.58	\$0.00	\$18.63	\$27.33	\$0.00	\$24.34	\$0.21	\$28.24	\$1.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((JStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.11	\$3.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.25	\$1.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.68	\$4.36	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.83	\$128.94	\$0.00	\$18.85	\$27.33	\$0.00	\$41.44	\$0.21	\$28.24	\$1.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.30									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Dade Health and Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142865A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2764	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score		40.0%	2.5%	Quarterly Medicaid CMI:			1.5961	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive:		4.52	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6264	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,109,776.00	\$1,717,831	\$0	\$355,660	\$196,685	\$255,318	\$430,524	\$136,420	\$17,338	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$29,834)	(\$5,040)	\$0	\$0	\$120	\$156	(\$30,573)		(\$7,624)	\$13,127
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,079,942	\$1,712,791	\$0	\$355,660	\$196,805	\$255,474	\$399,951	\$136,420	\$9,714	\$13,127
8	Total Nursing Facility Days As Filed Days = 22,897	FY12 Audited C/R Days	22,897									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,687	FY 18 GL-PL Ins Rpt Days								21,687		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2764								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.60								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.60	\$0.00	\$15.53	\$19.75		\$17.47	\$6.29	\$0.42	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$126.72	\$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												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.45	\$10.76	\$0.00	\$2.85	\$3.63	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.17	\$69.36	\$0.00	\$18.38	\$23.38	\$0.00	\$20.68	\$6.29	\$8.51	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6264								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.62	\$112.81	\$0.00	\$18.38	\$23.38	\$0.00	\$20.68	\$6.29	\$8.51	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$215.46	\$119.54	\$0.00	\$18.60	\$23.79	\$0.00	\$38.16	\$6.29	\$8.51	\$0.57
26	Quarterly Per Diem Rate for Bad Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.76									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Dawson Health & Rehab		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00140808A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.2140	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	32.7%	2.5%	Quarterly Medicaid CMI:				1.4706	1.4961
					3.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4947	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$14,716)	\$0	\$0	\$0	\$0	\$1,400	(\$16,116)		(\$18,688)	\$18,688
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,335,649	\$1,761,821	\$0	\$384,340	\$200,480	\$226,560	\$407,553	\$74,079	\$262,128	\$18,688
8	Total Nursing Facility Days As Filed Days = 25,645	FY12 Audited C/R Days	25,645									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,096	FY 18 GL-PL Ins Rpt Days								24,096		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2140								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.59								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	\$10.22	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$116.14	\$56.59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	8.22 (FRV)	\$0.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.13	\$10.40	\$0.00	\$2.75	\$3.06	\$0.00	\$2.92	N/A	N/A	N/A
16	CMA Allowed Per Diem (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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4947								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.41	\$100.13	\$0.00	\$17.74	\$19.71	\$0.00	\$18.81	\$3.07	\$8.22	\$0.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.00	\$3.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.54	\$106.16	\$0.00	\$17.96	\$20.12	\$0.00	\$36.28	\$3.07	\$8.22	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.68									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Decatur Health and Rehab Ctr Prvdr ID: 00059452A			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score 34.7% Nurse Hours per On-Site Day/Quality Incentive: 3.76			N/A	18.37%	Base Period Overall CMI: 1.7909 Quarterly Medicaid CMI: 1.7682 Qtrly Mcaid CMI w RUG Wght Options: 1.8022			1.7909	1.3617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Realocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$33,146)	\$0	\$0	\$0	\$0	\$0	(\$33,468)		(\$36,744)	\$37,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,927,716	\$2,146,119	\$0	\$430,561	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,394	FY 18 GL-PL Ins Rpt Days								24,394		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col 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 qtrs of FY12		1.7909								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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	\$118.99	\$50.24	\$0.00	\$18.05	\$15.28		\$20.56	\$0.11	13.20 (FRV)	\$1.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwrth 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	\$21.37	\$18.09	\$0.00	\$24.34	\$0.11	\$13.20	\$1.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8022								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.84	\$107.18	\$0.00	\$21.37	\$18.09	\$0.00	\$24.34	\$0.11	\$13.20	\$1.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.16	\$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	\$210.00	\$113.61	\$0.00	\$21.69	\$18.60	\$0.00	\$41.44	\$0.11	\$13.20	\$1.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.68									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Delmar Gardens of Gwinnett, Inc. Prvdr ID: 00395161A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												
				<u>Add-on Data and Percentages</u>			<u>Facility Score</u>		<u>Add-on Percent</u>		<u>Case Mix Index (CMI) Data</u>	
				Growth Allowance:			N/A		18.37%		Base Period Overall CMI:	
				Qtrly BIMS score			21.6%		1.0%		Quarterly Medicaid CMI:	
				Nurse Hours per On-Site Day/Quality Incentive:			3.43		2.0%		Qtrly Mcaid CMI w RUG Wght Options:	
											1.2576	
											1.1036	
											1.1153	
											1.3617	
											1.4961	
											1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$627,613)	\$1,511	\$0	\$0	(\$6,330)	(\$6,478)	(\$121,891)		(\$515,944)	\$21,519
7	Cost Center 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	Total Nursing Facility Days As Filed Days = 23,172	FY12 Audited C/R Days	23,172									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,614	FY 18 GL-PL Ins Rpt Days								21,614		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.59	\$85.43	\$0.00	\$24.06	\$27.85	(with L&H)	\$27.20	\$1.38	\$6.74	\$0.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2576								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.93	\$0.00	\$24.06	\$27.85		\$27.20	\$1.38	\$6.74	\$0.93
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$141.69	\$67.93	\$0.00	\$18.41	\$23.09		\$20.56	\$1.38	9.39 (FRV)	\$0.93
	Quarterly Per Diem Rate Prior to Add-ons											
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 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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1153								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$89.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.84	\$89.68	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$1.38	\$9.39	\$0.93
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.32	\$3.22	\$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	\$195.16	\$92.90	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$1.38	\$9.39	\$0.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.66									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Delmar Gardens of Smyrna				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00296271A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2475	1.3617
		Case Mix Per Diem Rate Effective Date: 7/1/2020		Qtrly BIMS score		33.8%	2.5%	Quarterly Medicaid CMI:			1.3264	1.4961
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		3.46	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3448	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$262,391)	(\$4,960)	\$0	\$0	(\$431)	(\$582)	(\$105,246)		(\$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	41,854									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,265										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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>1.2476</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.76								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	\$6.42	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$130.91	\$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												
15	Growth Allowance Percentage = <u>18.37%</u>	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)	Ln 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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3448</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.27	\$99.91	\$0.00	\$19.76	\$24.09	\$0.00	\$21.93	\$1.43	\$10.16	\$0.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.00	\$3.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.40	\$105.94	\$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	(Ln 25 - Ln 23) * 0.75	\$138.98									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Douglasville Nursing and Rehab Ctr. Prvdr ID: 00141083A												
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				<u>Add-on Data and Percentages</u>			<u>Facility Score</u>			<u>Add-on Percent</u>		
				Growth Allowance: N/A Qtrly BIMS score: 20.4% Nurse Hours per On-Site Day/Quality Incentive: 3.60			18.37% 1.0% 3.0%			<u>Case Mix Index (CMI) Data</u>		
							Base Period Overall CMI: 1.5626 Quarterly Medicaid CMI: 1.4523 Qtrly Mcaid CMI w RUG Wght Options: 1.4758			1.3617 1.4961 1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 84,849	FY 18 GL-PL Ins Rpt Days								84,849		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5626								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.19								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.19	\$0.00	\$15.02	\$13.63		\$17.24	\$1.16	\$10.41	\$1.29
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	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												
16	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.75	\$10.32	\$0.00	\$2.76	\$2.50	\$0.00	\$3.17	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.63	\$66.51	\$0.00	\$17.78	\$16.13	\$0.00	\$20.41	\$1.16	\$14.35	\$1.29
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4758								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.16								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.28	\$98.16	\$0.00	\$17.78	\$16.13	\$0.00	\$20.41	\$1.16	\$14.35	\$1.29
Quarterly Per Diem Add-on Amounts												
21	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
23	Nurse Staff Hrs / Quality Add-on Per Diem: <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$4.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.83	\$102.61	\$0.00	\$18.00	\$16.64	\$0.00	\$37.88	\$1.16	\$14.36	\$1.29
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.06									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Dublinair Health & Rehab Center Prvdr ID: 00059947A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 28.7% Nurse Hours per On-Site Day/Quality Incentive: 2.80 Facility Score: N/A Add-on Percent: 18.37% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2467 Quarterly Medicaid CMI: 1.4932 Qtrly Mcaid CMI w RUG Wght Options: 1.5182 Facility Specific: 1.2467 State-wide: 1.3617 1.4961 1.5223												
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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$157,175)	(\$18,037)	\$0	\$565	(\$2,206)	(\$11,507)	(\$120,426)		(\$52,995)	\$47,431
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,646,448	\$3,293,154	\$0	\$767,602	\$391,792	\$385,195	\$559,009	\$191,204	\$11,061	\$47,431
8	Total Nursing Facility Days As Filed Days = 48,499	FY12 Audited C/R Days	48,499									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,985	FY 18 GL-PL Ins Rpt Days								44,985		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	\$0.23	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$111.06	\$54.46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	7.99 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$17.97	\$10.00	\$0.00	\$2.91	\$2.94	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.03	\$64.46	\$0.00	\$18.74	\$18.96	\$0.00	\$13.65	\$4.25	\$7.99	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5182								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.43	\$97.86	\$0.00	\$18.74	\$18.96	\$0.00	\$13.65	\$4.25	\$7.99	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$4.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.98	\$102.31	\$0.00	\$18.96	\$19.37	\$0.00	\$31.12	\$4.25	\$7.99	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.91									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Dunwoody Health and Rehab Ctr				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00815295A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.6363	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		23.3%	1.0%	Quarterly Medicaid CMI:			1.7445	1.4961
						3.41	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7762	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0	\$0	(\$529,813)		(\$199,784)	\$205,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,747,716	\$8,525,338	\$0	\$1,279,369	\$494,884	\$709,673	\$1,994,276	\$5,773	\$533,271	\$205,132
8	Total Nursing Facility Days	As Filed Days = 73,805										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 71,443										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Statewide CMA for Routine Svcs)	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 (FRV)	\$2.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7762								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.13	\$148.42	\$0.00	\$20.51	\$19.32	\$0.00	\$24.34	\$0.08	\$17.68	\$2.78
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.48	\$1.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.71	\$4.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$255.84	\$163.40	\$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	(Ln 25 - Ln 23) * 0.75	\$179.06									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Eagle Health Pvdr ID: 00143151A			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 42.6% Nurse Hours per On-Site Day/Quality Incentive: 3.47			N/A	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.3784 Quarterly Medicaid CMI: 1.5189 Qtrly Mcaid CMI w RUG Wght Options: 1.5460			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 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)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	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 Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$67,575)	(\$915)	\$0	(\$1,864)	(\$7,755)	(\$12,820)	(\$37,510)		(\$33,888)	\$27,177
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$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 As Filed Days = 20,477	FY12 Audited C/R Days	20,477									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,726	FY 18 GL-PL Ins Rpt Days								27,726		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Index for All Residents	from 4 qtrs of FY12		1.3784								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Statewide CMA for Routine Svcs)	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	\$138.47	\$67.02	\$0.00	\$15.79	\$20.25		\$20.56	\$4.14	9.38 (FRV)	\$1.33
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwth 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 Growth 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 Index for Medicaid Residents	per Current Qtr End		1.5460								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.49	\$122.64	\$0.00	\$18.69	\$23.97	\$0.00	\$24.34	\$4.14	\$9.38	\$1.33
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.07	\$3.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.68	\$3.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.01	\$7.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.60	\$129.92	\$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	\$169.30									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Early Memorial Nursing Home			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Pvdr ID: 00140874A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.2350	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		24.2%	1.0%	Quarterly Medicaid CMI:				1.0731	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.39	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.0872	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$30,725		\$224	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,879,184	\$2,436,200	\$0	\$569,106	\$462,732	\$563,091	\$1,813,158	\$0	\$34,897	\$0
8	Total Nursing Facility Days As Filed Days = 32,050	FY12 Audited C/R Days	32,050									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,004	FY 18 GL-PL Ins Rpt Days								33,004		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2350</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$131.70	\$61.55	\$0.00	\$17.76	\$23.09		\$20.56	\$0.00	8.74 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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
16	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.0872</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$79.21	\$79.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.64	\$79.21	\$0.00	\$21.02	\$27.33	\$0.00	\$24.34	\$0.00	\$8.74	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Ahtd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.02	\$3.70	\$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	\$181.66	\$82.91	\$0.00	\$21.24	\$27.33	\$0.00	\$41.44	\$0.00	\$8.74	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.42									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: East Lake Arbor Prvdr ID: 00140137A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 50.0% Nurse Hours per On-Site Day/Quality Incentive: 3.90			N/A	18.37% 5.5% 2.0%	Base Period Overall CMI: 1.2163 Quarterly Medicaid CMI: 1.7997 Qtrly Mcaid CMI w RUG Wght Options: 1.8354			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$4,536,622.00	\$2,343,652	\$0	\$517,435	\$269,383	\$319,818	\$686,805	\$112,768	\$286,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$171,960)	\$0	\$0	\$1,371	\$0	\$0	(\$173,331)		(\$50,727)	\$50,727
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,364,662	\$2,343,652	\$0	\$518,806	\$269,383	\$319,818	\$513,474	\$112,768	\$236,034	\$50,727
8	Total Nursing Facility Days As Filed Days = 31,750	FY12 Audited C/R Days	31,750									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,504	FY 18 GL-PL Ins Rpt Days								28,504		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2163								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.69								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.69	\$0.00	\$16.34	\$18.56		\$16.17	\$3.96	\$7.43	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$126.93	\$60.69	\$0.00	\$16.34	\$18.56		\$16.17	\$3.96	9.61 (FRV)	\$1.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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
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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8364								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$131.86	\$131.86	\$0.00	\$19.34	\$21.97	\$0.00	\$19.14	\$3.96	\$9.61	\$1.60
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.48	\$131.86	\$0.00	\$19.34	\$21.97	\$0.00	\$19.14	\$3.96	\$9.61	\$1.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.25	\$7.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.52	\$10.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.00	\$142.28	\$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	\$164.18									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

Provider: Eastman Healthcare Prvdr ID: 00141974A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 21.5% Nurse Hours per On-Site Day/Quality Incentive: 2.70 Facility Score N/A 18.37% 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.1568 Quarterly Medicaid CMI: 1.3121 Qtrly Mcaid CMI w RUG Wght Options: 1.3364 Facility Specific 1.1568 1.3121 1.3364 State-wide 1.3699 1.4961 1.5223												
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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Svcs	Ln 7 / Ln 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.50	\$0.00	\$16.35	\$15.12		\$16.24	\$1.03	\$16.94	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$106.60	\$49.50	\$0.00	\$16.35	\$15.12		\$16.24	\$1.03	7.84 (FRV)	\$0.52
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$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)	Ln 14 + Ln 15	\$124.45	\$58.59	\$0.00	\$19.35	\$17.90	\$0.00	\$19.22	\$1.03	\$7.84	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3364								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.16	\$78.30	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfrng Add-on	\$2.35	\$2.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.76	\$3.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.92	\$81.96	\$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	\$111.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Eastview Nursing Home Prvdr ID: 00140885A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 56.1% Nurse Hours per On-Site Day/Quality Incentive: 2.89			56.1%	18.37% 5.5% 3.0%	Base Period Overall CMI: 1.4001 Quarterly Medicaid CMI: 1.6879 Qtrly Mcaid CMI w RUG Wght Options: 1.7203			1.4001 1.6879 1.7203	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities 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%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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
6	Audit 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
7	Cost 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,662	FY 18 GL-PL Ins Rpt Days								25,662		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.4001								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.56	\$0.00	\$12.60	\$18.57		\$17.04	\$2.96	\$1.15	\$0.93
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$103.44	\$43.56	\$0.00	\$12.60	\$18.57		\$17.04	\$2.96	7.78 (FRV)	\$0.93
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.85	\$8.00	\$0.00	\$2.31	\$3.41	\$0.00	\$3.13	N/A	N/A	N/A
16	CMA 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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7203								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.43	\$88.70	\$0.00	\$14.91	\$21.98	\$0.00	\$20.17	\$2.96	\$7.78	\$0.93
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwtd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.88	\$4.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.17	\$8.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.60	\$96.77	\$0.00	\$15.13	\$22.39	\$0.00	\$37.64	\$2.96	\$7.78	\$0.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.88									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Eatonton Health & Rehabilitation Center Prvdr ID: 00223473A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 36.8% Nurse Hours per On-Site Day/Quality Incentive: 3.07 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3434 Quarterly Medicaid CMI: 1.5221 Qtrly Mcaid CMI w RUG Wght Options: 1.5482 Facility Specific: 1.3617 1.4961 1.5223 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	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	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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,030	FY 18 GL-PL Ins Rpt Days								28,030		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col 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		1.3434								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3.59	\$7.27	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$122.56	\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3.59	8.76 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwth Allownc %	\$20.14	\$10.84	\$0.00	\$2.74	\$3.32	\$0.00	\$3.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.70	\$69.85	\$0.00	\$17.63	\$21.41	\$0.00	\$20.89	\$3.59	\$8.76	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5482								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.99	\$108.14	\$0.00	\$17.63	\$21.41	\$0.00	\$20.89	\$3.59	\$8.76	\$0.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Ahd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.57	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.56	\$114.61	\$0.00	\$17.85	\$21.82	\$0.00	\$38.36	\$3.59	\$8.76	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.35									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Effingham Extended Care Facility Prvdr ID: 00140907A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 31.4% Nurse Hours per On-Site Day/Quality Incentive: 4.91 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2538 Quarterly Medicaid CMI: 1.2239 Qtrly Mcaid CMI w RUG Wght Options: 1.2422 Facility Specific: 1.2538 1.2239 1.2422 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Svcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2538								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$158.28	\$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 = 18.37%	Ln 14 x Grwth Allownc %	\$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		1.2422								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.29	\$105.15	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.93	\$10.34	\$0.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$5.78	\$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 + Ln 24	\$228.17	\$110.93	\$0.00	\$34.60	\$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	\$168.30									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Emanuel Medical Center Nursing Home			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140929A			Growth Allowance: N/A				34.9%	18.37%	Base Period Overall CMI: 1.1993			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 2.5%				3.0%		Quarterly Medicaid CMI: 1.2548			1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 4.38				3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.2747			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalrns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1				
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities				
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0	
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	\$622,711	\$7,025	\$151,077	\$9,028	
8	Total Nursing Facility Days As Filed Days = 17,530	FY12 Audited C/R Days	17,530										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,600	FY 18 GL-PL Ins Rpt Days								17,600			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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 qtrs of FY12		1.1993									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.52									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.52	\$0.00	\$30.24	\$27.76		\$35.52	\$0.40	\$8.62	\$0.52	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.52	
Quarterly Per Diem Rate Prior to Add-ons													
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		1.2747									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.90									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.48	\$107.90	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.40	\$12.49	\$0.52	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.04	\$5.94	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.62	\$113.84	\$0.00	\$34.60	\$27.33	\$0.00	\$41.44	\$0.40	\$12.49	\$0.62	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.07										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Etowah Landing Care and Rehab Prvdr ID: 00142766A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 31.0% Nurse Hours per On-Site Day/Quality Incentive: 2.95 Facility Score: N/A Add-on Percent: 18.37% 2.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3514 Quarterly Medicaid CMI: 1.5121 Qtrly Mcaid CMI w RUG Wght Options: 1.5396 Facility Specific: 1.3617 1.4961 1.5223 State-wide:												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$439,085	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,674	FY 18 GL-PL Ins Rpt Days								24,674		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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		\$20.56	\$1.60	8.00 (FRV)	\$0.83
	Quarterly Per Diem Rate Prior to Add-ons											
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)	Ln 14 + Ln 15	\$124.32	\$55.49	\$0.00	\$15.04	\$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		1.5396								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.26	\$85.43	\$0.00	\$15.04	\$19.02	\$0.00	\$24.34	\$1.60	\$8.00	\$0.83
	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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.71	\$1.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.11	\$4.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.37	\$89.81	\$0.00	\$15.26	\$19.43	\$0.00	\$41.44	\$1.60	\$8.00	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.45									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Evergreen Health and Rehab Prvdr ID: 835154999A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 85.9% Nurse Hours per On-Site Day/Quality Incentive: 3.50 Facility Score: N/A Add-on Percent: 18.37% 5.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4147 Quarterly Medicaid CMI: 1.5451 Qtrly Mcaid CMI w RUG Wght Options: 1.5717 Facility Specific: 1.4147 1.5451 1.5717 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Svcs	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		1.4147								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0.00	\$13.77	\$18.58		\$20.59	\$1.46	\$15.77	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.30	\$49.28	\$0.00	\$13.77	\$18.58		\$20.56	\$1.46	6.85 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.77	\$9.05	\$0.00	\$2.53	\$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	\$130.07	\$58.33	\$0.00	\$16.30	\$21.99	\$0.00	\$24.34	\$1.46	\$6.85	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6717								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.42	\$91.68	\$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 ((Std - A)wd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.04	\$5.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.05	\$8.32	\$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	\$189.47	\$100.00	\$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	\$129.28									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Fairburn Health Care Center Prvdr ID: 00173071A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 28.9% Nurse Hours per On-Site Day/Quality Incentive: 3.12		N/A	18.37% 1.0% 2.0%	Base Period Overall CMI: 1.2420 Quarterly Medicaid CMI: 1.6053 Qtrly Mcaid CMI w RUG Wght Options: 1.6341				1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities 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%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,376,038.00	\$2,285,794	\$0	\$431,147	\$269,487	\$315,406	\$762,754	\$131,033	\$180,417	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$192,745)	(\$843)	\$0	\$1,847	\$0	(\$1,191)	(\$199,980)		(\$61,554)	\$68,976
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,183,293	\$2,284,951	\$0	\$432,994	\$269,487	\$314,215	\$562,774	\$131,033	\$118,863	\$68,976
8	Total Nursing Facility Days As Filed Days = 34,518	FY12 Audited C/R Days	34,518									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,265	FY 18 GL-PL Ins Rpt Days								34,265		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2420								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	\$3.44	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$113.55	\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	8.68 (FRV)	\$2.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth 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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.74	\$63.09	\$0.00	\$14.84	\$20.02	\$0.00	\$19.29	\$3.82	\$8.68	\$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6341								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.75	\$103.10	\$0.00	\$14.84	\$20.02	\$0.00	\$19.29	\$3.82	\$8.68	\$2.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - 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	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.06	\$2.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.72	\$3.62	\$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	\$193.47	\$106.72	\$0.00	\$15.06	\$20.43	\$0.00	\$36.76	\$3.82	\$8.68	\$2.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.28									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Fifth Avenue Health Care Prvdr ID: 00140984A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score: 39.7% Nurse Hours per On-Site Day/Quality Incentive: 4.72		N/A	18.37% 2.5% 2.0%	Base Period Overall CMI: 1.3973 Quarterly Medicaid CMI: 1.6668 Qtrlyr Mcaid CMI w RUG Wght Options: 1.6969				1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 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)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,579	FY 18 GL-PL Ins Rpt Days								32,579			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3973</u>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.83									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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													
15	Growth Allowance Percentage = <u>18.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6969</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$110.13	\$110.13									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.75	\$110.13	\$0.00	\$15.72	\$20.25	\$0.00	\$21.00	\$4.26	\$9.59	\$0.80	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75									
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.58	\$5.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.33	\$116.61	\$0.00	\$16.94	\$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	\$141.17										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Florence Hand Home Prvdr ID: 00207083A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 36.5% Nurse Hours per On-Site Day/Quality Incentive: 3.92			N/A 3.92	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.1859 Quarterly Medicaid CMI: 1.1800 Qtrly Mcaid CMI w RUG Wght Options: 1.1949			1.1859 1.1800 1.1949	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 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)		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		(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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,766	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	49,987							49,766		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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		1.1859								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.34								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
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	\$186.97	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$1.42	\$14.08	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1949								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.47	\$101.15	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$1.42	\$14.08	\$0.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$5.56	\$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	\$226.13	\$106.71	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$1.42	\$14.08	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.77									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Folkston Park Care and Rehab Prvdr ID: 00141006A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score: 46.5% Nurse Hours per On-Site Day/Quality Incentive: 2.96		N/A	18.37% 5.5% 2.0%	Base Period Overall CMI: 1.3444 Quarterly Medicaid CMI: 1.4655 Qtrly Mcaid CMI w RUG Wght Options: 1.4905			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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									
	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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$103.00	\$46.99	\$0.00	\$13.79	\$13.56		\$19.03	\$0.64	8.29 (FRV)	\$0.70
Quarterly Per Diem Rate Prior to Add-ons												
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		1.4905								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.43	\$82.90	\$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 - 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	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.56	\$4.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.66	\$1.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.85	\$6.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$172.28	\$89.65	\$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	\$116.39									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Fort Gaines Healthcare, LLC				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific		State-wide	
Prvdr ID: 00140599A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.4652			1.3617			
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 2.73		Qtrly BIMS score 40.0%		2.5%		Quarterly Medicaid CMI: 1.7979			1.4961			
						3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.8318			1.5223			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$156,302)	(\$90,555)	\$0	(\$7,170)	(\$4,452)	\$8,396	(\$33,119)		(\$66,588)	\$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 Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.05										
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.8318										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.50										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.72	\$82.50	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06										
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.17	\$5.07	\$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	\$187.89	\$87.57	\$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	\$128.09											

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Fort Valley Nursing Ctr.			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141028A			Case Mix Per Diem Rate Effective Date: 7/1/2020			Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.5800			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 47.3%			Qtrly BIMS score 2.67	5.5%	Quarterly Medicaid CMI: 1.8571			1.4961	
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8940			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5800</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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		<u>1.8940</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.47	\$80.82	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.45	\$4.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.62	\$1.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.70	\$6.60	\$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	\$172.17	\$87.42	\$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	\$116.30									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Four County Health Care Center Prvdr ID: 00405292A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 31.3% Nurse Hours per On-Site Day/Quality Incentive: 3.14				18.37% 2.5% 3.0%	Base Period Overall CMI: 1.4294 Quarterly Medicaid CMI: 1.5009 Qtrly Mcaid CMI w RUG Wght Options: 1.5260			1.3617 1.4961 1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i> Base Period Per Diem Allowed Amounts <i>As Filed Cost Center Costs (Routine & Special Svcs Combined)</i> <i>Audit Adjustments and Reallocations to Cost Center Costs</i> <i>Cost Center Costs After Audit Adjustments</i> <i>Total Nursing Facility Days As Filed Days = 26,251</i> <i>Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,992</i> <i>Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs</i> <i>Base Period Facility Case Mix Index for All Residents</i> <i>Routine Svcs Case Mix Adjstd (CMA) Net Per Diem</i> <i>Net Per Diems after Case Mix Adjstmnt to Routine Svcs</i> <i>Per Diem Standards (After Statewide CMA for Routine Svcs)</i> <i>Base Period Case Mix Adjusted Allowed Per Diem</i> Quarterly Per Diem Rate Prior to Add-ons <i>Growth Allowance Percentage = 18.37%</i> <i>CMA Allowed Per Diem (After Growth Allowance Add-on)</i> <i>Quarterly Facility Case Mix Index for Medicaid Residents</i> <i>Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem</i> <i>Quarterly Medicaid CMA Allowed Per Diem</i> Quarterly Per Diem Add-on Amounts <i>Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)</i> <i>BIMS Add-on Per Diem = 2.5% (to Routine Svcs)</i> <i>Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)</i> <i>Nursing Home Provider Fee</i> <i>Total Quarterly Per Diem Add-on Amounts</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2		(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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
5		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		FY12 C/R Audit Adjstmnts	(\$16,885)	\$0	\$0	(\$1,911)	\$0	\$0	(\$16,885)		(\$37,539)	\$39,450	
7		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		FY12 Audited C/R Days	26,251										
		FY 18 GL-PL Ins Rpt Days								27,992			
9		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		from 4 qtrs of FY12		1.4294									
11		Ln 9 / Ln 10		\$46.12									
12		RS = Ln 11, AllOthr = Ln 9		\$46.12	\$0.00	\$14.42	\$16.19		\$16.78	\$2.91	\$11.99	\$1.50	
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	\$107.61	\$46.12	\$0.00	\$14.42	\$16.19		\$16.78	\$2.91	9.69 (FRV)	\$1.50	
15		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		Ln 14 + Ln 15	\$124.78	\$54.59	\$0.00	\$17.07	\$19.16	\$0.00	\$19.86	\$2.91	\$9.69	\$1.50	
17		per Current Qtr End		1.6260									
18		Ln 16 x Ln 17	\$83.30	\$83.30	\$0.00	\$17.07	\$19.16	\$0.00	\$19.86	\$2.91	\$9.69	\$1.50	
19		RS = Ln 18, AllOthr = Ln 16	\$153.49	\$83.30	\$0.00	\$17.07	\$19.16	\$0.00	\$19.86	\$2.91	\$9.69	\$1.50	
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21		Ln 19 Col b x CPS Add-on	\$2.08	\$2.08									
22		Ln 19 Col b x Stfng Add-on	\$2.50	\$2.50									
23		(Fixed Amount)	\$17.10						\$17.10				
24		Sum of Lns 20 thru 23	\$23.21	\$5.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.70	\$88.41	\$0.00	\$17.29	\$19.57	\$0.00	\$37.33	\$2.91	\$9.69	\$1.60	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.70										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Fox Glove Court Care and Rehab			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143074A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.5814	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		47.7%	5.5%	Quarterly Medicaid CMI:				1.5899	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		2.60	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6183	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$477,587)	(\$176,249)	\$0	(\$19,614)	(\$353)	(\$22,839)	(\$257,168)		(\$47,242)	\$45,878
7	Cost 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	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 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		1.6814								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.11								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.11	\$0.00	\$13.30	\$15.54		\$29.73	\$8.96	\$12.79	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$111.63	\$44.11	\$0.00	\$13.30	\$15.54		\$20.56	\$8.96	7.91 (FRV)	\$1.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.17	\$8.10	\$0.00	\$2.44	\$2.85	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.80	\$52.21	\$0.00	\$15.74	\$18.39	\$0.00	\$24.34	\$8.96	\$7.91	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6183								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.08	\$84.49	\$0.00	\$15.74	\$18.39	\$0.00	\$24.34	\$8.96	\$7.91	\$1.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.65	\$4.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.44	\$7.71	\$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	\$186.52	\$92.20	\$0.00	\$15.96	\$18.80	\$0.00	\$41.44	\$8.96	\$7.91	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.07									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Friendship Health and Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141567A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2454	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score		41.2%	2.5%	Quarterly Medicaid CMI:			1.6816	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive:		3.80	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7132	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$40,141)	(\$6,289)	\$0	\$0	\$0	(\$1,161)	(\$39,524)		(\$7,984)	\$14,817
7	Cost 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	Total Nursing Facility Days As Filed Days = 28,995	FY12 Audited C/R Days	28,995									
	Total 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 Adjstmnt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2454								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.01								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$121.06	\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	7.69 (FRV)	\$0.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth 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	CMA 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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7132								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.47	\$113.59	\$0.00	\$16.81	\$26.53	\$0.00	\$19.95	\$3.39	\$7.69	\$0.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.27	\$2.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.74	\$5.64	\$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	\$212.21	\$119.23	\$0.00	\$17.03	\$26.94	\$0.00	\$37.42	\$3.39	\$7.69	\$0.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.33									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Gateway Health and Rehab Center			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140786A			Growth Allowance:				N/A	18.37%	Base Period Overall CMI:			1.3591	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score				29.6%	1.0%	Quarterly Medicaid CMI:			1.5188	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:				2.04	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5481	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 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)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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)		(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,906	FY 18 GL-PL Ins Rpt Days								19,906			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 qtrs of FY12		1.3691									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.61									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Routine Svcs)	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	\$117.71	\$52.61	\$0.00	\$14.62	\$19.27		\$20.56	\$3.38	6.62 (FRV)	\$0.65	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.67	\$9.66	\$0.00	\$2.69	\$3.54	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5481									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$96.40										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.51	\$96.40	\$0.00	\$17.31	\$22.81	\$0.00	\$24.34	\$3.38	\$6.62	\$0.65	
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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.15	\$3.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.66	\$99.82	\$0.00	\$17.53	\$23.22	\$0.00	\$41.44	\$3.38	\$6.62	\$0.66	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.67										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Gibson Health & Rehabilitation Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141116A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.3210	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		35.7%	2.5%	Quarterly Medicaid CMI:				1.5626	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.06	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5898	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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	from 4 qtrs of FY12		<u>1.3210</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.84								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.84	\$0.00	\$13.90	\$16.59		\$16.84	\$3.24	\$7.34	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$115.69	\$54.84	\$0.00	\$13.90	\$16.59		\$16.84	\$3.24	9.50 (FRV)	\$0.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.76	\$10.07	\$0.00	\$2.55	\$3.05	\$0.00	\$3.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.45	\$64.91	\$0.00	\$16.45	\$19.64	\$0.00	\$19.93	\$3.24	\$9.50	\$0.78
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5898</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$103.19	\$103.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.73	\$103.19	\$0.00	\$16.45	\$19.64	\$0.00	\$19.93	\$3.24	\$9.50	\$0.78
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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.31	\$6.21	\$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	\$197.04	\$109.40	\$0.00	\$16.67	\$20.05	\$0.00	\$37.40	\$3.24	\$9.50	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.96									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Glen Eagle Healthcare and Rehab Prvdr ID: 003214231A H/B ?: No			Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Add-on Data and Percentages Growth Allowance: N/A BIMS: 32.8% Nurse Hours per On-Site Day/Quality Incentive: 3.06		Facility Score N/A 32.8% 3.06	Add-on Percent 18.37% 2.5% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.3617 Quarterly Medicaid CMI: 1.6408 Qtrly Mcaid CMI w RUG Wght Options: 1.6693		Facility Specific Use Stwd 1.6408 1.6693	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								0		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$24.20	\$0.00
	<u>Allowed @ 90% of Std</u>		\$144.41	\$64.36		\$16.57	\$20.78		\$18.50		\$24.20	\$0.00
	Growth Allowance 18.37%		\$22.08	\$11.82		\$3.04	\$3.82		\$3.40			
	CMA Allowed Per Diem (After Growth Allowance)		\$154.63	\$76.18		\$19.61	\$24.60		\$21.90	\$ 3.03	9.31	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6693							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$127.17								
	Quarterly Medicaid CMA Allowed Per Diem		\$205.62	\$127.17		\$19.61	\$24.60		\$21.90	\$3.03	\$9.31	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Svcs)		\$3.18	\$3.18								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.54	\$2.54								
	Nursing Home Provider Fee		\$17.10						17.1			
	Total Quarterly Per Diem Add-On Amounts		\$22.82									
	Quarterly Case Mix Based Per Diem Rate		\$228.44	\$132.89		\$19.61	\$24.60		\$39.00	\$3.03	\$9.31	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdtr Fee) x 75%	\$158.51										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Glenn-Mor Nursing Home Prvdr ID: 00141149A				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 38.6% Nurse Hours per On-Site Day/Quality Incentive: 3.39		Facility Score: 3.39	Add-on Percent: 18.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.4211 Quarterly Medicaid CMI: 1.2340 Qtrly Mcaid CMI w RUG Wght Options: 1.2520			Facility Specific: 1.4211 1.2340 1.2520	State-wide: 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days	\$193.03	\$79.63	\$0.00	\$36.19	\$23.48	(with L&H)	\$34.02	21,314	\$18.80	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4211								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Col a		\$56.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$139.92	\$56.04	\$0.00	\$29.15	\$23.09		\$20.56	\$0.61	10.17 (FRV)	\$0.30
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Growth Allownc %	\$23.66	\$10.29	\$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	\$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		1.2520								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.30	\$83.05	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.61	\$10.17	\$0.30
	Quarterly Per Diem Add-on Amounts											
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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.20	\$5.10	\$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	\$202.50	\$88.15	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.61	\$10.17	\$0.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.05									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Glenvue Nursing Home			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141171A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.1177	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		21.3%	1.0%	Quarterly Medicaid CMI:				1.5487	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.01	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5782	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmis	(\$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									
	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 Svcs	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 qtrs of FY12		1.1177								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.90	\$0.00	\$29.17	\$18.40		\$22.70	\$2.23	\$15.22	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$151.05	\$71.51	\$0.00	\$29.15	\$18.40		\$20.56	\$2.23	8.62 (FRV)	\$0.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.65	\$13.14	\$0.00	\$5.35	\$3.38	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.70	\$84.65	\$0.00	\$34.50	\$21.78	\$0.00	\$24.34	\$2.23	\$8.62	\$0.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6782								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.64	\$133.59	\$0.00	\$34.50	\$21.78	\$0.00	\$24.34	\$2.23	\$8.62	\$0.58
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Stdnd - 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.52	\$4.01	\$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	\$247.16	\$137.60	\$0.00	\$34.60	\$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	\$172.55									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Glenwood Health and Rehab Center			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00220514A			Growth Allowance: N/A			18.37%	Base Period Overall CMI: 1.4921			1.4921	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 35.2%			2.5%	Quarterly Medicaid CMI: 1.5795			1.5795	1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.39			3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6075			1.6075	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$629,074)	(\$83,411)	\$0	\$0	\$0	\$21,826	(\$582,588)		(\$69,229)	\$84,328
7	Cost 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,164	FY 18 GL-PL Ins Rpt Days								77,164		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.95	\$79.75	\$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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.45	\$0.00	\$13.15	\$12.90		\$22.39	\$0.08	\$4.58	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$108.39	\$53.45	\$0.00	\$13.15	\$12.90		\$20.56	\$0.08	7.15 (FRV)	\$1.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth 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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.78	\$63.27	\$0.00	\$15.57	\$15.27	\$0.00	\$24.34	\$0.08	\$7.15	\$1.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6075								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$101.71	\$101.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.22	\$101.71	\$0.00	\$15.57	\$15.27	\$0.00	\$24.34	\$0.08	\$7.15	\$1.10
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.85	\$6.12	\$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	\$189.07	\$107.83	\$0.00	\$16.79	\$16.68	\$0.00	\$41.44	\$0.08	\$7.15	\$1.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.98									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Glenwood Healthcare		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 701562744A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.4106	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	29.6%	1.0%	Quarterly Medicaid CMI:				1.6570	1.4961
					2.74	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6873	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$116,046	\$0	\$0	\$0	\$0	\$0	\$69,122		(\$4,323)	\$51,247
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
8	Total Nursing Facility Days As Filed Days = 17,349	FY12 Audited C/R Days	17,349									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,109	FY 18 GL-PL Ins Rpt Days								16,109		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.55	\$58.25	\$0.00	\$14.86	\$15.80	(with L&H)	\$24.47	\$0.65	\$15.57	\$2.95
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4106</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.29	\$0.00	\$14.86	\$15.80		\$24.47	\$0.65	\$15.57	\$2.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$110.96	\$41.29	\$0.00	\$14.86	\$15.80		\$20.56	\$0.65	14.85 (FRV)	\$2.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$16.99	\$7.58	\$0.00	\$2.73	\$2.90	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.95	\$48.87	\$0.00	\$17.59	\$18.70	\$0.00	\$24.34	\$0.65	\$14.85	\$2.95
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6873</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.54	\$82.46	\$0.00	\$17.59	\$18.70	\$0.00	\$24.34	\$0.65	\$14.85	\$2.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Ahd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.55	\$3.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.09	\$86.28	\$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	\$124.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Gold City Health and Rehabilitation Ctr				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142975A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.5030	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score		38.9%	2.5%	Quarterly Medicaid CMI:			1.6363	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive:		2.58	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6679	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,993	FY 18 GL-PL Ins Rpt Days								33,993		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 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		1.6030								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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	\$85.88	\$40.28	\$0.00	\$9.96	\$11.45		\$14.11	\$0.58	8.69 (FRV)	\$0.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth 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 Diem (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		1.6679								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.65	\$79.53	\$0.00	\$11.79	\$13.55	\$0.00	\$16.70	\$0.58	\$8.69	\$0.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.99	\$1.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.59	\$1.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$153.86	\$83.64	\$0.00	\$12.01	\$13.96	\$0.00	\$34.17	\$0.58	\$8.69	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$102.67									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Goodwill Nursing Home Prvdr ID: 00141193A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: #N/A Nurse Hours per On-Site Day/Quality Incentive: no data Facility Score: N/A Add-on Percent: 18.37% Case Mix Index (CMI) Data Base Period Overall CMI: 1.1718 Quarterly Medicaid CMI: 1.4961 Qtrly Mcaid CMI w RUG Wght Options: 1.5223 Facility Specific: 1.1718 Stwde: 1.4961 Stwde: 1.5223 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	#N/A	\$3,148,255	\$0	\$554,849	\$373,578	\$470,794	\$917,378	#N/A	\$117,298	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$37,822)	(\$40,126)	\$0	\$0	\$10,880	\$57,633	(\$57,689)		(\$56,517)	\$47,997
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	#N/A	\$3,108,129	\$0	\$554,849	\$384,458	\$528,427	\$859,689	#N/A	\$60,781	\$47,997
8	Total Nursing Facility Days As Filed Days = 46,832	FY12 Audited C/R Days	46,832									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = #N/A	FY 18 GL-PL Ins Rpt Days								#N/A		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$118.39	\$66.37	\$0.00	\$11.85	\$19.49	(with L&H)	\$18.36	\$0.00	\$1.30	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1718								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.64	\$0.00	\$11.85	\$19.49		\$18.36	\$0.00	\$1.30	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$116.04	\$56.64	\$0.00	\$11.85	\$19.49		\$18.36	\$0.00	8.68 (FRV)	\$1.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.53	\$10.40	\$0.00	\$2.18	\$3.58	\$0.00	\$3.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.57	\$67.04	\$0.00	\$14.03	\$23.07	\$0.00	\$21.73	\$0.00	\$8.68	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6223								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.58	\$102.05	\$0.00	\$14.03	\$23.07	\$0.00	\$21.73	\$0.00	\$8.68	\$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 = #N/A (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$18.63	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.21	\$102.58	\$0.00	\$14.25	\$23.48	\$0.00	\$39.20	\$0.00	\$8.68	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Gordon Health Care Center Prvdr ID: 00202848A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 26.3% Nurse Hours per On-Site Day/Quality Incentive: 3.10				N/A 26.3% 3.10	18.37% 1.0% 2.0%	Base Period Overall CMI: 1.3364 Quarterly Medicaid CMI: 1.4608 Qtrly Mcaid CMI w RUG Wght Options: 1.4871			1.3364 1.4608 1.4871	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,095	FY 18 GL-PL Ins Rpt Days								40,095			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.3364									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.94									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.94	\$0.00	\$15.24	\$15.98		\$16.78	\$2.79	\$15.52	\$0.68	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$119.53	\$58.94	\$0.00	\$15.24	\$15.98		\$16.78	\$2.79	9.12 (FRV)	\$0.68	
Quarterly Per Diem Rate Prior to Add-ons													
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 + Ln 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		1.4871									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$103.75	\$103.75	\$0.00	\$18.04	\$18.92	\$0.00	\$19.86	\$2.79	\$9.12	\$0.68	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.16	\$103.75	\$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 - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.75	\$3.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.91	\$107.40	\$0.00	\$18.26	\$19.33	\$0.00	\$37.33	\$2.79	\$9.12	\$0.68	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.36										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Grace Health Care of Tucker Prvdr ID: 00083267A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 30.0% Nurse Hours per On-Site Day/Quality Incentive: 2.96			N/A	18.37% 2.5% 2.0%	Base Period Overall CMI: 1.5096 Quarterly Medicaid CMI: 1.5669 Qtrly Mcaid CMI w RUG Wght Options: 1.5923			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,549,909.00	\$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 Adjstmnts	(\$60,625)	(\$782)	\$0	(\$183)	\$9,124	\$5,837	(\$88,759)		(\$45,919)	\$60,057
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	FY12 Audited C/R Days	43,235									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,467	FY 18 GL-PL Ins Rpt Days								40,467		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.23	\$75.46	\$0.00	\$15.37	\$17.92	(with L&H)	\$24.69	\$2.27	\$13.13	\$1.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6096								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.99	\$0.00	\$15.37	\$17.92		\$24.69	\$2.27	\$13.13	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$117.67	\$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												
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)	Ln 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		1.5923								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.79	\$94.22	\$0.00	\$18.19	\$21.21	\$0.00	\$24.34	\$2.27	\$10.17	\$1.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Aktwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$22.50	\$4.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.29	\$98.99	\$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	\$132.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Gracemore Nursing Center Prvdr ID: 00141182A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 36.6% Nurse Hours per On-Site Day/Quality Incentive: 3.29 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.1896 Quarterly Medicaid CMI: 1.3996 Qtrly Mcaid CMI w RUG Wght Options: 1.4208 Facility Specific: 1.1896 1.3996 1.4208 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$34,124)	\$0	\$0	\$0	\$0	\$560	(\$34,137)		(\$24,197)	\$23,650
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,243,226	\$1,215,491	\$0	\$340,908	\$140,736	\$149,434	\$289,226	\$38,187	\$45,594	\$23,650
8	Total Nursing Facility Days As Filed Days = 17,282	FY12 Audited C/R Days	17,282									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,700	FY 18 GL-PL Ins Rpt Days								15,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.03	\$70.33	\$0.00	\$19.73	\$16.79	(with L&H)	\$16.74	\$2.43	\$2.64	\$1.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1896								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.12	\$0.00	\$19.73	\$16.79		\$16.74	\$2.43	\$2.64	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$122.43	\$59.12	\$0.00	\$18.41	\$16.79		\$16.74	\$2.43	7.57 (FRV)	\$1.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.40	\$10.86	\$0.00	\$3.38	\$3.08	\$0.00	\$3.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.83	\$69.98	\$0.00	\$21.79	\$19.87	\$0.00	\$19.82	\$2.43	\$7.57	\$1.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4208								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.28	\$99.43	\$0.00	\$21.79	\$19.87	\$0.00	\$19.82	\$2.43	\$7.57	\$1.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.88	\$6.00	\$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	\$196.16	\$105.43	\$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	\$134.30									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Grandview Health Care Center			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141226A			Growth Allowance: N/A				N/A	18.37%	Base Period Overall CMI: 1.2061			1.2061	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 29.8%				29.8%	1.0%	Quarterly Medicaid CMI: 1.5405			1.5405	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.61				3.61	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5688			1.5688	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,923	FY 18 GL-PL Ins Rpt Days								20,923			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.81									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 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 Svcs)	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 (FRV)	\$1.67	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$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		1.5688									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.36									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.09	\$120.36	\$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 (Stdnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.02	\$4.14	\$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	\$223.11	\$124.60	\$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	\$164.61										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Green Acres Health & Rehab Prvdr ID: 00083014A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 35.7% Nurse Hours per On-Site Day/Quality Incentive: 3.68 Facility Score: N/A Add-on Percent: 18.37% 2.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.1607 Quarterly Medicaid CMI: 1.3352 Qtrly Mcaid CMI w RUG Wght Options: 1.3579 Facility Specific 1.1607 1.3352 1.3579 State-wide 1.3517 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,732,580.52	\$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	\$0	(\$1,736)	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,313	FY 18 GL-PL Ins Rpt Days								33,313		
9	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.98								
12	Net Per Diem after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$123.48	\$61.98	\$0.00	\$14.63	\$16.94		\$17.34	\$2.82	9.02 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwth Allwnc %	\$20.38	\$11.39	\$0.00	\$2.69	\$3.11	\$0.00	\$3.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.86	\$73.37	\$0.00	\$17.32	\$20.05	\$0.00	\$20.53	\$2.82	\$9.02	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3579								
18	Qtrly Routine Svcs 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	\$170.12	\$99.63	\$0.00	\$17.32	\$20.05	\$0.00	\$20.53	\$2.82	\$9.02	\$0.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.99	\$1.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$193.23	\$104.64	\$0.00	\$17.64	\$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	\$132.10									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Greene Point Healthcare Pvdr ID: 00142634A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 41.0% Nurse Hours per On-Site Day/Quality Incentive: 3.69		N/A 41.0% 3.69	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.2987 Quarterly Medicaid CMI: 1.4457 Qtrly Mcaid CMI w RUG Wght Options: 1.4731				1.2987 1.4457 1.4731	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$13,461)	\$0	\$0	(\$1,819)	\$168	\$0	(\$13,629)		(\$11,992)	\$13,811
7	Cost 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,118	FY 18 GL-PL Ins Rpt Days								21,118		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.27								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.27	\$0.00	\$16.34	\$19.04		\$18.48	\$2.88	\$10.57	\$0.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$129.71	\$60.27	\$0.00	\$16.34	\$19.04		\$18.48	\$2.88	12.07 (FRV)	\$0.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth 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
16	CMA 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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4731								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.42	\$105.09	\$0.00	\$19.34	\$22.54	\$0.00	\$21.87	\$2.88	\$12.07	\$0.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Ahd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.41	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.83	\$111.40	\$0.00	\$19.56	\$22.95	\$0.00	\$39.34	\$2.88	\$12.07	\$0.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.80									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Gwinnett Extended Care Center Prvdr ID: 00781382A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 34.2% Nurse Hours per On-Site Day/Quality Incentive: 4.87		N/A	18.37% 2.5% 2.0%	Base Period Overall CMI: 1.4525 Quarterly Medicaid CMI: 1.5300 Qtrly Mcaid CMI w RUG Wght Options: 1.5555			1.3617 1.4961 1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 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)		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		(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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,727	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	31,822							29,727		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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		<u>1.4525</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.69								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6556</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.83	\$131.67	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.29	\$3.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.02	\$5.92	\$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	\$264.86	\$137.69	\$0.00	\$34.60	\$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	\$178.31									

FISCAL YEAR ENDING JUNE 30, 2012

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FINAL

FISCAL YEAR ENDING JUNE 30, 2012

[illegible]

FISCAL YEAR ENDING JUNE 30, 2012

[illegible]

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Habersham Home Prvdr ID: 00141292A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 57.9% Nurse Hours per On-Site Day/Quality Incentive: 6.53				N/A	18.37% 5.5% 2.0%	Base Period Overall CMI: 1.1936 Quarterly Medicaid CMI: 1.2668 Qtrly Mcaid CMI w RUG Wght Options: 1.2859			1.1936 1.2668 1.2859	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL 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								27,884			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.58	\$85.35	\$0.00	\$12.19	\$32.81	(with L&H)	\$18.07	\$2.81	\$16.35	\$0.00	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1936									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.51									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$0.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>18.37%</u>	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	\$2.81	\$8.05	\$0.00	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2859									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.85									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.86	\$108.85	\$0.00	\$14.43	\$27.33	\$0.00	\$21.39	\$2.81	\$8.05	\$0.00	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.99	\$5.99									
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.18	\$2.18									
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	\$25.86	\$8.17	\$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	\$208.72	\$117.02	\$0.00	\$14.65	\$27.33	\$0.00	\$38.86	\$2.81	\$8.06	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.72										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

Provider: Haralson Nursing and Rehab Center Prvdr ID: 00141325A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 32.3% Nurse Hours per On-Site Day/Quality Incentive: 2.94 Facility Score N/A 32.3% 2.94 Add-on Percent 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.5429 Quarterly Medicaid CMI: 1.5682 Qtrly Mcald CMI w RUG Wght Options: 1.5958 Facility Specific 1.5429 1.5682 1.5958 State-wide 1.4014 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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								36,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.83
	Quarterly Per Diem Rate Prior to Add-ons											
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	\$8.16	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5958								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.92	\$82.23	\$0.00	\$14.95	\$14.50	\$0.00	\$28.43	\$5.82	\$8.16	\$0.83
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.79	\$5.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.71	\$87.29	\$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	\$120.46									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Harborview Health Systems of Jesup			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141611A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4862	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		18.5%	0.0%	Quarterly Medicaid CMI:				1.5729	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		4.39	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6002	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,601,458.00	\$2,276,415	\$0	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,579	FY 18 GL-PL Ins Rpt Days								30,579		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.4862								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.85	\$0.00	\$14.35	\$11.52		\$23.11	\$1.48	\$20.12	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$103.91	\$47.85	\$0.00	\$14.35	\$11.52		\$20.56	\$1.48	7.18 (FRV)	\$0.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$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	\$24.34	\$1.48	\$7.18	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6002								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.24	\$90.64	\$0.00	\$16.99	\$13.64	\$0.00	\$24.34	\$1.48	\$7.18	\$0.97
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Stdnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.98	\$3.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.22	\$93.89	\$0.00	\$17.21	\$14.06	\$0.00	\$41.44	\$1.48	\$7.18	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.34									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Harborview Health Systems - Pierce			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Pvdr ID: 00142447A			Growth Allowance: N/A				28.1%	18.37%	Base Period Overall CMI: 1.2039				1.2039	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 6.06				1.0%	3.0%	Quarterly Medicaid CMI: 1.6266				1.6266	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:				6.06	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6558				1.6558	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$156,005)	(\$186,194)	\$0	\$56,684	\$30,740	\$12,924	(\$70,159)		(\$16,096)	\$16,096		
7	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											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,258	FY 18 GL-PL Ins Rpt Days								17,258				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.2039										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.91										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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	\$161.74	\$71.51	\$0.00	\$29.15	\$22.68		\$20.56	\$2.63	14.61 (FRV)	\$0.60		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$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		1.6558										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.16										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.69	\$140.16	\$0.00	\$34.50	\$26.85	\$0.00	\$24.34	\$2.63	\$14.61	\$0.60		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.31	\$0.00	\$0.00	\$0.00	\$0.31	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.40	\$1.40										
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.20	\$4.20										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.01	\$5.60	\$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	\$266.70	\$145.76	\$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	\$187.20											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Harborview Health Systems - Satilla Prvdr ID: 00142755A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 13.2% Nurse Hours per On-Site Day/Quality Incentive: 5.90 Facility Score: N/A Add-on Percent: 18.37% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3231 Quarterly Medicaid CMI: 1.6294 Qtrly Mcaid CMI w RUG Wght Options: 1.6588 Facility Specific: 1.3231 State-wide: 1.3617 1.6294 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$243,571)	(\$268,365)	\$0	\$59,048	\$40,146	\$18,277	(\$92,677)		(\$18,117)	\$16,117
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,081,698	\$3,796,002	\$0	\$935,347	\$66,463	\$630,197	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,515	FY 18 GL-PL Ins Rpt Days								22,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.3231								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.69	\$0.00	\$28.59	\$21.29		\$42.96	\$2.11	\$5.64	\$0.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$155.76	\$71.51	\$0.00	\$28.59	\$21.29		\$20.56	\$2.11	11.21 (FRV)	\$0.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.08	\$13.14	\$0.00	\$5.25	\$3.91	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$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		1.6588								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.61	\$140.42	\$0.00	\$33.84	\$25.20	\$0.00	\$24.34	\$2.11	\$11.21	\$0.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.21	\$4.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.94	\$4.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$259.56	\$144.63	\$0.00	\$34.06	\$25.61	\$0.00	\$41.44	\$2.11	\$11.21	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.84									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Harborview Health Systems - Thomaston Prvdr ID: 00140621A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 35.6% Nurse Hours per On-Site Day/Quality Incentive: 4.23 Facility Score: N/A Add-on Percent: 18.37% 2.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2365 Quarterly Medicaid CMI: 1.4956 Qtrly Mcaid CMI w RUG Wght Options: 1.5222 Facility Specific: 1.2365 1.4956 1.5222 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,879,521.00	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772	\$895,255	\$59,739	\$421,791	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$51,686)	\$0	\$0	\$0	\$0	\$0	(\$51,686)		(\$33,092)	\$33,092
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,827,835	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772	\$843,569	\$59,739	\$388,699	\$33,092
8	Total Nursing Facility Days As Filed Days = 36,047	FY12 Audited C/R Days	36,047									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,871	FY 18 GL-PL Ins Rpt Days								39,871		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.77	\$70.52	\$0.00	\$15.22	\$11.43	(with L&H)	\$23.40	\$1.50	\$10.78	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2365								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.03	\$0.00	\$15.22	\$11.43		\$23.40	\$1.50	\$10.78	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$115.39	\$57.03	\$0.00	\$15.22	\$11.43		\$20.56	\$1.50	8.73 (FRV)	\$0.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwth Allownc %	\$19.16	\$10.48	\$0.00	\$2.80	\$2.10	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.55	\$67.51	\$0.00	\$18.02	\$13.53	\$0.00	\$24.34	\$1.50	\$8.73	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5222								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.80	\$102.76	\$0.00	\$18.02	\$13.53	\$0.00	\$24.34	\$1.50	\$8.73	\$0.92
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$2.06	\$2.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.89	\$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 + Ln 24	\$192.69	\$107.92	\$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 - Ln 23) * 0.75	\$131.69									

Quarterly Case Mix Per Diem Calculation

Provider: Harrington Park Prvdr ID: 003165726A H/B ? : No			Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 27.6% 3.81	Add-on Percent 18.37% 1.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.2173 1.2337	State-wide 1.3617 1.4961 1.5223
Case Mix Per Diem Rate Effective Date:	07/01/20											
MDS & Nurse Hrs Data per Quarter Ending:	03/31/20											
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 47,854		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								17,334		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.80	\$7.37
	<u>Allowed @ 95% of Std</u>		\$172.06	\$67.93		\$17.49	\$21.94		\$19.53		\$37.80	\$7.37
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$198.13	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.76	\$37.80	\$7.37
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.2337</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$99.20								
	Quarterly Medicaid CMA Allowed Per Diem		\$216.92	\$99.20		\$20.70	\$25.97		\$23.12	\$2.76	\$37.80	\$7.37
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% o Routine Svcs)		\$0.99	\$0.99								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.98	\$2.98								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.07									
	Quarterly Case Mix Based Per Diem Rate		\$237.99	\$103.17		\$20.70	\$25.97		\$40.22	\$2.76	\$37.80	\$7.37
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$165.67										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

Provider: Hart Care Center Prvdr ID: 00167857A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 41.0% Nurse Hours per On-Site Day/Quality Incentive: 3.51 Facility Score Add-on Percent 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.5289 Quarterly Medicaid CMI: 1.6078 Qtrly Mcaid CMI w RUG Wght Options: 1.6367 Facility Specific State-wide 1.5289 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Svcs	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 Case Mix Index for All Residents	from 4 qtrs of FY10		1.5289								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 (After Statewide CMA for Routine Svcs)	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	\$101.84	\$49.44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	7.13 (FRV)	\$0.50
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.06	\$9.08	\$0.00	\$2.50	\$2.15	\$0.00	\$3.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 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		1.6367								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.16	\$95.78	\$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 Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$5.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.05	\$101.57	\$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	\$122.21									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Hartwell Health and Rehabilitation Prvdr ID: 00141413A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score: 18.1% Nurse Hours per On-Site Day/Quality Incentive: 3.63		N/A	18.37% 0.0% 3.0%	Base Period Overall CMI: 1.3222 Quarterly Medicaid CMI: 1.3905 Qtrly Mcaid CMI w RUG Wght Options: 1.4117			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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												
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		1.4117								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$102.07	\$102.07	\$0.00	\$34.50	\$16.64	\$0.00	\$24.34	\$2.81	\$8.18	\$0.07
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.61	\$102.07	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.10	\$3.59	\$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	\$209.71	\$105.66	\$0.00	\$34.60	\$17.06	\$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	\$144.46									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Hazlehurst Court Care and Rehab			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059705A			Growth Allowance: N/A				N/A	18.37%	Base Period Overall CMI: 1.4494				1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 27.6%				27.6%	1.0%	Quarterly Medicaid CMI: 1.5346				1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 2.70				2.70	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5622				1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<u>CASE MIX BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>					
Peer Group Standards & Efficiency Measure Limits														
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0		
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)	\$11,751		
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	\$11,751		
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 Svcs	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	\$0.54		
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4494										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.45										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.45	\$0.00	\$14.50	\$12.88		\$39.64	\$0.62	\$10.56	\$0.54		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$99.33	\$43.45	\$0.00	\$14.50	\$12.88		\$20.56	\$0.62	6.78 (FRV)	\$0.54		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>18.37%</u>	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	\$0.54		
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6622										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.34										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.03	\$80.34	\$0.00	\$17.16	\$15.25	\$0.00	\$24.34	\$0.62	\$6.78	\$0.54		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80										
22	Nurse Staff Hrs / Quality Add-on Per Diem: <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.47	\$3.74	\$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	\$166.50	\$84.08	\$0.00	\$17.38	\$15.66	\$0.00	\$41.44	\$0.62	\$6.78	\$0.54		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.05											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Heardmont Nursing Home		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00082981A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.1433	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	36.8%	2.5%	Quarterly Medicaid CMI:				1.4102	1.4961
					2.63	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4352	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$63,465)	\$0	\$0	\$486	(\$3,199)	(\$17,639)	(\$37,473)		(\$33,466)	\$27,826
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,659,875	\$1,179,431	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,740										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1433</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.10								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$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 Svcs)	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	\$121.33	\$50.10	\$0.00	\$16.11	\$23.09		\$19.62	\$3.50	7.56 (FRV)	\$1.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4362</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.14	\$85.11	\$0.00	\$19.07	\$27.33	\$0.00	\$23.22	\$3.50	\$7.56	\$1.35
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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.13	\$2.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.55	\$2.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.90	\$5.21	\$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	\$190.04	\$90.32	\$0.00	\$19.29	\$27.33	\$0.00	\$40.69	\$3.50	\$7.66	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.71									

Quarterly Case Mix Per Diem Calculation

Provider: Heart of Georgia Prvdr ID: 00141358A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 15.9% Nurse Hours per On-Site Day/Quality Incentive: 3.13		Facility Score: N/A Add-on Percent: 18.37% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2133 Quarterly Medicaid CMI: 1.5790 Qtrly Mcaid CMI w RUG Wght Options: 1.6074				Facility Specific: 1.2133 1.5790 1.6074	State-wide: 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 26,069		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								33,100		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$13.41	\$0.15
	<u>Allowed @ 95% of Std</u>		\$140.45	\$67.93		\$17.49	\$21.94		\$19.53		\$13.41	\$0.15
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$164.55	\$80.41		\$20.70	\$25.97		\$23.12	\$ 0.79	\$13.41	\$0.15
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6074							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$129.25								
	Quarterly Medicaid CMA Allowed Per Diem		\$213.39	\$129.25		\$20.70	\$25.97		\$23.12	\$0.79	\$13.41	\$0.15
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% o Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.88	\$3.88								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$20.98									
	Quarterly Case Mix Based Per Diem Rate		\$234.37	\$133.13		\$20.70	\$25.97		\$40.22	\$0.79	\$13.41	\$0.15
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$162.95										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Heritage Healthcare -Forsyth, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141017A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3861	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		34.0%	2.5%	Quarterly Medicaid CMI:			1.5015	1.4961
						3.09	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5286	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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								24,586		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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	from 4 qtrs of FY12		<u>1.3861</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.14								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$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 Svcs)	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	\$120.56	\$55.14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	7.25 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.86	\$65.27	\$0.00	\$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		<u>1.5286</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$99.77	\$99.77	\$0.00	\$15.08	\$23.37	\$0.00	\$20.60	\$7.05	\$7.25	\$1.24
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.36	\$99.77	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.11	\$6.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.47	\$105.78	\$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	\$136.03									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Heritage Healthcare -Grandview, LLC			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141215A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4300	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		32.1%	2.5%	Quarterly Medicaid CMI:				1.4076	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.15	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4311	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtsmts	(\$96,625)	(\$3,061)	\$0	(\$233)	\$0	(\$491)	(\$92,840)		(\$43,856)	\$43,856
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,888,474	\$2,698,987	\$0	\$471,835	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,441	FY 18 GL-PL Ins Rpt Days								24,441		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qtrs of FY12		1.4300								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.72	\$0.00	\$14.43	\$20.41		\$19.16	\$7.09	\$6.32	\$1.34
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$130.32	\$57.72	\$0.00	\$14.43	\$20.41		\$19.16	\$7.09	10.17 (FRV)	\$1.34
Quarterly Per Diem Rate Prior to Add-ons												
15	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.84	\$68.32	\$0.00	\$17.08	\$24.16	\$0.00	\$22.68	\$7.09	\$10.17	\$1.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4311								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.29	\$97.77	\$0.00	\$17.08	\$24.16	\$0.00	\$22.68	\$7.09	\$10.17	\$1.34
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.00	\$5.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.29	\$103.67	\$0.00	\$17.30	\$24.67	\$0.00	\$40.15	\$7.09	\$10.17	\$1.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.39									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Heritage Inn of Barnesville				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143613A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3499	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score		50.6%	5.5%	Quarterly Medicaid CMI:			1.4948	1.4961
				Nurse Hours per On-Site Day/Quality Incentive:		3.06	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5182	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
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	\$112,121	\$352,616	\$24,468
8	Total Nursing Facility Days As Filed Days = 39,325	FY12 Audited C/R Days	39,325									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,775	FY 18 GL-PL Ins Rpt Days								39,775		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3499								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.83								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 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 Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$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)	Ln 14 + Ln 15	\$123.06	\$60.17	\$0.00	\$16.26	\$17.72	\$0.00	\$18.42	\$2.82	\$7.05	\$0.62
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6182								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.24	\$91.35	\$0.00	\$16.26	\$17.72	\$0.00	\$18.42	\$2.82	\$7.05	\$0.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.02	\$5.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.39	\$8.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.63	\$99.64	\$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	\$122.65									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Heritage Inn of Sandersville Prvdr ID: 00142678A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 46.3% Nurse Hours per On-Site Day/Quality Incentive: 3.51 Facility Score 18.37% 5.5% 3.0% Add-on Percent 18.37% 5.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3183 Quarterly Medicaid CMI: 1.4822 Qtrly Mcaid CMI w RUG Wght Options: 1.5080 Facility Specific 1.3183 1.4822 1.5080 State-wide 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$11,961)	\$0	\$0	\$0	\$457	\$663	(\$13,956)		(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,510	FY 18 GL-PL Ins Rpt Days								21,510		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.3183								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.94	\$0.00	\$14.67	\$17.09		\$16.61	\$2.67	\$12.33	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$115.11	\$52.94	\$0.00	\$14.67	\$17.09		\$16.61	\$2.67	10.12 (FRV)	\$1.01
Quarterly Per Diem Rate Prior to Add-ons												
15	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
16	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		1.6080								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.56	\$94.51	\$0.00	\$17.36	\$20.23	\$0.00	\$19.66	\$2.67	\$10.12	\$1.01
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.20	\$5.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.67	\$8.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.23	\$103.08	\$0.00	\$17.68	\$20.64	\$0.00	\$37.13	\$2.67	\$10.12	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.36									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Heritage Inn of Statesboro				Facility Score		Add-on Percent		Case Mix Index (CMI) Data		Facility Specific		State-wide	
Prvdr ID: 00142161A				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.2962		1.2962		1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score 24.3%		1.0%		Quarterly Medicaid CMI: 1.7490		1.7490		1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive: 3.25		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.7829		1.7829		1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$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										
	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 Adjstmnt to Routine Svcs	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									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.27									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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		\$16.90	\$3.08	7.06 (FRV)	\$1.04	
Quarterly Per Diem Rate Prior to Add-ons													
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)	Ln 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		1.7829									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.30	\$112.43	\$0.00	\$16.77	\$18.92	\$0.00	\$20.00	\$3.08	\$7.06	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.25	\$2.25									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.00	\$3.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.30	\$116.33	\$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	\$138.16										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: High Shoals Health & Rehabilitation				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00212814A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3425			1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score: 33.3%		33.3%	2.5%	Quarterly Medicaid CMI: 1.1546			1.4961	
				Nurse Hours per On-Site Day/Quality Incentive: 3.24		3.24	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1690			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.57	\$105.78	\$0.00	\$21.77	\$27.88	(with L&H)	\$24.30	\$2.92	\$2.35	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3426								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.79								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$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 Svcs)	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	\$152.55	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$2.92	15.49 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
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	\$177.09	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.92	\$15.49	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1690								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.40	\$98.96	\$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 ((Std - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.98	\$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.55	\$4.45	\$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	\$212.95	\$103.41	\$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	\$146.89									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Hill Haven Nursing Home Prvdr ID: 00448456A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 32.1% Nurse Hours per On-Site Day/Quality Incentive: 3.20 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2298 Quarterly Medicaid CMI: 1.4121 Qtrly Mcaid CMI w RUG Wght Options: 1.4371 Facility Specific: 1.2298 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,824	FY 18 GL-PL Ins Rpt Days								23,824		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.65
Quarterly Per Diem Rate Prior to Add-ons												
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		1.4371								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.79	\$94.63	\$0.00	\$16.45	\$21.33	\$0.00	\$24.34	\$2.62	\$9.77	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$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	\$194.26	\$100.37	\$0.00	\$16.67	\$21.74	\$0.00	\$41.44	\$2.62	\$9.77	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.87									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Jesup Health Care			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142689A			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.4500	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score			40.0%	2.5%	Quarterly Medicaid CMI:			1.9228	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:			2.74	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9607	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjslmts	(\$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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4600</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.29								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$103.39	\$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												
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.9607</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.40	\$105.11	\$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 ([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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.41	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.81	\$111.42	\$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	\$134.78									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Joe-Ann Burgin Nursing Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141633A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2689	1.3617
H/B ? : Yes				Case Mix Per Diem Rate Effective Date: 07/01/20		BIMS	32.7%	Quarterly Medicaid CMI:			1.1873	1.4961
				MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:	2.94	Qtrly Mcaid CMI w RUG Wght Options:			1.2033	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
Net Historical Cost 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		11,208			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									
Inflated NHC/ Patient Days				78.75		23.40	17.17		19.31	24,337	4.38	0.29
Base Period Facility CMI for all Residents				1.2689						1.36		
Routine Services Case Mix Adjusted Net Per Diem				\$62.06								
Net Per Diems After Case Mix Adjustments				\$127.97		\$23.40	\$17.17		\$19.31	\$1.36	\$4.38	0.29
Per Diem Standards				\$72.49		\$25.97	\$23.20		\$21.80			
Base Period Case Mix Adjusted Allowed Per Diem				\$136.00		\$23.40	\$17.17		\$19.31	\$1.36	12.40	0.29
Quarterly Per Diem Rate Prior to Add-Ons											(FRV Rate)	
Growth Allowance 18.37%				\$22.40	\$11.40	\$4.30	\$3.15		\$3.55			
CMA Allowed Per Diem After Growth Allowance				\$158.39	\$73.46	\$27.70	\$20.32		\$22.86	\$1.36	\$12.40	\$0.29
Quarterly Facility Case Mix Index for Medicaid Residents					1.2033							
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem					\$88.39							
Quarterly Medicaid CMA Allowed Per Diem				\$173.32	\$88.39	\$27.70	\$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)				\$1.53	\$0.53	\$0.22	\$0.41		\$0.37			
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)				\$2.21	2.21							
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$2.65	2.65							
Nursing Home Provider Fee				\$ 17.10					\$ 17.10			
Total Quarterly Per Diem Add-On Amounts				\$23.49								
Quarterly Case Mix Based Per Diem Rate				\$196.81	\$93.78	\$27.92	\$20.73		\$40.33	\$1.36	\$12.40	\$0.29
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%				\$134.78								

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Jonesboro Nurs. & Rehab Ctr.			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00531033A			Growth Allowance: N/A			28.1%	18.37%	Base Period Overall CMI: 1.7250			1.7250	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score			1.0%	1.0%	Quarterly Medicaid CMI: 1.6431			1.6431	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.69			2.0%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6732			1.6732	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,954,862.00	\$3,427,719	\$0	\$718,503	\$260,899	\$401,350	\$974,956	\$162,252	\$1,009,183	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,443)	(\$110,724)	\$0	(\$1,901)	\$0	\$39,198	\$29,290		(\$110,344)	\$85,038
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,885,419	\$3,316,995	\$0	\$716,602	\$260,899	\$440,548	\$1,004,246	\$162,252	\$898,839	\$85,038
8	Total Nursing Facility Days As Filed Days = 43,009	FY12 Audited C/R Days	43,009									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,852	FY 18 GL-PL Ins Rpt Days								43,852		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.02	\$77.12	\$0.00	\$16.66	\$16.31	(with L&H)	\$23.35	\$3.70	\$20.90	\$1.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7250								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.71	\$0.00	\$16.66	\$16.31		\$23.35	\$3.70	\$20.90	\$1.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$117.78	\$44.71	\$0.00	\$16.66	\$16.31		\$20.56	\$3.70	13.86 (FRV)	\$1.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.05	\$8.21	\$0.00	\$3.06	\$3.00	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.83	\$52.92	\$0.00	\$19.72	\$19.31	\$0.00	\$24.34	\$3.70	\$13.86	\$1.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6732								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.46	\$88.55	\$0.00	\$19.72	\$19.31	\$0.00	\$24.34	\$3.70	\$13.86	\$1.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.77	\$1.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.92	\$3.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.38	\$91.74	\$0.00	\$19.94	\$19.72	\$0.00	\$41.44	\$3.70	\$13.86	\$1.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.46									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Kentwood				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143426A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.2689			1.2689	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score: 48.9%		48.9%	5.5%	Quarterly Medicaid CMI: 1.4720			1.4720	1.4961
				Nurse Hours per On-Site Day/Quality Incentive: 4.02		4.02	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4954			1.4954	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,404										
		FY12 Audited C/R Days	27,487									
		FY 18 GL-PL Ins Rpt Days								33,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$150.26	\$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												
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 Qtr End		1.4954								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.71	\$126.59	\$0.00	\$21.79	\$20.66	\$0.00	\$24.34	\$5.28	\$17.04	\$0.01
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.96	\$6.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.80	\$3.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.27	\$10.76	\$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	\$243.98	\$137.35	\$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	\$170.16									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Keyssville Nursing Home and Rehab Ctr Prvdr ID: 00141655A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 54.4% Nurse Hours per On-Site Day/Quality Incentive: 2.89				N/A 54.4% 2.89	18.37% 5.5% 3.0%	Base Period Overall CMI: 1.3131 Quarterly Medicaid CMI: 1.4194 Qtrly Mcaid CMI w RUG Wght Options: 1.4466			1.3131 1.4194 1.4466	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,873,358.28	\$1,321,717	\$0	\$334,354	\$174,953	\$327,425	\$331,928	\$7,637	\$375,344	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$13,288)	\$5,280	\$0	\$580	\$525	\$333	(\$20,791)		(\$21,389)	\$22,174	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,860,070	\$1,326,997	\$0	\$334,934	\$175,478	\$327,758	\$311,137	\$7,637	\$353,955	\$22,174	
8	Total Nursing Facility Days As Filed Days = 20,912	FY12 Audited C/R Days	20,912										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,753	FY 18 GL-PL Ins Rpt Days								19,753			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.44	\$63.46	\$0.00	\$16.02	\$24.06	(with L&H)	\$14.88	\$3.03	\$16.93	\$1.06	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3131									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.33									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.33	\$0.00	\$16.02	\$24.06		\$14.88	\$3.03	\$16.93	\$1.06	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$120.00	\$48.33	\$0.00	\$16.02	\$23.09		\$14.88	\$3.03	13.59 (FRV)	\$1.06	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>18.37%</u>	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	
16	CMA Allowed Per Diem (After 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	\$1.06	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4466									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.76									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.34	\$82.76	\$0.00	\$18.96	\$27.33	\$0.00	\$17.61	\$3.03	\$13.59	\$1.06	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.55	\$4.55									
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.25	\$7.56	\$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	\$189.69	\$90.32	\$0.00	\$19.18	\$27.33	\$0.00	\$35.08	\$3.03	\$13.69	\$1.06	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.37										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Lafayette Nursing & Rehab Center			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00399737A			Growth Allowance: N/A				18.37%	Base Period Overall CMI: 1.4871				1.3617		
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 44.1%				2.5%	Quarterly Medicaid CMI: 1.3922				1.4961		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 0.00				2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4125				1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<u>CASE MIX BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$77,970)	(\$74,174)	\$0	(\$4,172)	\$840	\$1,832	(\$4,163)		(\$85,898)	\$87,765		
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,178,590	\$4,811,702	\$0	\$878,879	\$416,947	\$521,331	\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,797	FY 18 GL-PL Ins Rpt Days								44,797				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.4871										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.73										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Statewide CMA for Routine Svcs)	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	\$138.93	\$58.73	\$0.00	\$15.95	\$17.03		\$20.56	\$8.60	16.47 (FRV)	\$1.59		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$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 Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.56	\$69.52	\$0.00	\$18.88	\$20.16	\$0.00	\$24.34	\$8.60	\$16.47	\$1.59		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4125										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.20										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.24	\$98.20	\$0.00	\$18.88	\$20.16	\$0.00	\$24.34	\$8.60	\$16.47	\$1.59		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46										
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.96	\$1.96										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.92	\$103.15	\$0.00	\$19.10	\$20.57	\$0.00	\$41.44	\$8.60	\$16.47	\$1.59		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.37											

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: LaGrange Nurs, & Rehab. Ctr.			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00270245A			Growth Allowance:				N/A	18.37%	Base Period Overall CMI:			1.4490	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score				20.3%	1.0%	Quarterly Medicaid CMI:			1.5365	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:				2.92	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5668	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	(\$64,261)	\$2,204	(\$14,104)	(\$604,302)		\$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										
	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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4490									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.09									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.09	\$0.00	\$13.19	\$13.31		\$17.39	\$0.74	\$23.02	\$0.65	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$99.30	\$45.09	\$0.00	\$13.19	\$13.31		\$17.39	\$0.74	8.93 (FRV)	\$0.65	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$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)	Ln 14 + Ln 15	\$115.64	\$53.37	\$0.00	\$15.61	\$15.76	\$0.00	\$20.58	\$0.74	\$8.93	\$0.65	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6668									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$83.62	\$83.62	\$0.00	\$15.61	\$15.76	\$0.00	\$20.58	\$0.74	\$8.93	\$0.65	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.89	\$83.62	\$0.00	\$15.61	\$15.76	\$0.00	\$20.58	\$0.74	\$8.93	\$0.65	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem (Stdnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84									
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.67	\$1.67									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.14	\$3.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.03	\$86.66	\$0.00	\$16.83	\$16.17	\$0.00	\$38.05	\$0.74	\$8.93	\$0.65	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.45										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Lake City Nursing & Rehab Ctr.			<u>Add-on Data and Percentages</u>				Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00141699A			Growth Allowance: N/A				18.37%	Base Period Overall CMI: 1.6589			1.6589	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 45.5%				5.5%	Quarterly Medicaid CMI: 1.6759			1.6759	1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.14				3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7080			1.7080	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,284,046.00	\$6,137,555	\$0	\$1,190,052	\$517,678	\$688,523	\$1,372,595	(\$142,967)	\$1,520,610	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$116,463)	(\$15,744)	\$0	(\$3,210)	\$0	\$13,996	(\$111,505)		(\$78,250)	\$78,250	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,167,583	\$6,121,811	\$0	\$1,186,842	\$517,678	\$702,519	\$1,261,090	(\$142,967)	\$1,442,360	\$78,250	
8	Total Nursing Facility Days As Filed Days = 81,185	FY12 Audited C/R Days	81,185										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 83,030	FY 18 GL-PL Ins Rpt Days								83,030			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.35	\$75.41	\$0.00	\$14.62	\$15.03	(with L&H)	\$15.53	\$3.03	\$17.77	\$0.96	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.6589									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.46									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$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	\$18.38	\$3.03	\$8.80	\$0.96	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7080									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.18	\$91.91	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.06	\$5.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.45	\$8.35	\$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	\$184.63	\$100.26	\$0.00	\$17.53	\$18.20	\$0.00	\$36.85	\$3.03	\$8.80	\$0.96	
26	Quarterly Per Diem Rate for Bad Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.65										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Lake Crossing Heath Care Prvdr ID: 00403939A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 45.0% Nurse Hours per On-Site Day/Quality Incentive: 3.05 Facility Score: N/A Add-on Percent: 18.37% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2839 Quarterly Medicaid CMI: 1.4866 Qtrly Mcaid CMI w RUG Wght Options: 1.5152 Facility Specific: 1.2839 State-wide: 1.3617 1.4866 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)		(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,694	FY 18 GL-PL Ins Rpt Days								33,694		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.19	\$0.00	\$15.02	\$18.74		\$13.14	\$4.04	\$19.64	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$106.12	\$44.19	\$0.00	\$15.02	\$18.74		\$13.14	\$4.04	10.01 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$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		1.5152								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.80	\$79.26	\$0.00	\$17.78	\$22.18	\$0.00	\$15.55	\$4.04	\$10.01	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$4.36	\$4.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.37	\$7.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.17	\$86.53	\$0.00	\$18.00	\$22.59	\$0.00	\$33.02	\$4.04	\$10.01	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Lakeland Villa Convalescent Center Prvdr ID: 00141732A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 27.6% Nurse Hours per On-Site Day/Quality Incentive: 4.37				N/A	18.37% 1.0% 2.0%	Base Period Overall CMI: 1.1323 Quarterly Medicaid CMI: 1.1204 Qtrly Mcaid CMI w RUG Wght Options: 1.1362			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	FY12 C/R Audit Adjstmts	(\$53,570)	\$15,605	\$0	\$0	(\$10,999)	(\$830)	(\$56,917)		(\$4,821)	\$4,392	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,338,736	\$1,661,156	\$0	\$668,626	\$192,497	\$228,972	\$369,623	\$95,143	\$118,327	\$4,392	
8	Total Nursing Facility Days As Filed Days = 21,442	FY12 Audited C/R Days	21,442										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,646	FY 18 GL-PL Ins Rpt Days								21,646			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.67	\$77.47	\$0.00	\$31.18	\$19.66	(with L&H)	\$17.24	\$4.40	\$5.52	\$0.20	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1323									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.42	\$0.00	\$31.18	\$19.66		\$17.24	\$4.40	\$5.52	\$0.20	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$173.07	\$68.42	\$0.00	\$29.15	\$19.66		\$17.24	\$4.40	34.00 (FRV)	\$0.20	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.70	\$12.57	\$0.00	\$5.35	\$3.61	\$0.00	\$3.17	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.77	\$80.99	\$0.00	\$34.50	\$23.27	\$0.00	\$20.41	\$4.40	\$34.00	\$0.20	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1362									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.02									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.80	\$92.02	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.84	\$1.84									
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	\$21.17	\$3.29	\$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	\$229.97	\$95.31	\$0.00	\$34.50	\$23.68	\$0.00	\$37.88	\$4.40	\$34.00	\$0.20	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.65										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Lee County Health Care Prvdr ID: 00712665A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 23.9% Nurse Hours per On-Site Day/Quality Incentive: 3.70			18.37%	1.0%	Base Period Overall CMI: 1.3504 Quarterly Medicaid CMI: 1.7337 Qtrly Mcaid CMI w RUG Wght Options: 1.7658			1.3617	1.4961	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities 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%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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		1.3604									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.45									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$122.48	\$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 = 18.37%	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		1.7658									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.14	\$107.54	\$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 (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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08									
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.94	\$4.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.08	\$112.38	\$0.00	\$16.73	\$23.34	\$0.00	\$40.65	\$2.69	\$14.72	\$1.57	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.49										

Quarterly Case Mix Per Diem Calculation

Provider: Legacy Nursing Home			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00415522A			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.2012	1.3617
H/B ?: No			Case Mix Per Diem Rate Effective Date: 07/01/20			BIMS: 46.3%	5.5%	Quarterly Medicaid CMI:			1.2326	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:			4.24	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2532	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 35,074		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								10,058		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.45	\$0.72
Allowed @ 95% of Std			\$165.06	\$67.93		\$17.49	\$21.94		\$19.53		\$37.45	\$0.72
Growth Allowance 18.4%			\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$191.86	\$80.41		\$20.70	\$25.97		\$23.12	\$ 3.49	\$37.45	\$0.72
Quarterly Facility Case Mix Index for Medicaid Residents				1.2532							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$100.77								
Quarterly Medicaid CMA Allowed Per Diem			\$212.22	\$100.77		\$20.70	\$25.97		\$23.12	\$3.49	\$37.45	\$0.72
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 5.5% o Routine Srvs)			\$5.54	\$5.54								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$3.02	\$3.02								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$25.67									
Quarterly Case Mix Based Per Diem Rate			\$237.88	\$109.33		\$20.70	\$25.97		\$40.22	\$3.49	\$37.45	\$0.72
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$165.59										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Legacy Nursing Home				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141831A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3485			1.3485	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 2.72		Qtrly BIMS score: 35.2%		35.2%	2.5%	Quarterly Medicaid CMI: 1.3578			1.3578	1.4961
				Qtrly Mcaid CMI w RUG Wght Options: 1.3798		2.72	3.0%				1.3798	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 = <u>18.37%</u>	Ln 14 x Grwth Allownc %	\$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	\$140.05	\$60.58	\$0.00	\$16.65	\$22.67	\$0.00	\$22.86	\$3.77	\$9.56	\$3.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3798</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.06	\$83.59	\$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 (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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.09	\$2.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.23	\$5.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.29	\$88.72	\$0.00	\$16.87	\$23.08	\$0.00	\$40.33	\$3.77	\$9.66	\$3.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.89									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Life Care Center of Gwinnett			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00370873A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4103	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		36.0%	2.5%	Quarterly Medicaid CMI:				1.3268	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.27	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3471	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(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 Svcs 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	\$391,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$46,403)	\$0	\$0	(\$3,153)	\$8,679	\$9,090	(\$58,753)		(\$61,690)	\$69,424
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	\$329,804	\$69,424
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		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.08	\$92.61	\$0.00	\$16.62	\$16.69	(with L&H)	\$21.90	\$2.96	\$6.03	\$1.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4103								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.67								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.67	\$0.00	\$16.62	\$16.69		\$21.90	\$2.96	\$6.03	\$1.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$134.10	\$65.67	\$0.00	\$16.62	\$16.69		\$20.56	\$2.96	10.33 (FRV)	\$1.27
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.96	\$12.06	\$0.00	\$3.05	\$3.07	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.06	\$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		1.3471								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.04	\$104.71	\$0.00	\$19.67	\$19.76	\$0.00	\$24.34	\$2.96	\$10.33	\$1.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.14	\$3.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.02	\$6.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.06	\$111.00	\$0.00	\$19.89	\$20.17	\$0.00	\$41.44	\$2.96	\$10.33	\$1.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.47									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Life Care Center of Lawrenceville			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00818914A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.5316	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		22.2%	1.0%	Quarterly Medicaid CMI:				1.2375	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		4.17	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.2517	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$8,410)	\$0	\$0	\$0	\$10,840	\$14,371	(\$56,596)		(\$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								30,867		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5316								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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												
15	Growth Allowance Percentage = <u>18.37%</u>	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)	Ln 14 + Ln 15	\$173.43	\$79.70	\$0.00	\$21.79	\$23.86	\$0.00	\$24.34	\$3.21	\$17.72	\$2.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2617								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.49	\$99.76	\$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 ([Std - Ahdj] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.03	\$4.52	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.52	\$104.28	\$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	\$148.82									

Quarterly Case Mix Per Diem Rate Calculations
Based on Audited FY12 Cost Report Data

FINAL

Provider: Life Care Center, Inc. Prvdr ID: 00140665A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score 32.4% Nurse Hours per On-Site Day/Quality Incentive: 2.90		18.37% 2.5% 3.0%		Base Period Overall CMI: 1.3801 Quarterly Medicaid CMI: 1.3775 Qtrly Mcaid CMI w RUG Wght Options: 1.4009			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities 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%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,520 As Filed Days = 40,869										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	18 GL-PL Ins Rpt D FY 18 C/R Days 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$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		1.4009								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$57.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$123.37	\$57.80	\$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 ([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 =	Ln 19 Col b x CPS Add-on	\$1.45	\$1.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stng Add-on	\$1.73	\$1.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.81	\$3.71	\$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	\$145.18	\$61.51	\$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	\$96.06									
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									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Lillian G. Carter Nursing Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142524A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3539	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score		54.2%	5.5%	Quarterly Medicaid CMI:			1.5554	1.4961
				Nurse Hours per On-Site Day/Quality Incentive:		3.42	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5847	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjmts	(\$22,722)	\$0	\$0	\$0	\$0	\$0	(\$22,722)		(\$27,757)	\$27,757
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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,869										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qtrs of FY12		1.3539								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$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 Svcs)	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	\$107.85	\$49.17	\$0.00	\$12.96	\$17.73		\$15.80	\$2.83	8.55 (FRV)	\$0.81
Quarterly Per Diem Rate Prior to Add-ons												
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	\$15.34	\$20.99	\$0.00	\$18.70	\$2.83	\$8.55	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5847								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.45	\$92.23	\$0.00	\$15.34	\$20.99	\$0.00	\$18.70	\$2.83	\$8.55	\$0.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.07	\$5.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.47	\$8.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.92	\$100.60	\$0.00	\$15.66	\$21.40	\$0.00	\$36.17	\$2.83	\$8.55	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.62									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Lumber City Nurs. & Rehab. Ctr.		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00270256A		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.7031	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020		Qtrly BIMS score		37.9%	2.5%	Quarterly Medicaid CMI:				1.5480	1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		2.66	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5743	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL 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 Adjstmnts	(\$526,780)	(\$144,131)	\$0	(\$2,334)	(\$1,082)	\$2,190	(\$439,978)		\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,722	FY 18 GL-PL Ins Rpt Days								25,722		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.7031</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.56								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.56	\$0.00	\$14.88	\$16.52		\$17.91	\$1.30	\$20.09	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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	\$0.00	\$17.61	\$19.55	\$0.00	\$21.20	\$1.30	\$8.75	\$0.64
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5743</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$73.72									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.77	\$73.72	\$0.00	\$17.61	\$19.55	\$0.00	\$21.20	\$1.30	\$8.75	\$0.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.84	\$1.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.58	\$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	\$165.46	\$78.30	\$0.00	\$17.83	\$19.96	\$0.00	\$38.67	\$1.30	\$8.76	\$0.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.26									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Lynn Haven Health & Rehab			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083036A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.3693	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		53.7%	5.5%	Quarterly Medicaid CMI:				1.5380	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.45	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5671	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstml to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3693</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.70								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	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 Svcs)	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 = <u>18.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6671</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.41	\$120.02	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.60	\$6.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.60	\$3.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.83	\$10.73	\$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	\$230.24	\$130.76	\$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	\$159.86									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Madison Hlth & Rehab		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00083278A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.3682	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score	61.0%	5.5%	Quarterly Medicaid CMI:				1.5223	1.4961
				Nurse Hours per On-Site Day/Quality Incentive:	3.27	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5529	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjmts	(\$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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3682</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.58	\$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 = <u>18.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5529</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.69	\$97.79	\$0.00	\$21.79	\$27.33	\$0.00	\$16.95	\$3.46	\$9.76	\$1.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.38	\$5.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.31	\$8.84	\$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	\$206.00	\$106.63	\$0.00	\$21.79	\$27.33	\$0.00	\$34.42	\$3.46	\$9.76	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.93									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Magnolia Manor Columbus East Prvdr ID: 00083047A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 16.7% Nurse Hours per On-Site Day/Quality Incentive: 3.17 Facility Score: N/A Add-on Percent: 18.37% 0.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.5222 Quarterly Medicaid CMI: 1.6357 Qtrly Mcaid CMI w RUG Wght Options: 1.6681 Facility Specific: 1.5222 1.6357 1.6681 State-wide: 1.3617 1.4961 1.5223												
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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.44
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6681								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.17	\$104.57	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.14	\$3.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.40	\$3.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.67	\$108.24	\$0.00	\$21.18	\$24.21	\$0.00	\$41.44	\$3.34	\$9.72	\$0.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.60									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Magnolia Manor Columbus West Prvdr ID: 00083124A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 49.5% Nurse Hours per On-Site Day/Quality Incentive: 3.00 Facility Score: N/A 18.37% 5.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3234 Quarterly Medicaid CMI: 1.6431 Qtrly Mcaid CMI w RUG Wght Options: 1.6751 Facility Specific: 1.3234 1.6431 1.6751 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$6,258,109.00	\$3,172,069	\$0	\$736,455	\$305,859	\$580,778	\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6761								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.89	\$103.94	\$0.00	\$19.07	\$23.22	\$0.00	\$16.60	\$2.89	\$10.45	\$0.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.72	\$5.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem: <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.43	\$8.33	\$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	\$203.32	\$112.27	\$0.00	\$19.29	\$23.63	\$0.00	\$34.07	\$2.89	\$10.46	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.67									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Magnolia Manor Marion County				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141809A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2265	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		30.2%	2.5%	Quarterly Medicaid CMI:			1.6542	1.4961
						3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6874	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,966	FY 18 GL-PL Ins Rpt Days								21,966		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2265</u>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.59								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.59	\$0.00	\$14.85	\$24.41		\$16.08	\$2.49	\$4.58	\$0.42
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	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												
16	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
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6874</u>								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.05								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.24	\$103.05	\$0.00	\$17.58	\$27.33	\$0.00	\$19.03	\$2.49	\$30.34	\$0.42
Quarterly Per Diem Add-on Amounts												
21	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
23	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$6.20	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.13	\$109.26	\$0.00	\$17.80	\$27.33	\$0.00	\$36.50	\$2.49	\$30.34	\$0.42
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.27									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Magnolia Manor St. Simons			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141402A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.2961	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		50.7%	5.5%	Quarterly Medicaid CMI:				1.4726	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		2.79	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4998	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
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	\$147,316
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 = 35,015	FY 18 GL-PL Ins Rpt Days								36,015		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$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 Svcs)	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	\$126.43	\$59.25	\$0.00	\$15.84	\$15.99		\$19.83	\$2.67	9.22 (FRV)	\$3.63
Quarterly Per Diem Rate Prior to Add-ons												
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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4998								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$105.18	\$105.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.85	\$105.18	\$0.00	\$18.75	\$18.93	\$0.00	\$23.47	\$2.67	\$9.22	\$3.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.78	\$5.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.57	\$9.47	\$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	\$209.42	\$114.66	\$0.00	\$18.97	\$19.34	\$0.00	\$40.94	\$2.67	\$9.22	\$3.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.24									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Magnolia Manor Methodist Nursing Care				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00040785A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3316	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score		42.0%	2.5%	Quarterly Medicaid CMI:			1.5907	1.4961
				Nurse Hours per On-Site Day/Quality Incentive:		3.27	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6210	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,064,693.00	\$5,146,324	\$0	\$992,512	\$721,208	\$562,732	\$1,200,525	\$189,134	\$252,258	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$247,316)	(\$7,001)	\$0	\$0	\$0	(\$374)	(\$171,270)		(\$105,784)	\$37,113
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,817,377	\$5,139,323	\$0	\$992,512	\$721,208	\$562,358	\$1,029,255	\$189,134	\$146,474	\$37,113
8	Total Nursing Facility Days As Filed Days = 69,699	FY12 Audited C/R Days	69,699									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,134	FY 18 GL-PL Ins Rpt Days								63,134		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.80	\$73.74	\$0.00	\$14.24	\$18.42	(with L&H)	\$14.77	\$3.00	\$2.10	\$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3316								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.38	\$0.00	\$14.24	\$18.42		\$14.77	\$3.00	\$2.10	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$125.09	\$55.38	\$0.00	\$14.24	\$18.42		\$14.77	\$3.00	18.75 (FRV)	\$0.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.88	\$10.17	\$0.00	\$2.62	\$3.38	\$0.00	\$2.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.97	\$65.55	\$0.00	\$16.86	\$21.80	\$0.00	\$17.48	\$3.00	\$18.75	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6210								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.68	\$106.26	\$0.00	\$16.86	\$21.80	\$0.00	\$17.48	\$3.00	\$18.75	\$0.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19								
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	\$7.38	\$6.38	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.06	\$112.64	\$0.00	\$17.08	\$22.21	\$0.00	\$17.85	\$3.00	\$18.76	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.06									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Manor Care Rehab Ctr of Marietta				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00236211A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.6382	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		5.3%	0.0%	Quarterly Medicaid CMI:			1.1410	1.4961
						5.11	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1537	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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)	(\$110,201)		\$138,912	\$63,101
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,423,158	\$4,379,478	\$0	\$775,818	\$297,088	\$330,276	\$1,163,658	\$614,329	\$799,410	\$63,101
8	Total Nursing Facility Days As Filed Days = 40,191	FY12 Audited C/R Days	40,191									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,639	FY 18 GL-PL ins Rpt Days								39,639		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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		1.6382								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.52								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.52	\$0.00	\$19.30	\$15.61		\$28.95	\$15.50	\$19.89	\$1.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$150.02	\$66.52	\$0.00	\$18.41	\$15.61		\$20.56	\$15.50	11.85 (FRV)	\$1.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 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)	Ln 14 + Ln 15	\$172.27	\$78.74	\$0.00	\$21.79	\$18.48	\$0.00	\$24.34	\$15.50	\$11.85	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1637								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.37	\$90.84	\$0.00	\$21.79	\$18.48	\$0.00	\$24.34	\$15.50	\$11.85	\$1.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.82	\$1.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.86	\$2.35	\$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	\$204.23	\$93.19	\$0.00	\$21.79	\$18.89	\$0.00	\$41.44	\$15.50	\$11.85	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.35									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Manor Care Rehab Ctr of Decatur		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00159266A		Case Mix Per Diem Rate Effective Date: 7/1/2020	Growth Allowance: N/A	22.6%	18.37%	Base Period Overall CMI: 1.6688				1.6688	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 5.06	Qtrly BIMS score: 22.6%	1.0%	1.0%	Quarterly Medicaid CMI: 1.2146				1.2146	1.4961	
						Qtrly Mcaid CMI w RUG Wght Options: 1.2305				1.2305	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$296,438)	(\$3,847)	\$0	\$731	\$0	(\$6,945)	(\$410,728)		\$54,437	\$69,914
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,329,189	\$4,461,681	\$0	\$841,327	\$382,254	\$383,363	\$1,319,882	\$162,679	\$708,089	\$69,914
8	Total Nursing Facility Days As Filed Days = 45,284	FY12 Audited C/R Days	45,284									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,247	FY 18 GL-PL Ins Rpt Days								41,247		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.04								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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	\$132.15	\$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	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.12	\$10.85	\$0.00	\$3.38	\$3.11	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.27	\$69.89	\$0.00	\$21.79	\$20.02	\$0.00	\$24.34	\$3.94	\$11.75	\$1.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2306								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.38	\$86.00	\$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 ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.86	\$0.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.76	\$2.25	\$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	\$189.14	\$88.25	\$0.00	\$21.79	\$20.43	\$0.00	\$41.44	\$3.94	\$11.76	\$1.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.03									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Maple Ridge Health Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00534619A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2349	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		34.2%	2.5%	Quarterly Medicaid CMI:			1.5624	1.4961
						3.84	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5903	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjmts	(\$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	\$0	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,703	FY 18 GL-PL Ins Rpt Days								25,703		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.99	\$76.16	\$0.00	\$19.12	\$20.76	(with L&H)	\$22.18	\$3.15	\$6.95	\$1.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2349</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.67								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$140.30	\$61.67	\$0.00	\$18.41	\$20.76		\$20.56	\$3.15	14.08 (FRV)	\$1.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.30	\$11.33	\$0.00	\$3.38	\$3.81	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.60	\$73.00	\$0.00	\$21.79	\$24.57	\$0.00	\$24.34	\$3.15	\$14.08	\$1.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5903</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.69	\$116.09	\$0.00	\$21.79	\$24.57	\$0.00	\$24.34	\$3.15	\$14.08	\$1.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - A1wd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.48	\$3.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.42	\$6.91	\$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	\$230.11	\$123.00	\$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	\$169.76									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: McRae Manor Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141853A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.1896		1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 31.4%		2.5%		Quarterly Medicaid CMI: 1.5028		1.4961		
				3.53		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5304		1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,559)	(\$7,083)	\$0	\$0	\$0	\$0	(\$108,476)		(\$32,426)	\$32,426
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,339,289	\$3,003,201	\$0	\$743,007	\$470,789	\$341,250	\$523,265	\$208,660	\$16,691	\$32,426
8	Total Nursing Facility Days As Filed Days = 45,488	FY12 Audited C/R Days	45,488									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,423	FY 18 GL-PL Ins Rpt Days								40,423		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1896								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.50								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$115.95	\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	8.90 (FRV)	\$0.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth 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
16	CMA 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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5304								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.39	\$100.55	\$0.00	\$19.33	\$21.13	\$0.00	\$13.61	\$5.16	\$8.90	\$0.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.16	\$6.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.66	\$106.61	\$0.00	\$19.66	\$21.64	\$0.00	\$31.08	\$5.16	\$8.90	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.34									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Meadowbrook Healthcare		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141864A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.5049	1.3517
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	59.4%	5.5%	Quarterly Medicaid CMI:				1.8374	1.4961
					2.37	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.8720	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,268,382.01	\$3,421,723	\$0	\$611,453	\$384,662	\$428,999	\$973,872	\$41,092	\$1,406,581	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$544,065)	(\$333,545)	\$0	(\$650)	(\$4,583)	(\$3,347)	(\$95,288)		(\$198,043)	\$91,391
7	Cost 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	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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		1.5049								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.07								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.07	\$0.00	\$14.01	\$18.48		\$20.15	\$0.96	\$27.72	\$2.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$116.84	\$47.07	\$0.00	\$14.01	\$18.48		\$20.15	\$0.96	14.07 (FRV)	\$2.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth 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	CMA 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		1.8720								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.74	\$104.31	\$0.00	\$16.58	\$21.87	\$0.00	\$23.85	\$0.96	\$14.07	\$2.10
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.47	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.31		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.74	\$5.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.09	\$2.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.40	\$8.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.14	\$112.67	\$0.00	\$16.80	\$22.28	\$0.00	\$41.26	\$0.96	\$14.07	\$2.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.78									

Quarterly Case Mix Per Diem Calculation

Provider: Meadow Park H&R Prvdr ID: 003167911A H/B ?: No			Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 25.9% 4.04	Add-on Percent 18.37% 1.0% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.8081 1.8416	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 71,803		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								26,195		
	Standard Per Diem (Alter CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$30.58	\$6.74
	Allowed @ 95% of Std		\$164.21	\$67.93		\$17.49	\$21.94		\$19.53		\$30.58	\$6.74
	Growth Allowance 18.37%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$190.26	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.74	\$30.58	\$6.74
	Quarterly Facility Case Mix Index for Medicaid Residents			1.8416							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$148.08								
	Quarterly Medicaid CMA Allowed Per Diem		\$257.93	\$148.08		\$20.70	\$25.97		\$23.12	\$2.74	\$30.58	\$6.74
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% to Routine Svcs)		\$1.48	\$1.48								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.96	\$2.96								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.54									
	Quarterly Case Mix Based Per Diem Rate		\$279.47	\$152.52		\$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%	\$196.78										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data

FINAL

Provider: Medical Management H & R Prvdr ID: 00141941A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 33.8% Nurse Hours per On-Site Day/Quality Incentive: 2.74 Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4091 Quarterly Medicaid CMI: 1.6443 Qtrly Mcaid CMI w RUG Wght Options: 1.6763 Facility Specific: 1.4091 1.6443 1.6763 State-wide: 1.3699 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$2,955,724	\$1,485,097	\$0	\$336,529	\$201,461	\$220,442	\$438,213	\$18,189	\$255,793	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$14,060)	\$0	\$0	\$0	\$0	\$0	(\$14,060)		(\$53,045)	\$53,045
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,941,664	\$1,485,097	\$0	\$336,529	\$201,461	\$220,442	\$424,153	\$18,189	\$202,748	\$53,045
8	Total Nursing Facility Days As Filed Days = 31,340	FY13 Audited C/R Days	31,340									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,047	FY 18 GL-PL Ins Rpt Days								31,047		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$93.87	\$47.39	\$0.00	\$10.74	\$13.46	(with L&H)	\$13.53	\$0.59	\$6.47	\$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4091								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$33.63	\$0.00	\$10.74	\$13.46		\$13.53	\$0.59	\$6.47	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$81.24	\$33.63	\$0.00	\$10.74	\$13.46		\$13.53	\$0.59	7.60 (FRV)	\$1.69
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$13.11	\$6.18	\$0.00	\$1.97	\$2.47	\$0.00	\$2.49	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$94.35	\$39.81	\$0.00	\$12.71	\$15.93	\$0.00	\$16.02	\$0.59	\$7.60	\$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6763								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$121.27	\$66.73	\$0.00	\$12.71	\$15.93	\$0.00	\$16.02	\$0.59	\$7.60	\$1.69
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.67	\$1.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.00	\$2.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.30	\$4.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$143.57	\$70.93	\$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	\$94.85									
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									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Memorial Manor Nursing Home			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141919A			Case Mix Per Diem Rate Effective Date: 7/1/2020			Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2378			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.32			Qtrly BIMS score 34.5%	2.5%	Quarterly Medicaid CMI: 1.3613			1.4961	
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3837			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,807,259.00	\$2,851,922	\$0	\$1,309,859	\$377,656	\$398,761	\$637,708	\$8,939	\$222,414	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,797)	\$0	\$0	\$0	\$448	\$473	(\$17,963)		(\$15,413)	\$15,658
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,790,462	\$2,851,922	\$0	\$1,309,859	\$378,104	\$399,234	\$619,745	\$8,939	\$207,001	\$15,658
8	Total Nursing Facility Days As Filed Days = 38,082	FY12 Audited C/R Days	38,082									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,592	FY 18 GL-PL Ins Rpt Days								35,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qtrs of FY12		1.2378								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$34.40	\$20.41		\$16.27	\$0.25	\$5.44	\$0.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$135.46	\$60.50	\$0.00	\$29.15	\$20.41		\$16.27	\$0.25	8.47 (FRV)	\$0.41
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Alkwn %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.3837								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$99.09	\$99.09	\$0.00	\$34.50	\$24.16	\$0.00	\$19.26	\$0.25	\$8.47	\$0.41
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.14	\$99.09	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.87	\$4.99	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.01	\$104.08	\$0.00	\$34.50	\$24.67	\$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	\$143.93									

Quarterly Case Mix Per Diem Calculation

Provider: Miller Nursing Home Prvdr ID: 00141996A H/B ? : yes				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 55.5% Nurse Hours per On-Site Day/Quality Incentive: 5.33		Facility Score: N/A BIMS: 55.5% 5.33	Add-on Percent: 18.37% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5198 Quarterly Medicaid CMI: 2.1996 Qtrly Mcaid CMI w RUG Wght Options: 2.2421			Facility Specific: 1.5198 2.1996 2.2421	State-wide: 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 38,601		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								18,105		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$29.15	\$23.09		\$20.56		\$21.44	\$0.29
	<u>Allowed @ 95% of Std</u>		\$158.82	\$67.93		\$27.69	\$21.94		\$19.53		\$21.44	\$0.29
	Growth Allowance 18.37%		\$25.18	\$12.48		\$5.09	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$186.73	\$80.41		\$32.78	\$25.97		\$23.12	\$ 2.73	\$21.44	\$0.29
	Quarterly Facility Case Mix Index for Medicaid Residents			2.2421							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$180.28								
	Quarterly Medicaid CMA Allowed Per Diem		\$286.61	\$180.28		\$32.78	\$25.97		\$23.12	\$2.73	\$21.44	\$0.29
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% to Routine Srvs)		\$9.92	\$9.92								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$5.41	\$5.41								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$32.42									
	Quarterly Case Mix Based Per Diem Rate		\$319.03	\$195.61		\$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%	\$226.45										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Miona Geriatric & Dementia Ctr			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00141578A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.1439	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		55.3%	5.5%	Quarterly Medicaid CMI:			1.8288	1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.77	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8641	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,300,389.00	\$1,675,226	\$0	\$445,058	\$203,315	\$228,714	\$516,016	\$49,041	\$183,019	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrmts	(\$53,458)	\$0	\$0	\$0	\$5,374	\$6,051	(\$65,940)		(\$25,858)	\$26,915
7	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
8	Total Nursing Facility Days As Filed Days = 30,869	FY12 Audited C/R Days	30,869									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,012	FY 18 GL-PL Ins Rpt Days								30,012		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$105.23	\$54.27	\$0.00	\$14.42	\$14.37	(with L&H)	\$14.58	\$1.63	\$5.09	\$0.87
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1439</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.44								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.44	\$0.00	\$14.42	\$14.37		\$14.58	\$1.63	\$5.09	\$0.87
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	9.89 (FRV)	\$0.87
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$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 + Ln 15	\$119.88	\$56.15	\$0.00	\$17.07	\$17.01	\$0.00	\$17.26	\$1.63	\$9.89	\$0.87
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8641</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.40	\$104.67	\$0.00	\$17.07	\$17.01	\$0.00	\$17.26	\$1.63	\$9.89	\$0.87
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwtd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.76	\$5.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.14	\$3.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.53	\$9.43	\$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	\$196.93	\$114.10	\$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) * 0.75	\$134.12									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Mitchell Convalescent Center			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00142018A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3464	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		33.3%	2.5%	Quarterly Medicaid CMI:			1.3914	1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.83	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4126	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)		(\$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	\$406,209	\$8,340	\$95,244	\$5,435
8	Total Nursing Facility Days As Filed Days = 17,211	FY12 Audited C/R Days	17,211									
	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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3464								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$23.52	\$10.15	\$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	\$162.86	\$65.39	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.48	\$10.50	\$0.32
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4126								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.84	\$92.37	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.48	\$10.50	\$0.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.71	\$5.61	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.65	\$97.98	\$0.00	\$34.60	\$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 - Ln 23) * 0.75	\$146.69									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Montezuma Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142062A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2929	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		47.3%	5.5%	Quarterly Medicaid CMI:			1.5420	1.4961
						4.04	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5678	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2929</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 = <u>18.37%</u>	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>1.5678</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.54	\$115.28	\$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 ((Sind - Ahdj) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.34	\$6.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.31	\$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	\$27.28	\$9.18	\$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	\$216.82	\$124.46	\$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	\$149.04									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Mountain View Health and Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143184A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.4052	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score		24.0%	1.0%	Quarterly Medicaid CMI:			1.3898	1.4961
				Nurse Hours per On-Site Day/Quality Incentive:		2.80	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4133	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$79,630)	\$0	\$0	\$0	(\$2,160)	(\$2,360)	(\$73,086)		(\$18,695)	\$16,671
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	\$16,671
8	Total Nursing Facility Days As Filed Days = 36,179	FY12 Audited C/R Days	36,179									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,081	FY 18 GL-PL Ins Rpt Days								33,081		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$111.29	\$58.07	\$0.00	\$12.54	\$17.04	(with L&H)	\$15.42	\$0.59	\$7.17	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4052								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.32								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0.59	\$7.17	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$94.88	\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0.59	7.51 (FRV)	\$0.46
Quarterly Per Diem Rate Prior to Add-ons												
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/A
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	\$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4133								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$130.94	\$69.12	\$0.00	\$14.84	\$20.17	\$0.00	\$18.25	\$0.59	\$7.51	\$0.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Strnd - 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	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.69	\$0.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.38	\$1.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.70	\$2.60	\$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	\$151.64	\$71.72	\$0.00	\$15.06	\$20.58	\$0.00	\$35.72	\$0.59	\$7.61	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$100.91									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Muscogee Manor & Rehab Center Prvdr ID: 00083223A												
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 40.0% Nurse Hours per On-Site Day/Quality Incentive: 5.31			Facility Score 18.37% 2.5% 3.0%			Add-on Percent Base Period Overall CMI: 1.2862 Quarterly Medicaid CMI: 1.5254 Qtrly Mcaid CMI w RUG Wght Options: 1.5526		
										Facility Specific 1.3617 1.4961 1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0	\$0	(\$122)	\$8,555	(\$450,916)		(\$9,418)	\$13,927
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,156,239	\$5,561,817	\$0	\$1,411,906	\$554,968	\$663,872	\$2,111,532	\$149,821	\$688,396	\$13,927
8	Total Nursing Facility Days As Filed Days = 43,099	FY12 Audited C/R Days	43,099									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,840	FY 18 GL-PL Ins Rpt Days								47,840		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$100.34	\$0.00	\$32.76	\$28.28		\$48.99	\$3.13	\$15.97	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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											
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	\$0.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5526								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.81	\$131.43	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$3.13	\$18.76	\$0.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.29	\$3.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.33	\$7.23	\$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	\$264.14	\$138.66	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$3.13	\$18.76	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.28									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Nancy Hart Nursing Center Prvdr ID: 00141336A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 23.5% Nurse Hours per On-Site Day/Quality Incentive: 3.36		N/A	18.37% 1.0% 2.0%	Base Period Overall CMI: 1.2652 Quarterly Medicaid CMI: 1.1514 Qtrly Mcaid CMI w RUG Wght Options: 1.1701				1.2652 1.1514 1.1701	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,678,272.00	\$1,275,431	\$0	\$337,858	\$197,436	\$186,331	\$449,818	\$57,540	\$173,858	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,985)	\$0	\$0	\$416	(\$2,761)	(\$2,606)	(\$36,980)		(\$34,638)	\$29,584
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,631,287	\$1,275,431	\$0	\$338,274	\$194,675	\$183,725	\$412,838	\$57,540	\$139,220	\$29,584
8	Total Nursing Facility Days As Filed Days = 22,951	FY12 Audited C/R Days	22,951									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642	FY 18 GL-PL Ins Rpt Days								18,642		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qtrs of FY12		1.2652								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$104.66	\$43.92	\$0.00	\$14.74	\$16.49		\$17.99	\$3.09	7.14 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.11	\$8.07	\$0.00	\$2.71	\$3.03	\$0.00	\$3.30	N/A	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.1701								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$60.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$130.61	\$60.83	\$0.00	\$17.45	\$19.52	\$0.00	\$21.29	\$3.09	\$7.14	\$1.29
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.61	\$0.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$1.22	\$1.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.46	\$2.36	\$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	\$161.07	\$63.19	\$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	\$100.48									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: New Horizons Limestone			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142007A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.2251	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		16.9%	0.0%	Quarterly Medicaid CMI:				1.2120	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.90	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.2294	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$69,118)	\$2,078	\$0	\$0	(\$10,806)	(\$14,256)	(\$36,110)		(\$15,554)	\$5,530
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,459,077	\$4,767,568	\$0	\$907,894	\$503,956	\$664,747	\$1,084,817	\$62,740	\$461,825	\$5,530
8	Total Nursing Facility Days As Filed Days = 44,490	FY12 Audited C/R Days	44,490									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,758	FY 18 GL-PL Ins Rpt Days								41,758		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.22	\$107.16	\$0.00	\$20.41	\$26.27	(with L&H)	\$24.38	\$1.50	\$10.38	\$0.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2251								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.47								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.47	\$0.00	\$20.41	\$26.27		\$24.38	\$1.50	\$10.38	\$0.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$149.73	\$71.51	\$0.00	\$20.41	\$23.09		\$20.56	\$1.50	12.54 (FRV)	\$0.12
Quarterly Per Diem Rate Prior to Add-ons												
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/A
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	\$0.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2294								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.06	\$104.07	\$0.00	\$24.16	\$27.33	\$0.00	\$24.34	\$1.50	\$12.54	\$0.12
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.40	\$2.08	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.46	\$106.15	\$0.00	\$24.38	\$27.33	\$0.00	\$41.44	\$1.50	\$12.54	\$0.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.27									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: New Horizons Lanier Park		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141072A		Case Mix Per Diem Rate Effective Date: 7/1/2020	Growth Allowance: N/A	N/A	18.37%	Base Period Overall CMI:				1.2324	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 3.73	Qtrly BIMS score: 35.3%	3.73	2.5%	Quarterly Medicaid CMI:				1.1306	1.4961
					3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.1444	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$26,200)	(\$2,378)	\$0	\$0	\$478	\$8,078	(\$32,683)		(\$3,620)	\$3,925
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,456,358	\$4,302,432	\$0	\$879,776	\$480,832	\$462,061	\$962,273	\$58,787	\$306,272	\$3,925
8	Total Nursing Facility Days As Filed Days = 41,343	FY12 Audited C/R Days	41,343									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,693	FY 18 GL-PL Ins Rpt Days								40,693		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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	\$0.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2324								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.44								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.44	\$0.00	\$21.28	\$22.81		\$23.28	\$1.44	\$7.41	\$0.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$158.45	\$71.51	\$0.00	\$21.28	\$22.81		\$20.56	\$1.44	20.76 (FRV)	\$0.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.02	\$13.14	\$0.00	\$3.91	\$4.19	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.47	\$84.65	\$0.00	\$25.19	\$27.00	\$0.00	\$24.34	\$1.44	\$20.76	\$0.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1444								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.69	\$96.87	\$0.00	\$25.19	\$27.00	\$0.00	\$24.34	\$1.44	\$20.76	\$0.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Ahd] x .75, up to max, or 0)	(see Policy Manual)	\$0.43	\$0.00	\$0.00	\$0.22	\$0.21	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.86	\$5.33	\$0.00	\$0.22	\$0.21	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.55	\$102.20	\$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	\$161.09									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Newnan Hosp. Health & Rehab Ctr				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00040719A				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.2207				1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score 26.7%		1.0%		Quarterly Medicaid CMI: 1.3891				1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive: 3.94		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.4125				1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.32									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.32	\$0.00	\$16.12	\$18.06		\$17.86	\$3.17	\$17.31	\$0.92	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$137.04	\$68.32	\$0.00	\$16.12	\$18.06		\$17.86	\$3.17	12.59 (FRV)	\$0.92	
Quarterly Per Diem Rate Prior to Add-ons													
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	\$21.14	\$3.17	\$12.59	\$0.92	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4125									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.23									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.51	\$114.23	\$0.00	\$19.08	\$21.38	\$0.00	\$21.14	\$3.17	\$12.59	\$0.92	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$214.56	\$118.18	\$0.00	\$19.30	\$21.79	\$0.00	\$38.61	\$3.17	\$12.59	\$0.92	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.10										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: National Health Care of Rossville Prvdr ID: 00083146A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 16.5%		N/A	18.37%	Base Period Overall CMI: 1.3032 Quarterly Medicaid CMI: 1.2775 Qtrly Mcaid CMI w RUG Wght Options: 1.2986				1.3617	1.4961
			Nurse Hours per On-Site Day/Quality Incentive: 3.93		3.93	3.0%					1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,988,305.00	\$2,938,284	\$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 Adjstmnts	(\$219,774)	(\$4,032)	\$0	\$3,835	\$0	\$1,561	(\$221,138)		(\$36,195)	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,316	FY 18 GL-PL Ins Rpt Days								32,316		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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		1.3032								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.86								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.01
Quarterly Per Diem Rate Prior to Add-ons												
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	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	\$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2986								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.84	\$96.63	\$0.00	\$18.00	\$18.99	\$0.00	\$24.34	\$4.60	\$9.27	\$1.01
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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.16	\$3.43	\$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	\$194.00	\$100.06	\$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	\$132.68									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: NHC of Fort Oglethorpe Prvdr ID: 00344759A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 26.5% Nurse Hours per On-Site Day/Quality Incentive: 3.31 Facility Score N/A Add-on Percent 18.37% 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4032 Quarterly Medicaid CMI: 1.2542 Qtrly Mcaid CMI w RUG Wght Options: 1.2745 Facility Specific 1.4032 1.2542 1.2745 State-wide 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	(\$2,868)
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,598,060	\$3,441,127	\$0	\$721,053	\$379,794	\$425,220	\$1,089,837	\$205,015	\$338,882	(\$2,868)
8	Total Nursing Facility Days As Filed Days = 43,776	FY12 Audited C/R Days	43,776									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,860	FY 18 GL-PL Ins Rpt Days								44,860		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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)
11	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4032								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.02								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.02	\$0.00	\$16.47	\$18.39		\$24.90	\$4.57	\$7.74	(\$0.07)
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base 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	\$4.57	11.91 (FRV)	(\$0.07)
Quarterly Per Diem Rate Prior to Add-ons												
16	Growth Allowance Percentage = <u>18.37%</u>	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
17	CMA 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)
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2746								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.51								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.53	\$84.51	\$0.00	\$19.50	\$21.77	\$0.00	\$24.34	\$4.57	\$11.91	(\$0.07)
Quarterly Per Diem Add-on Amounts												
21	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85								
23	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.65	\$3.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.18	\$88.43	\$0.00	\$19.72	\$22.18	\$0.00	\$41.44	\$4.67	\$11.91	(\$0.07)
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.31									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Northeast Atlanta H & R Ctr.			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00426214A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4802	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		36.3%	2.5%	Quarterly Medicaid CMI:				1.5596	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.54	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5850	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	(\$10,195)	\$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	\$400,810	\$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-PL Ins. Rpt As Filed Days = 44,643	FY 18 GL-PL Ins Rpt Days								44,643		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4802</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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		\$20.56	\$8.98	11.93 (FRV)	\$2.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5860</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$107.02	\$107.02	\$0.00	\$20.42	\$21.87	\$0.00	\$24.34	\$8.98	\$11.93	\$2.16
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.72	\$107.02	\$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 ((Std - 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.14	\$2.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.08	\$5.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.80	\$112.37	\$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	\$162.03									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Northridge Hlth & Rehab Ctr			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059331A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.3456	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		27.7%	1.0%	Quarterly Medicaid CMI:				1.4519	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.71	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4760	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)		\$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	\$979,649	\$170,418	\$395,848	\$0
8	Total Nursing Facility Days As Filed Days = 56,193	FY12 Audited C/R Days	56,193									
	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 Svcs	Ln 7 / Ln 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3456</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	\$7.04	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$131.34	\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	10.01 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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
16	CMA Allowed Per Diem (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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4760</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.05	\$111.60	\$0.00	\$20.36	\$23.41	\$0.00	\$20.63	\$3.04	\$10.01	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.10	\$5.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.15	\$116.60	\$0.00	\$20.58	\$23.82	\$0.00	\$38.10	\$3.04	\$10.01	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.29									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

Provider: Nursecare of Buckhead Prvdr ID: 00142183A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 26.9% MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Nurse Hours per On-Site Day/Quality Incentive: 2.93 Facility Score Add-on Percent 18.37% 1.0% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3783 Quarterly Medicaid CMI: 1.3997 Qtrly Mcaid CMI w RUG Wght Options: 1.4229 1.5223 Facility Specific State-wide												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjtsmts	(\$228,212)	\$0	\$0	\$0	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 76,020	FY 18 GL-PL Ins Rpt Days								76,020		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.69	\$0.00	\$15.27	\$19.08		\$25.22	\$3.64	\$27.47	\$3.23
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$126.95	\$52.69	\$0.00	\$15.27	\$19.08		\$23.46	\$3.64	9.58 (FRV)	\$3.23
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$20.30	\$9.68	\$0.00	\$2.81	\$3.50	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.25	\$62.37	\$0.00	\$18.08	\$22.58	\$0.00	\$27.77	\$3.64	\$9.58	\$3.23
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4229								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.63	\$88.75	\$0.00	\$18.08	\$22.58	\$0.00	\$27.77	\$3.64	\$9.58	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$1.78	\$1.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.93	\$3.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.56	\$91.95	\$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	\$133.10									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Oak View Home - Waverly Hall			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142249A			Growth Allowance: N/A			N/A	18.37%	Base Period Overall CMI:			1.2630	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score 41.3%			41.3%	2.5%	Quarterly Medicaid CMI:			1.4259	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.19			3.19	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4503	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$40,534)	(\$18,225)	\$0	\$0	\$0	\$0	(\$22,309)		(\$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								35,806		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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		1.2630								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.05								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Althnc %	\$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 Allowance Add-on)	Ln 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		1.4503								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.20	\$101.38	\$0.00	\$16.86	\$19.74	\$0.00	\$18.77	\$2.68	\$8.29	\$0.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.19	\$5.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.39	\$106.47	\$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	\$130.72									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Oakview Health & Rehab Center			Add-on Data and Percentages				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142238A			Case Mix Per Diem Rate Effective Date: 7/1/2020				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.2538			1.3617	
			MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Qtrly BIMS score: 38.4%		2.5%		Quarterly Medicaid CMI: 1.6049			1.4961	
							Nurse Hours per On-Site Day/Quality Incentive: 3.50		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6350			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
Peer Group Standards & Efficiency Measure Limits															
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	\$22,934			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,461	\$3,946,144	\$0	\$774,649	\$484,429	\$546,382	\$950,299	\$144,260	\$547,364	\$22,934			
8	Total Nursing Facility Days As Filed Days = 51,873	FY12 Audited C/R Days	51,873												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,667	FY 18 GL-PL Ins Rpt Days								52,667					
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.67											
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.44			
Quarterly Per Diem Rate Prior to Add-ons															
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		1.6360											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.43											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.07	\$117.43	\$0.00	\$17.67	\$23.52	\$0.00	\$21.69	\$2.74	\$15.58	\$0.44			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.52	\$3.52											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.09	\$6.99	\$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	\$224.16	\$124.42	\$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	\$165.30												

Quarterly Case Mix Per Diem Calculation

Provider: Oceanside Health & Rehab - Tybee Prvdr ID: 003188970A H/B ? : No Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A BIMS: 23.2% Nurse Hours per On-Site Day/Quality Incentive: 3.28 Facility Score: N/A Add-on Percent: 18.37% 1.0% 1.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3617 Quarterly Medicaid CMI: 1.5731 Qtrly Mcaid CMI w RUG Wght Options: 1.6022 1.5223 Facility Specific Use Stwd: 1.5731 State-wide: 1.4961 1.6022 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 60,278		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								21,444		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$16.46	\$0.00
	<u>Allowed @ 95% of Std</u>		\$143.35	\$67.93		\$17.49	\$21.94		\$19.53		\$16.46	\$0.00
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$169.47	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.81	\$16.46	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.6022</u>							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$128.83								
	Quarterly Medicaid CMA Allowed Per Diem		\$217.89	\$128.83		\$20.70	\$25.97		\$23.12	\$2.81	\$16.46	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% x Routine Srvs)		\$1.29	\$1.29								
	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%		\$1.29	\$1.29								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$19.68									
	Quarterly Case Mix Based Per Diem Rate		\$237.57	\$131.41		\$20.70	\$25.97		\$40.22	\$2.81	\$16.46	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$165.35										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Oconee Health & Rehab			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142293A			Growth Allowance: N/A			N/A	18.37%	Base Period Overall CMI: 1.1620			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 35.7% <td>35.7%</td> <td>2.5%</td> <th colspan="3">Quarterly Medicaid CMI: 1.2179</th> <td>1.4961</td>			35.7%	2.5%	Quarterly Medicaid CMI: 1.2179			1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.45			3.45	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2399			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$8,617)	\$0	\$0	\$0	\$0	\$0	(\$8,617)		(\$8,381)	\$8,381
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	\$47,879	\$197,808	\$8,381
8	Total Nursing Facility Days As Filed Days = 14,885	FY12 Audited C/R Days	14,885									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,204	FY 18 GL-PL Ins Rpt Days								17,204		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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		1.1620								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.61								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$142.86	\$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												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.82	\$12.42	\$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	\$166.68	\$80.03	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.78	\$9.85	\$0.56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2399								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.88	\$99.23	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.78	\$9.85	\$0.56
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Stdnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.09	\$5.99	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.97	\$106.22	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$2.78	\$9.85	\$0.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.90									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Oconee Regional SNF Prvdr ID: 00947658A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 0.0% Nurse Hours per On-Site Day/Quality Incentive: 6.77 Facility Score: N/A Add-on Percent: 18.37% 0.0% 0.0% Case Mix Index (CMI) Data Base Period Overall CMI: 2.1590 Quarterly Medicaid CMI: 1.7720 Qtrly Mcaid CMI w RUG Wght Options: 1.8070 Facility Specific: 2.1590 1.7720 1.8070 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0	(\$26,025)		(\$3,258)	\$3,258
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,786,698	\$765,901	\$0	\$176,858	\$67,047	\$204,465	\$1,247,306	\$20,101	\$301,762	\$3,258
8	Total Nursing Facility Days As Filed Days = 3,356	FY12 Audited C/R Days	3,356									
	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 Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$834.41	\$228.22	\$0.00	\$52.70	\$80.90	(with L&H)	\$371.66	\$10.04	\$89.92	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2,1690								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$10.04	21.61 (FRV)	\$0.97
	Quarterly Per Diem Rate Prior to Add-ons											
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	\$203.44	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$10.04	\$21.61	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,8070								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$152.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 16, AllOthr = Ln 16	\$271.75	\$152.96	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$10.04	\$21.61	\$0.97
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$288.85	\$162.96	\$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	\$203.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Orchard Health and Rehab			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 00142656A			Growth Allowance: N/A			47.5%	18.37%	Base Period Overall CMI: 0.9752			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score			5.5%	5.5%	Quarterly Medicaid CMI: 1.4455			1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:			3.40	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4724			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
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
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
8	Total Nursing Facility Days As Filed Days = 29,547	FY12 Audited C/R Days	29,547									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,624	FY 18 GL-PL Ins Rpt Days								29,624		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		0.9762								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40	\$4.38	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$120.71	\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40	7.49 (FRV)	\$0.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.80	\$77.46	\$0.00	\$16.43	\$16.82	\$0.00	\$18.74	\$3.40	\$7.49	\$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4724								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.39	\$114.05	\$0.00	\$16.43	\$16.82	\$0.00	\$18.74	\$3.40	\$7.49	\$0.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.27	\$6.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.42	\$3.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.32	\$10.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.71	\$124.27	\$0.00	\$16.65	\$17.23	\$0.00	\$36.21	\$3.40	\$7.49	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.46									

Quarterly Case Mix Per Diem Calculation

Provider: Orchard View Rehab & Skilled NC Prvdr ID: 00142117A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 44.4% Nurse Hours per On-Site Day/Quality Incentive: 4.40		Facility Score N/A	Add-on Percent 18.37% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2690 Quarterly Medicaid CMI: 1.2295 Qtrly Mcaid CMI w RUG Wght Options: 1.2486			Facility Specific 1.2690 1.2295 1.2486	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 162,156		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								65,190		
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$38.01	\$0.00
<u>Allowed @ 95% of Std</u>			\$164.90	\$67.93		\$17.49	\$21.94		\$19.53		\$38.01	\$0.00
Growth Allowance 18.4%			\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$190.70	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.49	\$38.01	\$0.00
Quarterly Facility Case Mix Index for Medicaid Residents				<u>1.2486</u>							(FRV Rate)	
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$100.40								
Quarterly Medicaid CMA Allowed Per Diem			\$210.69	\$100.40		\$20.70	\$25.97		\$23.12	\$2.49	\$38.01	\$0.00
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% o Routine Svcs)			\$2.51	\$2.51								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$3.01	\$3.01								
Nursing Home Provider Fee			\$0.00						0.00			
Total Quarterly Per Diem Add-On Amounts			\$5.52									
Quarterly Case Mix Based Per Diem Rate			\$216.21	\$105.92		\$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%		\$162.16										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Oxley Park Health & Rehab			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143316A			Growth Allowance: N/A			9.4%	18.37%	Base Period Overall CMI: 1.3255			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 0.0%			3.28	3.0%	Quarterly Medicaid CMI: 1.4428			1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:					Qtrly Mcaid CMI w RUG Wght Options: 1.4684			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnt to Routine Svcs	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		1.3266								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.35								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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		1.4684								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.47	\$101.42	\$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 ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.04	\$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	\$21.67	\$3.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.14	\$104.99	\$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	\$138.78									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Palemon Gaskins Nursing Home			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142326A			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.2317				1.2317	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 31.8%		31.8%	2.5%	Quarterly Medicaid CMI: 1.2348				1.2348	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 4.64		4.64	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2545				1.2545	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$11,393)	(\$787)	\$0	\$0	\$145	(\$7,449)	(\$3,302)		(\$1,189)	\$1,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,933,488	\$891,868	\$0	\$391,990	\$129,609	\$189,103	\$213,669	\$39,793	\$76,267	\$1,189
8	Total Nursing Facility Days As Filed Days = 10,670	FY12 Audited C/R Days	10,670									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 10,104	FY 18 GL-PL Ins Rpt Days								10,104		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.43	\$83.59	\$0.00	\$36.74	\$29.87	(with L&H)	\$20.03	\$3.94	\$7.15	\$0.11
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2317								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.87	\$0.00	\$36.74	\$29.87		\$20.03	\$3.94	\$7.15	\$0.11
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$156.04	\$67.87	\$0.00	\$29.15	\$23.09		\$20.03	\$3.94	11.85 (FRV)	\$0.11
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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	\$0.11
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2546								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$100.79									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.23	\$100.79	\$0.00	\$34.50	\$27.33	\$0.00	\$23.71	\$3.94	\$11.85	\$0.11
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$6.07	\$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	\$225.77	\$106.86	\$0.00	\$34.50	\$27.33	\$0.00	\$41.18	\$3.94	\$11.85	\$0.11
26	Quarterly Per Diem Rate for Bad Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.50									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Park Place Nursing Facility Prvdr ID: 00002164A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 38.1% Nurse Hours per On-Site Day/Quality Incentive: 3.30				18.37% 2.5% 2.0%		Base Period Overall CMI: 1.2699 Quarterly Medicaid CMI: 1.3271 Qtrly Mcaid CMI w RUG Wght Options: 1.3497			1.2699 1.3271 1.3497	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$582,209)	(\$98,808)	\$0	\$6,084	\$8,854	(\$4,868)	(\$207,568)		(\$363,773)	\$77,870	
7	Cost 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										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,793	FY 18 GL-PL Ins Rpt Days								58,793			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$125.02	\$73.75	\$0.00	\$15.10	\$15.29	(with L&H)	\$10.48	\$5.92	\$3.12	\$1.36	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2699									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	\$3.12	\$1.36	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$120.25	\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	14.03 (FRV)	\$1.36	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.18	\$10.67	\$0.00	\$2.77	\$2.81	\$0.00	\$1.93	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.43	\$68.74	\$0.00	\$17.87	\$18.10	\$0.00	\$12.41	\$5.92	\$14.03	\$1.36	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3497									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.47	\$92.78	\$0.00	\$17.87	\$18.10	\$0.00	\$12.41	\$5.92	\$14.03	\$1.36	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32									
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.86	\$1.86									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.81	\$4.71	\$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	\$185.28	\$97.49	\$0.00	\$18.09	\$18.51	\$0.00	\$29.88	\$5.92	\$14.03	\$1.36	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.14										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Parkside Ellijay				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific		State-wide	
Prvdr ID: 00141127A				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.3029			1.3617			
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score: 39.1%		2.5%		Quarterly Medicaid CMI: 1.7139			1.4961			
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive: 3.65		3.0%		Qtrtry Mcaid CMI w RUG Wght Options: 1.7451			1.5223			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$62,077)	(\$129,666)	\$0	\$3,725	(\$1,710)	\$12,083	\$58,749		(\$57,355)	\$52,097		
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,044,867	\$2,519,506	\$0	\$837,206	\$323,888	\$583,558	\$1,126,406	\$17,410	\$584,796	\$52,097		
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								29,355				
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.92	\$70.14	\$0.00	\$23.31	\$25.26	(with L&H)	\$31.36	\$2.12	\$16.28	\$1.45		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3029										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.83										
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.83	\$0.00	\$23.31	\$25.26		\$31.36	\$2.12	\$16.28	\$1.45		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$1.45		
Quarterly Per Diem Rate Prior to Add-ons														
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	\$1.45		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7461										
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.20										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.63	\$111.20	\$0.00	\$27.59	\$27.33	\$0.00	\$24.34	\$2.12	\$9.60	\$1.45		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78										
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.97	\$6.65	\$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	\$227.60	\$117.85	\$0.00	\$27.81	\$27.33	\$0.00	\$41.44	\$2.12	\$9.60	\$1.46		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.88											

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Parkside Post Acute Care and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Pvdr ID: 00169199A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3690	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score		42.0%	2.5%	Quarterly Medicaid CMI:			1.4567	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive:		3.47	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4798	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	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
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
8	Total Nursing Facility Days As Filed Days = 56,904	FY12 Audited C/R Days	56,904									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,592	FY 18 GL-PL Ins Rpt Days								55,592		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.96	\$79.89	\$0.00	\$17.94	\$19.78	(with L&H)	\$30.42	\$0.37	\$12.61	\$1.95
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3690								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.36								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.36	\$0.00	\$17.94	\$19.78		\$30.42	\$0.37	\$12.61	\$1.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$129.05	\$58.36	\$0.00	\$17.94	\$19.78		\$20.56	\$0.37	10.09 (FRV)	\$1.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.48	\$69.08	\$0.00	\$21.24	\$23.41	\$0.00	\$24.34	\$0.37	\$10.09	\$1.95
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4798								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.62	\$102.22	\$0.00	\$21.24	\$23.41	\$0.00	\$24.34	\$0.37	\$10.09	\$1.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$6.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.51	\$108.38	\$0.00	\$21.46	\$23.82	\$0.00	\$41.44	\$0.37	\$10.09	\$1.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.81									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Pelham Parkway Nursing Home Prvdr ID: 00142425A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 31.1% Nurse Hours per On-Site Day/Quality Incentive: 3.50 Facility Score: N/A Add-on Percent: 18.37% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4543 Quarterly Medicaid CMI: 1.1421 Qtrly Mcaid CMI w RUG Wght Options: 1.1587 Facility Specific: 1.4543 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$23,396)	\$0	\$0	\$0	(\$2,745)	(\$3,165)	(\$16,351)		(\$16,324)	\$15,189
7	Cost Center Costs After Audit Adjustments	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									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								37,881		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$158.00	\$68.94	\$0.00	\$25.96	\$31.16	(with L&H)	\$25.02	\$0.53	\$6.00	\$0.39
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Statewide CMA for Routine Svcs)	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	\$129.36	\$47.41	\$0.00	\$25.96	\$23.09		\$20.56	\$0.53	11.42 (FRV)	\$0.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.50	\$8.71	\$0.00	\$4.77	\$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	\$150.86	\$56.12	\$0.00	\$30.73	\$27.33	\$0.00	\$24.34	\$0.53	\$11.42	\$0.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1587								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.77	\$65.03	\$0.00	\$30.73	\$27.33	\$0.00	\$24.34	\$0.53	\$11.42	\$0.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.63	\$1.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$1.30	\$1.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.78	\$3.46	\$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	\$180.55	\$68.49	\$0.00	\$30.95	\$27.33	\$0.00	\$41.44	\$0.53	\$11.42	\$0.39
26	Quarterly Per Diem Rate for Bad Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.59									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data

FINAL

Provider: Pine Knoll Nursing and Rehab Center Prvdr ID: 00142458A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 23.8% Nurse Hours per On-Site Day/Quality Incentive: 3.40 Facility Score Add-on Percent 18.37% 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4918 Quarterly Medicaid CMI: 1.6313 Qtrly Mcaid CMI w RUG Wght Options: 1.6628 Facility Specific 1.4918 1.6313 1.6628 State-wide 1.4014 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 C/R Audit Adjstmnts	\$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									
	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 Svcs	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	from 4 qtrs of FY10		<u>1.4918</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 (After Statewide CMA for Routine Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.18	\$10.70	\$0.00	\$2.56	\$2.51	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.77	\$68.96	\$0.00	\$16.51	\$16.20	\$0.00	\$28.43	\$0.28	\$7.82	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6628</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.48	\$114.67	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$3.44	\$3.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.85	\$5.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.33	\$119.79	\$0.00	\$16.73	\$16.61	\$0.00	\$45.53	\$0.28	\$7.82	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.67									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Pinehill Nursing Center Prvdr ID: 00083135A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 40.8% Nurse Hours per On-Site Day/Quality Incentive: 2.80			N/A 2.5% 3.0%	18.37%	Base Period Overall CMI: 1.0657 Quarterly Medicaid CMI: 1.6402 Qtrly Mcaid CMI w RUG Wght Options: 1.6722			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,432,258.00	\$1,228,619	\$0	\$257,152	\$119,501	\$215,874	\$313,657	\$39,808	\$257,647	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$265,533)	(\$4,760)	\$0	(\$3,865)	(\$203)	(\$1,902)	(\$31,014)		(\$241,103)	\$17,314
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,166,725	\$1,223,859	\$0	\$253,287	\$119,298	\$213,972	\$282,643	\$39,808	\$16,544	\$17,314
8	Total Nursing Facility Days As Filed Days = 17,835	FY12 Audited C/R Days	17,835									
	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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.39	\$0.00	\$14.20	\$18.69		\$15.85	\$1.41	\$0.93	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$124.33	\$64.39	\$0.00	\$14.20	\$18.69		\$15.85	\$1.41	8.82 (FRV)	\$0.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 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	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6722								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.35	\$127.46	\$0.00	\$16.81	\$22.12	\$0.00	\$18.76	\$1.41	\$8.82	\$0.97
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem [(Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.19	\$3.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.82	\$3.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.64	\$7.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.99	\$135.00	\$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	\$163.67									

Provider: Pinewood Manor Nursing Home		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00142513A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.3181	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	50.0%	5.5%	Quarterly Medicaid CMI:				1.1379	1.4961
					2.80	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.1485	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$134,777)	(\$37,321)	\$0	\$9,404	\$5,902	(\$2,359)	(\$107,744)		(\$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									
	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 Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.59								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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		1.1485								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$49.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$105.69	\$49.74	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on		\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on		\$1.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$128.55	\$64.50	\$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	\$83.69									
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									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

Provider: Pinewood Nursing Ctr Prvdr ID: 00142205A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 28.8% Nurse Hours per On-Site Day/Quality Incentive: 2.77 Add-on Percent 18.37% 1.0% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.1182 Quarterly Medicaid CMI: 1.2787 Qtrly Mcaid CMI w RUG Wght Options: 1.2994 Facility Specific 1.1182 1.2787 1.2994 State-wide 1.3699 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjustmts	(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,145	FY 18 GL-PL Ins Rpt Days								26,145		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1182								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.44	\$0.00	\$17.51	\$19.52		\$25.05	\$0.28	\$20.99	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$125.96	\$56.44	\$0.00	\$17.51	\$19.52		\$23.46	\$0.28	7.35 (FRV)	\$1.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$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)	Ln 14 + Ln 15	\$147.45	\$66.81	\$0.00	\$20.73	\$23.11	\$0.00	\$27.77	\$0.28	\$7.35	\$1.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2994								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.45	\$86.81	\$0.00	\$20.73	\$23.11	\$0.00	\$27.77	\$0.28	\$7.35	\$1.40
	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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sftng Add-on	\$1.74	\$1.74								
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	\$20.87	\$3.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.32	\$89.95	\$0.00	\$20.95	\$23.52	\$0.00	\$44.87	\$0.28	\$7.35	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.42									

Quarterly Case Mix Based Per Diem Rate Calculations
Based on Audited FY12 Cost Report Data

FINAL

Provider: Pleasant View Nursing Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142546A			Growth Allowance: N/A		18.37%	Base Period Overall CMI: 1.1323			1.3617			
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score 36.0%		2.5%	Quarterly Medicaid CMI: 1.2852			1.4961			
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 2.51		2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3056			1.5223			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(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 Svcs 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 Adjstms (\$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	FY12 Audited C/R Days	42,132									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,132										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,362										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	18 GL-PL Ins Rpt D FY 18 C/R Days	\$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	Ln 7 / Ln 8 Col a		1.1323								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		\$39.74								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	Ln 9 / Ln 10		\$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 Svcs)	RS = Ln 11, AllOthr = Ln 9		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	par Peer Group Limits		\$39.74	\$0.00	\$10.72	\$12.66		\$14.85	\$0.64	7.63	\$0.67
	Lesser of Ln 12 or Ln 13		\$86.91								(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 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 Qtr End		1.3056								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$61.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$115.62	\$61.42	\$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 ((Sind - Alwd) x .75, up to max. of 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.23	\$1.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.40	\$3.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$137.02	\$64.72	\$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	\$89.94									
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									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Porter Field H & R Ctr, LLC			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00222582A			Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3070			1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Qtrly BIMS score: 50.7%		5.5%		Quarterly Medicaid CMI: 1.7016			1.4961		
			Nurse Hours per On-Site Day/Quality Incentive: 2.85		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.7350			1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$71,024)	\$0	\$0	\$0	\$0	\$0	(\$71,024)		(\$38,115)	\$38,115
7	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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,351	FY 18 GL-PL Ins Rpt Days								27,351		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3070								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$47.19	\$0.00	\$11.76	\$17.76		\$16.09	\$2.13	\$12.94	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$104.52	\$47.19	\$0.00	\$11.76	\$17.76		\$16.09	\$2.13	8.21 (FRV)	\$1.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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	CMA 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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7360								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$162.63	\$96.92	\$0.00	\$13.92	\$21.02	\$0.00	\$19.05	\$2.13	\$8.21	\$1.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.33	\$5.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.94	\$1.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.90	\$7.80	\$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	\$188.53	\$104.72	\$0.00	\$14.14	\$21.43	\$0.00	\$36.52	\$2.13	\$8.21	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.57									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Powder Springs Center For Nursing & Healing Prvdr ID: 00530824A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 23.7% Nurse Hours per On-Site Day/Quality Incentive: 3.30 Facility Score N/A 23.7% 3.30 Add-on Percent 18.37% 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3795 Quarterly Medicaid CMI: 1.5384 Qtrly Mcaid CMI w RUG Wght Options: 1.5625 Facility Specific 1.3795 1.5384 1.5625 State-wide 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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									
	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 Svcs	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		<u>1.3795</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.87	\$0.00	\$14.23	\$16.78		\$19.06	\$4.03	\$26.29	\$1.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$121.86	\$53.87	\$0.00	\$14.23	\$16.78		\$19.06	\$4.03	12.13 (FRV)	\$1.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Alwnc %	\$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	\$16.84	\$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		<u>1.5625</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.82	\$99.64	\$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 ((Std - 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	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$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	\$199.44	\$104.16	\$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	\$136.76									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Premier Estate of Dublin			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141281A			Growth Allowance: N/A				28.8%	18.37%	Base Period Overall CMI: 1.1528			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 2.74				1.0%	2.0%	Quarterly Medicaid CMI: 1.4394			1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:						Qtrly Mcaid CMI w RUG Wght Options: 1.4647			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0	
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)	\$10,791	
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	\$10,791	
8	Total Nursing Facility Days As Filed Days = 20,520	FY12 Audited C/R Days	20,520										
	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 Svcs	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		1.1528									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.74	\$0.00	\$16.77	\$14.93		\$15.03	\$1.60	\$11.24	\$0.53	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.53	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.19	\$10.61	\$0.00	\$3.08	\$2.74	\$0.00	\$2.76	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.64	\$68.35	\$0.00	\$19.85	\$17.67	\$0.00	\$17.79	\$1.60	\$7.85	\$0.53	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4647									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.11									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.40	\$100.11	\$0.00	\$19.85	\$17.67	\$0.00	\$17.79	\$1.60	\$7.85	\$0.53	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.00	\$2.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.63	\$3.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.03	\$103.64	\$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	\$127.45										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Presbyterian Home, Quitman, Inc. Prvdr ID: 00142579A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 50.6% Nurse Hours per On-Site Day/Quality Incentive: 3.57 Add-on Percent 18.37% 5.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.1395 Quarterly Medicaid CMI: 1.3508 Qtrly Mcaid CMI w RUG Wght Options: 1.3731 Facility Specific 1.1395 1.3508 1.3731 State-wide 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
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)	\$82,256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,262,751	\$4,890,951	\$0	\$1,374,315	\$646,067	\$873,228	\$1,410,036	\$53,224	\$932,674	\$82,256
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								64,824		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1395								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.07	\$0.00	\$20.84	\$23.03		\$21.38	\$0.82	\$14.14	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$1.25
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$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)	Ln 14 + Ln 15	\$171.94	\$77.02	\$0.00	\$21.79	\$27.26	\$0.00	\$24.34	\$0.82	\$19.46	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3731								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.68	\$105.76	\$0.00	\$21.79	\$27.26	\$0.00	\$24.34	\$0.82	\$19.46	\$1.25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.57	\$0.53	\$0.00	\$0.00	\$0.04	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.82	\$5.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.56	\$9.52	\$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	\$210.24	\$115.28	\$0.00	\$21.79	\$27.30	\$0.00	\$24.34	\$0.82	\$19.46	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.68									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Presbyterian Village, Inc.			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00362832A			Case Mix Per Diem Rate Effective Date: 7/1/2020				Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.2644	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:				Qtrly BIMS score	44.7%	2.5%	Quarterly Medicaid CMI:				1.5319	1.4961
								4.72	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5612	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<u>CASE MIX BASED RATE CALCULATIONS</u>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
Peer Group Standards & Efficiency Measure Limits															
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)		(\$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												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,475	FY 18 GL-PL Ins Rpt Days								35,475					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2644</u>											
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.45											
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.45	\$0.00	\$17.50	\$25.85		\$33.74	\$1.06	\$13.97	\$0.71			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$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															
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$24.37	\$13.14	\$0.00	\$3.21	\$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	\$177.06	\$84.65	\$0.00	\$20.71	\$27.33	\$0.00	\$24.34	\$1.06	\$18.26	\$0.71			
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6612</u>											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.16											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.57	\$132.16	\$0.00	\$20.71	\$27.33	\$0.00	\$24.34	\$1.06	\$18.26	\$0.71			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem (SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00				
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.30	\$3.30											
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.96	\$3.96											
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	\$7.48	\$7.26	\$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	\$232.05	\$139.42	\$0.00	\$20.93	\$27.33	\$0.00	\$24.34	\$1.06	\$18.26	\$0.71			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.04												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Providence Healthcare of Sparta Prvdr ID: 00142623A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 50.0% Nurse Hours per On-Site Day/Quality Incentive: 2.43				18.37% 5.5% 2.0%		Base Period Overall CMI: 1.2494 Quarterly Medicaid CMI: 1.4645 Qtrly Mcaid CMI w RUG Wght Options: 1.4906			1.2494 1.4645 1.4906	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0	
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)	\$19,939	
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	\$19,939	
8	Total Nursing Facility Days As Filed Days = 17,786	FY12 Audited C/R Days	17,786										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,565	FY 18 GL-PL Ins Rpt Days								20,565			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	\$1.12	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2494									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.82									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.82	\$0.00	\$16.09	\$21.40		\$21.40	\$1.96	\$13.58	\$1.12	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$1.12	
Quarterly Per Diem Rate Prior to Add-ons													
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	\$1.12	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4906									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.37									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.89	\$114.37	\$0.00	\$19.05	\$25.33	\$0.00	\$24.34	\$1.96	\$8.72	\$1.12	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.29	\$6.29									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.84	\$9.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.73	\$123.48	\$0.00	\$19.27	\$25.74	\$0.00	\$41.44	\$1.96	\$8.72	\$1.12	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.47										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Providence Healthcare of Thomaston			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142612A			Growth Allowance: N/A				N/A	18.37%	Base Period Overall CMI:			1.2794	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 45.5%				45.5%	5.5%	Quarterly Medicaid CMI:			1.4729	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.13				3.13	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4983	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtmnts	(\$287,496)	(\$4,808)	\$0	(\$7,404)	(\$2,349)	(\$2,205)	(\$32,361)		(\$259,981)	\$21,612	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,018,399	\$2,253,279	\$0	\$478,679	\$321,645	\$302,059	\$563,439	\$42,930	\$34,756	\$21,612	
8	Total Nursing Facility Days As Filed Days = 36,622	FY12 Audited C/R Days	36,622										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,325	FY 18 GL-PL Ins Rpt Days								31,325			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$109.93	\$61.53	\$0.00	\$13.07	\$17.03	(with L&H)	\$15.39	\$1.37	\$0.95	\$0.59	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2794									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.09									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.09	\$0.00	\$13.07	\$17.03		\$15.39	\$1.37	\$0.95	\$0.59	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$103.08	\$48.09	\$0.00	\$13.07	\$17.03		\$15.39	\$1.37	7.54 (FRV)	\$0.59	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.19	\$8.83	\$0.00	\$2.40	\$3.13	\$0.00	\$2.83	N/A	N/A	N/A	
16	CMA 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	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4983									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.63	\$85.28	\$0.00	\$15.47	\$20.16	\$0.00	\$18.22	\$1.37	\$7.54	\$0.59	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.69	\$4.69									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.71	\$1.71									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.03	\$6.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.66	\$92.21	\$0.00	\$15.69	\$20.57	\$0.00	\$35.69	\$1.37	\$7.54	\$0.59	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.42										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Ashburn, LLC Prvdr ID: 00140104A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 23.0% Nurse Hours per On-Site Day/Quality Incentive: 3.73		N/A	18.37% 1.0% 3.0%	Base Period Overall CMI: 1.3806 Quarterly Medicaid CMI: 1.7130 Qtrly Mcaid CMI w RUG Wght Options: 1.7463				1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,602,984.00	\$1,920,538	\$0	\$327,040	\$241,985	\$229,227	\$490,150	\$182,854	\$211,170	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,603)	(\$11,693)	\$0	\$0	\$1,933	\$1,059	(\$59,591)		(\$23,561)	\$25,250
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,536,361	\$1,908,845	\$0	\$327,040	\$243,918	\$230,286	\$430,559	\$182,854	\$187,609	\$25,250
8	Total Nursing Facility Days As Filed Days = 24,869	FY12 Audited C/R Days	24,869									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,000	FY 18 GL-PL Ins Rpt Days								23,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$123.02	\$55.60	\$0.00	\$13.15	\$19.07		\$17.31	\$7.95	8.92 (FRV)	\$1.02
Quarterly Per Diem Rate Prior to Add-ons												
15	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 + Ln 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 Qtr End		1.7463								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.44	\$114.92	\$0.00	\$15.57	\$22.57	\$0.00	\$20.49	\$7.95	\$8.92	\$1.02
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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.23	\$5.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.67	\$120.05	\$0.00	\$16.79	\$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	\$148.18									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Athens Heritage, LLC Prvdr ID: 00141391A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 19.5% Nurse Hours per On-Site Day/Quality Incentive: 3.43 Facility Score: N/A Add-on Percent: 18.37% Case Mix Index (CMI) Data Base Period Overall CMI: 1.6031 Quarterly Medicaid CMI: 1.5212 Qtrly Mcaid CMI w RUG Wght Options: 1.5473 Facility Specific: 1.6031 State-wide: 1.3617 1.5212 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
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
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
8	Total Nursing Facility Days As Filed Days = 33,807	FY12 Audited C/R Days	33,807									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,536	FY 18 GL-PL Ins Rpt Days								33,536		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6031								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.83	\$0.00	\$15.92	\$29.30		\$26.08	\$7.46	\$10.52	\$3.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$147.45	\$59.83	\$0.00	\$15.92	\$23.09		\$20.56	\$7.46	17.19 (FRV)	\$3.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.93	\$10.99	\$0.00	\$2.92	\$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	\$169.38	\$70.82	\$0.00	\$18.84	\$27.33	\$0.00	\$24.34	\$7.46	\$17.19	\$3.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5473								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.14	\$109.58	\$0.00	\$18.84	\$27.33	\$0.00	\$24.34	\$7.46	\$17.19	\$3.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.14	\$3.82	\$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	\$229.28	\$113.40	\$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	\$159.14									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Augusta Prvdr ID: 00059463A			<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 17.5% Nurse Hours per On-Site Day/Quality Incentive: 3.65				Facility Score: N/A	Add-on Percent: 18.37% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4445 Quarterly Medicaid CMI: 1.4378 Qtrly Mcaid CMI w RUG Wght Options: 1.4616			Facility Specific: 1.4445 1.4378 1.4616	State-wide: 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services c	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint f	Admin and General g	A&G- GL-PL Insurance g	Property and Related h	Taxes and Insurance i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups 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 Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$115,918)	(\$2,185)	\$0	(\$1,176)	\$0	\$264	(\$104,260)		(\$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 Nursing Facility Days As Filed Days = 33,329	FY12 Audited C/R Days	33,329										
	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 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		1.4445									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.29									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.29	\$0.00	\$15.08	\$17.80		\$19.51	\$8.06	\$9.49	\$1.38	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$133.48	\$62.29	\$0.00	\$15.08	\$17.80		\$19.51	\$8.06	9.36 (FRV)	\$1.38	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.06	\$11.44	\$0.00	\$2.77	\$3.27	\$0.00	\$3.58	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.54	\$73.73	\$0.00	\$17.85	\$21.07	\$0.00	\$23.09	\$8.06	\$9.36	\$1.38	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4616									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.76									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.57	\$107.76	\$0.00	\$17.85	\$21.07	\$0.00	\$23.09	\$8.06	\$9.36	\$1.38	
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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.23	\$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	\$21.86	\$3.76	\$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	\$210.43	\$111.52	\$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	\$145.00										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth Augusta Hills			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00245055A			Growth Allowance: N/A				18.37%	Base Period Overall CMI: 1.4845				1.3617		
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 37.7%				2.5%	Quarterly Medicaid CMI: 1.4335				1.4961		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.63				3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4579				1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<u>CASE MIX BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 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	Total Nursing Facility Days As Filed Days = 37,879	FY12 Audited C/R Days	37,879											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,432	FY 18 GL-PL Ins Rpt Days								30,432				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4845</u>										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	\$6.66	\$1.60		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$134.65	\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	9.04 (FRV)	\$1.60		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$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)	Ln 14 + Ln 15	\$155.61	\$71.05	\$0.00	\$19.27	\$23.90	\$0.00	\$20.79	\$9.96	\$9.04	\$1.60		
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4579</u>										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.58										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.14	\$103.58	\$0.00	\$19.27	\$23.90	\$0.00	\$20.79	\$9.96	\$9.04	\$1.60		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59										
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.11	\$3.11										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.33	\$6.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.47	\$109.81	\$0.00	\$19.49	\$24.31	\$0.00	\$38.26	\$9.96	\$9.04	\$1.60		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.63											

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Austell Prvdr ID: 00059276A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score: 25.3% Nurse Hours per On-Site Day/Quality Incentive: 3.39		N/A	18.37% 1.0% 3.0%	Base Period Overall CMI: 1.5684 Quarterly Medicaid CMI: 1.5488 Qtrly Mcaid CMI w RUG Wght Options: 1.5774			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$703,435	\$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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5684</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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>1.6774</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.42	\$106.08	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.09	\$4.77	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.51	\$110.86	\$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	\$166.56									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Blue Ridge, LLC Prvdr ID: 00140973A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 42.9% Nurse Hours per On-Site Day/Quality Incentive: 3.94 Facility Score: N/A Add-on Percent: 18.37% 2.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.5336 Quarterly Medicaid CMI: 1.4495 Qtrly Mcaid CMI w RUG Wght Options: 1.4744 Facility Specific: 1.5336 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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								34,945		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.5336								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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 Qtr End		1.4744								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.53	\$96.99	\$0.00	\$17.44	\$24.66	\$0.00	\$24.34	\$6.95	\$7.97	\$1.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.94	\$1.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$4.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.16	\$101.88	\$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	\$138.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Brookhaven				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140115A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.6566	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score		26.9%	1.0%	Quarterly Medicaid CMI:			1.6215	1.4961
				Nurse Hours per On-Site Day/Quality Incentive:		3.88	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6485	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,389,770.00	\$5,803,797	\$0	\$918,297	\$680,287	\$401,738	\$1,408,001	\$377,738	\$799,912	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$200,389)	(\$22,196)	\$0	\$4,793	(\$5,635)	(\$13,027)	(\$157,358)		(\$127,055)	\$120,089
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,189,381	\$5,781,601	\$0	\$923,090	\$674,652	\$388,711	\$1,250,643	\$377,738	\$672,857	\$120,089
8	Total Nursing Facility Days As Filed Days = 51,101	FY12 Audited C/R Days	51,101									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 53,128	FY 18 GL-PL Ins Rpt Days								53,128		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.11	\$113.14	\$0.00	\$18.06	\$20.81	(with L&H)	\$24.47	\$7.11	\$13.17	\$2.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6566								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.30								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.30	\$0.00	\$18.06	\$20.81		\$24.47	\$7.11	\$13.17	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$148.95	\$68.30	\$0.00	\$18.06	\$20.81		\$20.56	\$7.11	11.76 (FRV)	\$2.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth 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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.42	\$80.85	\$0.00	\$21.38	\$24.63	\$0.00	\$24.34	\$7.11	\$11.76	\$2.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6486								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.85	\$133.28	\$0.00	\$21.38	\$24.63	\$0.00	\$24.34	\$7.11	\$11.76	\$2.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.11	\$137.81	\$0.00	\$21.60	\$25.04	\$0.00	\$41.44	\$7.11	\$11.76	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.51									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data

FINAL

Provider: Pruitt Covington Pvdr ID: 00265196A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.3923	1.4014
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Qtrly BIMS score		27.7%	1.0%	Quarterly Medicaid CMI:				1.5619	1.4961
Nurse Hours per On-Site Day/Quality Incentive:			3.67		3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5892	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Audit Adjstmtns	(\$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 Ins Rpt Days								24,191		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.10								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$142.20	\$60.10	\$0.00	\$17.62	\$23.55		\$21.93	\$7.06	10.33 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.84	\$71.14	\$0.00	\$20.86	\$27.88	\$0.00	\$25.96	\$7.06	\$10.33	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5892								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.76	\$113.06	\$0.00	\$20.86	\$27.88	\$0.00	\$25.96	\$7.06	\$10.33	\$1.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.74	\$5.05	\$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	\$229.50	\$118.11	\$0.00	\$21.08	\$27.88	\$0.00	\$43.43	\$7.06	\$10.33	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.30									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Crestwood		<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140764A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.5323	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		47.8%	5.5%	Quarterly Medicaid CMI:			1.3894	1.4961
						3.41	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4160	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,729)	(\$6,607)	\$0	(\$1,240)	(\$287)	(\$1,099)	(\$65,329)		(\$24,958)	\$24,791
7	Cost 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
8	Total Nursing Facility Days As Filed Days = 26,925	FY12 Audited C/R Days	26,925									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,297	FY 18 GL-PL Ins Rpt Days								25,297		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5323								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7.51	\$5.47	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$123.55	\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7.51	8.44 (FRV)	\$0.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.15	\$68.11	\$0.00	\$16.35	\$20.32	\$0.00	\$21.50	\$7.51	\$8.44	\$0.92
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4160								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.48	\$96.44	\$0.00	\$16.35	\$20.32	\$0.00	\$21.50	\$7.51	\$8.44	\$0.92
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.30	\$5.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.82	\$8.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.30	\$105.16	\$0.00	\$16.67	\$20.73	\$0.00	\$38.97	\$7.51	\$8.44	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.90									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Decatur Prvdr ID: 00252942A			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 23.7% Nurse Hours per On-Site Day/Quality Incentive: 3.64				18.37% 1.0% 3.0%		Base Period Overall CMI: 1.4114 Quarterly Medicaid CMI: 1.4665 Qtrly Mcaid CMI w RUG Wght Options: 1.4899			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Svcs	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		1.4114									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.13									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.4899									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.95	\$121.92	\$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 ((Std - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$23.43	\$5.41	\$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	\$234.38	\$127.33	\$0.00	\$16.79	\$24.75	\$0.00	\$41.27	\$7.11	\$16.57	\$1.66	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.96										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: PruittHealth- Eastside		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140687A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	Base Period Overall CMI:				Use Stwde	1.4014
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qlryly BIMS score	24.7%	Quarterly Medicaid CMI:				1.5887	1.4961
					3.52	Qltryly Mcaid CMI w RUG Wght Options:				1.6195	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$269,785)	\$0	\$0	\$0	\$0	\$0	(\$269,785)		(\$16,881)	\$16,881
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	\$16,881
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 13,874 As Filed Days = 26,369 FY 18 GL-PL Ins Rpt Days	13,874							26,369		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.58	\$0.00	\$16.58	\$28.18		\$27.25	\$8.21	\$3.94	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$1.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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	\$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6195								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.38	\$125.72	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.51	\$2.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.62	\$4.30	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.00	\$130.02	\$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	\$170.18									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Fairburn, LLC			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142997A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4922	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		15.4%	0.0%	Quarterly Medicaid CMI:				1.5667	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.98	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5932	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$106,459)	\$0	\$0	(\$200)	(\$7,317)	(\$8,026)	(\$81,078)		(\$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								27,028		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4922</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.95								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$2.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5932</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.11	\$134.86	\$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 ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.43	\$2.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.54	\$137.56	\$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	\$174.33									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

Provider: PruittHealth- Fitzgerald Prvdr ID: 00140995A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 15.5% Nurse Hours per On-Site Day/Quality Incentive: 3.51 Facility Score 18.37% 0.0% 1.0% Add-on Percent Base Period Overall CMI: 1.2807 Quarterly Medicaid CMI: 1.4461 Qtrly Mcaid CMI w RUG Wght Options: 1.4737 Case Mix Index (CMI) Data 1.2807 1.4461 1.4737 Facility Specific 1.2807 1.4461 1.4737 State-wide 1.3699 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0	\$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								23,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Case Mix Index for All Residents	from 4 qtrs of FY10		1.2807								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 (After Statewide CMA for Routine Svcs)	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	\$136.99	\$56.32	\$0.00	\$13.59	\$23.27		\$23.46	\$7.84	11.53 (FRV)	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.43	\$10.35	\$0.00	\$2.50	\$4.27	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.42	\$66.67	\$0.00	\$16.09	\$27.54	\$0.00	\$27.77	\$7.84	\$11.53	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4737								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.00	\$98.25	\$0.00	\$16.09	\$27.54	\$0.00	\$27.77	\$7.84	\$11.53	\$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwrd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Sftng Add-on	\$0.98	\$0.98								
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	\$18.83	\$1.51	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.83	\$99.76	\$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	\$143.80									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Fort Oglethorpe		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00214695A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.3512	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	24.5%	1.0%	Quarterly Medicaid CMI:				1.3530	1.4961
					3.07	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3729	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstnts	(\$110,389)	(\$6,330)	\$0	(\$577)	\$1,727	\$1,033	(\$107,232)		(\$47,482)	\$48,472
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
8	Total Nursing Facility Days As Filed Days = 40,820	FY12 Audited C/R Days	40,820									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,031	FY 18 GL-PL Ins Rpt Days								40,031		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.63	\$77.43	\$0.00	\$14.15	\$18.31	(with L&H)	\$16.98	\$7.21	\$5.36	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3512								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.31	\$0.00	\$14.15	\$18.31		\$16.98	\$7.21	\$5.36	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$122.73	\$57.31	\$0.00	\$14.15	\$18.31		\$16.98	\$7.21	7.58 (FRV)	\$1.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.34	\$67.84	\$0.00	\$16.75	\$21.67	\$0.00	\$20.10	\$7.21	\$7.58	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3729								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.64	\$93.14	\$0.00	\$16.75	\$21.67	\$0.00	\$20.10	\$7.21	\$7.58	\$1.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.86	\$1.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.42	\$3.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.06	\$96.46	\$0.00	\$16.97	\$22.08	\$0.00	\$37.67	\$7.21	\$7.58	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.97									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Franklin, Inc		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00141039A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	Base Period Overall CMI:				1.4254	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	39.7%	Quarterly Medicaid CMI:				1.3247	1.4961	
					3.16	Qtrly Mcaid CMI w RUG Wght Options:				1.3460	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)		(\$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	\$218,504	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,269	FY 18 GL-PL Ins Rpt Days								24,269		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.35	\$10.30	\$0.00	\$2.48	\$2.79	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.80	\$66.37	\$0.00	\$16.00	\$17.98	\$0.00	\$24.34	\$7.73	\$9.71	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3460								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.76	\$89.33	\$0.00	\$16.00	\$17.98	\$0.00	\$24.34	\$7.73	\$9.71	\$0.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Ahdw] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.17	\$5.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.93	\$94.77	\$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	\$128.87									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth-Greenville			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140038A			Case Mix Per Diem Rate Effective Date: 7/1/2020			Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4082			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.11			Qtrly BIMS score 42.7%	2.5%	Quarterly Medicaid CMI: 1.4175			1.4961	
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4445			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$119,843)	(\$2,796)	\$0	\$0	(\$5,053)	(\$4,682)	(\$103,501)		(\$61,050)	\$57,239
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,221,284	\$2,753,139	\$0	\$471,747	\$353,665	\$334,942	\$737,693	\$271,875	\$240,984	\$57,239
8	Total Nursing Facility Days As Filed Days = 36,395	FY12 Audited C/R Days	36,395									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,930	FY 18 GL-PL Ins Rpt Days								33,930		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4082								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.72								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$125.28	\$53.72	\$0.00	\$12.96	\$18.92		\$20.27	\$8.01	9.83 (FRV)	\$1.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.45	\$9.87	\$0.00	\$2.38	\$3.48	\$0.00	\$3.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.73	\$63.59	\$0.00	\$15.34	\$22.40	\$0.00	\$23.99	\$8.01	\$9.83	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4445								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.00	\$91.86	\$0.00	\$15.34	\$22.40	\$0.00	\$23.99	\$8.01	\$9.83	\$1.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.38	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.22		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$5.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.32	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.64	\$97.45	\$0.00	\$15.66	\$22.81	\$0.00	\$41.31	\$8.01	\$9.83	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.58									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Griffin, LLC Prvdr ID: 00143052A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 37.8% Nurse Hours per On-Site Day/Quality Incentive: 3.46 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3383 Quarterly Medicaid CMI: 1.3545 Qtrly Mcaid CMI w RUG Wght Options: 1.3798 Facility Specific: 1.3383 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,598,275.00	\$1,814,648	\$0	\$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 Adjstmts	(\$65,894)	(\$5,458)	\$0	(\$867)	\$147	\$480	(\$60,375)		(\$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	\$479,607	\$166,012	\$287,671	\$23,518
8	Total Nursing Facility Days As Filed Days = 23,575	FY12 Audited C/R Days	23,575									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								22,296		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$150.24	\$76.74	\$0.00	\$13.25	\$19.26	(with L&H)	\$20.34	\$7.45	\$12.20	\$1.00
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.34	\$0.00	\$13.25	\$19.26		\$20.34	\$7.45	\$12.20	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$126.70	\$57.34	\$0.00	\$13.25	\$19.26		\$20.34	\$7.45	8.06 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
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 Medicaid Residents	per Current Qtr End		1.3383								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.72	\$93.65	\$0.00	\$15.68	\$22.80	\$0.00	\$24.08	\$7.45	\$8.06	\$1.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.16		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.57	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.29	\$99.33	\$0.00	\$16.90	\$23.21	\$0.00	\$41.34	\$7.45	\$8.06	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.39									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth -Holly Hill				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific		State-wide	
Prvdr ID: 00141479A				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.4465				1.4465		1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score: 22.2%		1.0%		Quarterly Medicaid CMI: 1.4043				1.4043		1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive: 3.59		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.4298				1.4298		1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
Peer Group Standards & Efficiency Measure Limits															
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$96,536)	(\$4,473)	\$0	\$0	(\$1,191)	(\$1,009)	(\$89,370)		(\$21,364)	\$20,871			
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	\$240,597	\$145,456	\$20,871			
8	Total Nursing Facility Days As Filed Days = 31,903	FY12 Audited C/R Days	31,903												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,960	FY 18 GL-PL Ins Rpt Days								30,960					
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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											
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.47											
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$129.41	\$63.47	\$0.00	\$14.09	\$17.30		\$17.22	\$7.77	8.91 (FRV)	\$0.65			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.59	\$11.66	\$0.00	\$2.59	\$3.18	\$0.00	\$3.16	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.00	\$75.13	\$0.00	\$16.68	\$20.48	\$0.00	\$20.38	\$7.77	\$8.91	\$0.65			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4298											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.42											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.29	\$107.42	\$0.00	\$16.68	\$20.48	\$0.00	\$20.38	\$7.77	\$8.91	\$0.65			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07											
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.92	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.21	\$112.24	\$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	\$141.08												

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth -Jasper			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142436A			Case Mix Per Diem Rate Effective Date: 7/1/2020			Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.5432			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score 15.9%	0.0%	Quarterly Medicaid CMI: 1.7593			1.4961	
						3.37	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7931			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$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	FY12 Audited C/R Days	19,472									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,054	FY 18 GL-PL Ins Rpt Days								19,054		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5432								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.59								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.59	\$0.00	\$16.34	\$24.21		\$23.92	\$7.58	\$9.91	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$147.14	\$59.59	\$0.00	\$16.34	\$23.09		\$20.56	\$7.58	17.85 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7931								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.06	\$126.49	\$0.00	\$19.34	\$27.33	\$0.00	\$24.34	\$7.58	\$17.85	\$2.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Sind - Ahdw] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.79	\$3.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.64	\$4.32	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.70	\$130.81	\$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	\$172.20									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth -Lafayette, LLC			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00254394A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2862	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		26.3%	1.0%	Quarterly Medicaid CMI:			1.4514	1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		2.83	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4762	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjslmts	(\$93,574)	(\$9,162)	\$0	(\$1,591)	\$1,750	(\$1,029)	(\$84,777)		(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,261	FY 18 GL-PL Ins Rpt Days								29,261		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.93	\$0.00	\$14.90	\$18.96		\$18.84	\$8.22	\$6.95	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$132.23	\$62.93	\$0.00	\$14.90	\$18.96		\$18.84	\$8.22	7.73 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.24	\$11.56	\$0.00	\$2.74	\$3.48	\$0.00	\$3.46	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4762								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.94	\$109.96	\$0.00	\$17.64	\$22.44	\$0.00	\$22.30	\$8.22	\$7.73	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.93	\$3.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.87	\$113.79	\$0.00	\$17.86	\$22.86	\$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	\$145.33									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Lakehaven		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00141721A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	Base Period Overall CMI:				1.4944	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	31.8%	Quarterly Medicaid CMI:				1.6570	1.4961	
					3.26	Qtrly Mcaid CMI w RUG Wght Options:				1.6887	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$85,328)	(\$6,292)	\$0	\$0	\$0	(\$1,472)	(\$77,564)		(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,418	FY 18 GL-PL Ins Rpt Days								30,418		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4944</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.29								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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)	Ln 14 + Ln 15	\$145.05	\$71.37	\$0.00	\$17.33	\$18.97	\$0.00	\$22.24	\$7.12	\$7.21	\$0.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6887</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.20	\$120.52	\$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 ([Std - 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	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.26	\$7.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.46	\$127.68	\$0.00	\$17.56	\$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	\$161.77									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Lanier		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140456A		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4690	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020		Qtrly BIMS score		37.5%	2.5%	Quarterly Medicaid CMI:				1.4640	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		3.07	3.0%	Qtrtry Mcaid CMI w RUG Wght Options:				1.4891	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 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)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,046	FY 18 GL-PL Ins Rpt Days								33,046		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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)	Ln 14 + Ln 15	\$148.69	\$70.63	\$0.00	\$16.38	\$20.44	\$0.00	\$22.51	\$8.52	\$8.85	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4891								
18	Qtrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.24	\$105.18	\$0.00	\$16.38	\$20.44	\$0.00	\$22.51	\$8.52	\$8.85	\$1.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stdnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.42	\$6.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.66	\$111.50	\$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	\$142.92									

Provider: PruittHealth - Laurel Park Prvdr ID: 00908553A Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												
Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Growth Allowance:				N/A	18.37%	Base Period Overall CMI:				1.2708	1.3617	
Cntry Cognitive Performance Scale:				28.6%	2.5%	Quarterly Medicaid CMI:				1.5841	1.4961	
Nurse Hours per On-Site Day/Quality Incentive:				3.76	2.0%	Qrtly Mcaid CMI w RUG Wght Options:				1.6146	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		(\$11,159)	\$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	\$11,159
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												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$244.36	\$126.56	\$0.00	\$17.72	\$34.92	(with L&H)	\$53.65	30,556	\$2.63	\$1.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2708								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$99.59	\$0.00	\$17.72	\$34.92		\$53.65	\$7.36	\$2.63	\$1.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$1.53
Quarterly Per Diem Rate Prior to Add-ons												
15	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	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	\$1.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5146							(FRV)	
18	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.14	\$136.67	\$0.00	\$20.97	\$27.33	\$0.00	\$24.34	\$7.36	\$22.93	\$1.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00		\$0.22	\$0.00		\$0.00		NA	
21	Cognitr Perfrm Scale Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.42	\$3.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$6.15	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$264.61	\$142.82	\$0.00	\$21.19	\$27.33	\$0.00	\$41.44	\$7.36	\$22.93	\$1.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.63									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth -Lilburn, LLC			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00145527A			Case Mix Per Diem Rate Effective Date: 7/1/2020			Growth Allowance: N/A			Base Period Overall CMI: 1.4971			1.3617
			MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Qtrly BIMS score: 39.6%			Quarterly Medicaid CMI: 1.5238			1.4961
			Nurse Hours per On-Site Day/Quality Incentive:			3.56			Qtrly Mcaid CMI w RUG Wght Options: 1.5490			1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(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 Svcs 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	Audit Adjustments and Realocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$156,135)	(\$2,080)	\$0	\$0	(\$2,822)	(\$5,475)	(\$143,736)		(\$84,953)	\$82,931
7	Cost 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	50,561									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 49,357								49,357		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4971								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	\$4.61	\$1.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$126.86	\$59.71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	7.38	\$1.64
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$20.29	\$10.97	\$0.00	\$2.69	\$3.55	\$0.00	\$3.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.15	\$70.68	\$0.00	\$17.31	\$22.90	\$0.00	\$19.83	\$7.41	\$7.38	\$1.64
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5490								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.95	\$109.48	\$0.00	\$17.31	\$22.90	\$0.00	\$19.83	\$7.41	\$7.38	\$1.64
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.19	\$2.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.56	\$5.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.51	\$114.94	\$0.00	\$17.53	\$23.31	\$0.00	\$37.30	\$7.41	\$7.38	\$1.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.31									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth -Macon, LLC Prvdr ID: 00141908A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score 30.3% Nurse Hours per On-Site Day/Quality Incentive: 3.24		18.37% 2.5% 2.0%	Base Period Overall CMI: 1.4638 Quarterly Medicaid CMI: 1.5651 Qtrly Mcaid CMI w RUG Wght Options: 1.5937				1.3617 1.4961 1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Adjstmnt to Routine Svcs	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		1.4638								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.58								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 = <u>18.37%</u>	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6937								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.97	\$127.48	\$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 ((Std - 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.19	\$3.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.55	\$2.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.03	\$6.27	\$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	\$236.00	\$133.75	\$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	\$163.43									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Magnolia Manor			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00252007A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4894	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		28.3%	1.0%	Quarterly Medicaid CMI:				1.5117	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5386	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$95,616)	(\$1,858)	\$0	(\$220)	(\$550)	\$0	(\$92,988)		(\$122,467)	\$122,467
7	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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,284										
		FY 18 GL-PL Ins Rpt Days								32,284		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4894</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.00								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.00	\$0.00	\$19.48	\$23.09		\$24.24	\$7.45	\$21.75	\$3.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$166.36	\$65.00	\$0.00	\$18.41	\$23.09		\$20.56	\$7.45	28.07 (FRV)	\$3.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$23.34	\$11.94	\$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	\$189.70	\$76.94	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$7.45	\$28.07	\$3.78
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5386</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.14	\$118.38	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$7.45	\$28.07	\$3.78
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.55	\$3.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.36	\$5.26	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$263.50	\$123.64	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$7.45	\$28.07	\$3.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.30									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

Provider: PruittHealth- Marietta			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00202507A			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.2754	1.3699
Case Mix Per Diem Rate Effective Date: 07/01/20			Qtrly BIMS score			34.6%	2.5%	Quarterly Medicaid CMI:			1.5146	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:			3.21	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5401	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjslmts	(\$99,058)	(\$1,336)	\$0	(\$1,490)	(\$590)	(\$753)	(\$95,857)		(\$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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		1.2754								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.78								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.48
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5401								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.75	\$127.21	\$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 ((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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.18	\$3.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.98	\$6.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.73	\$133.46	\$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	\$170.72									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Millen				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140269A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.5517	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score		43.7%	2.5%	Quarterly Medicaid CMI:			1.6106	1.4961
				Nurse Hours per On-Site Day/Quality Incentive:		3.42	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6406	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	30,270									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,649	FY 18 GL-PL Ins Rpt Days								29,649		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.53	\$73.19	\$0.00	\$15.02	\$18.79	(with L&H)	\$19.58	\$8.11	\$4.23	\$0.61
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5517</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.17								
12	Net Per Diems after Case Mix Adjslmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	\$4.23	\$0.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6406</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.65	\$91.61	\$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 - Alwtd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$202.32	\$97.18	\$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	\$138.92									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Monroe, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141468A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2064	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		31.3%	2.5%	Quarterly Medicaid CMI:			1.3549	1.4961
						3.00	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3773	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$87,423)	(\$9,313)	\$0	(\$452)	\$0	(\$839)	(\$76,819)		(\$17,824)	\$17,824
7	Cost Center 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 Nursing Facility Days As Filed Days = 24,301	FY12 Audited C/R Days	24,301									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,782	FY 18 GL-PL Ins Rpt Days								26,782		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2064								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.26	\$0.00	\$13.06	\$23.54		\$17.16	\$7.46	\$1.73	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$139.17	\$68.26	\$0.00	\$13.06	\$23.09		\$17.16	\$7.46	9.41 (FRV)	\$0.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance 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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.50	\$80.80	\$0.00	\$15.46	\$27.33	\$0.00	\$20.31	\$7.46	\$9.41	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3773								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.99	\$111.29	\$0.00	\$15.46	\$27.33	\$0.00	\$20.31	\$7.46	\$9.41	\$0.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.23	\$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	\$23.23	\$5.54	\$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	\$215.22	\$116.83	\$0.00	\$15.68	\$27.33	\$0.00	\$37.78	\$7.46	\$9.41	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.59									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Moultrie			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142095A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4840	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		25.0%	1.0%	Quarterly Medicaid CMI:				1.4578	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4859	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$68,459)	(\$5,284)	\$0	(\$880)	\$0	\$0	(\$62,295)		(\$12,027)	\$12,027
7	Cost Center Costs After Audit Adjustments	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	Total Nursing Facility Days As Filed Days = 22,836	FY12 Audited C/R Days	22,836									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,376	FY 18 GL-PL Ins Rpt Days								23,376		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4840								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.38								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.38	\$0.00	\$14.68	\$22.76		\$21.93	\$7.00	\$20.91	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$137.47	\$53.38	\$0.00	\$14.68	\$22.76		\$20.56	\$7.00	18.56 (FRV)	\$0.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.94	\$63.19	\$0.00	\$17.38	\$26.94	\$0.00	\$24.34	\$7.00	\$18.56	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4859								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.64	\$93.89	\$0.00	\$17.38	\$26.94	\$0.00	\$24.34	\$7.00	\$18.56	\$0.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.53	\$0.00	\$0.22	\$0.25	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.86	\$4.29	\$0.00	\$0.22	\$0.25	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.60	\$98.18	\$0.00	\$17.60	\$27.19	\$0.00	\$41.44	\$7.00	\$18.66	\$0.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.06									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

Provider: PruittHealth- Ocilla Prvdr ID: 00142315A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score 34.1% Nurse Hours per On-Site Day/Quality Incentive: 3.65		N/A	18.37%	Base Period Overall CMI: 1.2894 Quarterly Medicaid CMI: 1.5366 Qtrly Mcaid CMI w RUG Wght Options: 1.5666			1.2894	1.3699 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3		(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4		(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$13,023
8	Total Nursing Facility Days As Filed Days = 12,967	FY13 Audited C/R Days	12,967									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,080	FY 18 GL-PL Ins Rpt Days								23,080		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<u>1.2894</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.06								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.06	\$0.00	\$14.52	\$22.44		\$22.69	\$8.65	\$8.39	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.18	\$11.22	\$0.00	\$2.67	\$4.12	\$0.00	\$4.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.49	\$72.28	\$0.00	\$17.19	\$26.56	\$0.00	\$26.86	\$8.65	\$8.95	\$1.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5666</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.44	\$113.23	\$0.00	\$17.19	\$26.56	\$0.00	\$26.86	\$8.65	\$8.95	\$1.00
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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.40	\$3.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.86	\$6.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.30	\$119.99	\$0.00	\$17.41	\$26.97	\$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	\$157.65									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Old Capitol				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific		State-wide	
Prvdr ID: 00142304A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.2935			1.3617		1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 2.84		Qtrly BIMS score 32.7%		2.5%		Quarterly Medicaid CMI: 1.4384			1.4961		1.5223	
				2.84		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.4630						
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	45,401											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,972								42,972				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.2935										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$1.27		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$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 + Ln 15	\$127.33	\$59.47	\$0.00	\$13.91	\$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		1.4630										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.00										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.85	\$87.00	\$0.00	\$13.91	\$19.79	\$0.00	\$16.90	\$8.01	\$7.98	\$1.27		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem (JStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.18	\$2.18										
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.61	\$2.61										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.42	\$5.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.28	\$92.32	\$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	(Ln 25 - Ln 23) * 0.75	\$120.89											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: PruittHealth - Palmyra Prvdr ID: 00142337A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Ctry BIMS score: 32.0% Nurse Hours per On-Site Day/Quality Incentive: 4.08 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3544 Quarterly Medicaid CMI: 1.3568 Qtrly Mcaid CMI w RUG Wght Options: 1.3804 Facility Specific: 1.3544 1.3568 1.3804 State-wide: 1.4014 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 60,292 As Filed Days = 79,384	60,292								79,384	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days										
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY10	\$145.83	\$72.52	\$0.00	\$13.90	\$25.55	(with L&H)	\$17.57	\$7.58	\$8.09	\$0.62
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$53.54	\$0.00	\$13.90	\$25.55		\$17.57	\$7.58	\$8.09	\$0.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$125.47	\$53.54	\$0.00	\$13.90	\$23.55		\$17.57	\$7.58	8.71 (FRV)	\$0.62
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$19.95	\$9.84	\$0.00	\$2.55	\$4.33	\$0.00	\$3.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.42	\$63.38	\$0.00	\$16.45	\$27.88	\$0.00	\$20.80	\$7.58	\$8.71	\$0.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3804								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$169.53	\$87.49	\$0.00	\$16.45	\$27.88	\$0.00	\$20.80	\$7.58	\$8.71	\$0.62
	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 =	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.62	\$2.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.03	\$5.34	\$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	\$192.56	\$92.83	\$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	\$131.60									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Peake, LLC Prvdr ID: 00143327A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score 51.4% Nurse Hours per On-Site Day/Quality Incentive: 3.94		51.4%	5.5% 2.0%	Base Period Overall CMI: 1.4021 Quarterly Medicaid CMI: 1.4290 Qtrly Mcaid CMI w RUG Wght Options: 1.4525				1.4021 1.4290 1.4525	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$137,112)	(\$2,733)	\$0	(\$115)	(\$5,708)	(\$4,921)	(\$116,792)		(\$119,471)	\$112,628
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,271,578	\$4,047,307	\$0	\$669,705	\$475,692	\$410,036	\$804,194	\$293,529	\$458,487	\$112,628
8	Total Nursing Facility Days As Filed Days = 42,749	FY12 Audited C/R Days	42,749									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,326	FY 18 GL-PL Ins Rpt Days								41,326		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4021								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$148.06	\$67.53	\$0.00	\$15.67	\$20.72		\$18.81	\$7.10	15.60 (FRV)	\$2.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.56	\$12.41	\$0.00	\$2.88	\$3.81	\$0.00	\$3.46	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth 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
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4626								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.79	\$116.11	\$0.00	\$18.55	\$24.53	\$0.00	\$22.27	\$7.10	\$15.60	\$2.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.39	\$6.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$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	\$27.34	\$9.24	\$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	\$234.13	\$125.35	\$0.00	\$18.77	\$24.94	\$0.00	\$39.74	\$7.10	\$15.60	\$2.63
26	Quarterly Per Diem Rate for Bad Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data

FINAL

Provider: PruittHealth- Rome Prvdr ID: 299031876A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 35.9% Nurse Hours per On-Site Day/Quality Incentive: 3.55 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3499 Quarterly Medicaid CMI: 1.5144 Qtrly Mcaid CMI w RUG Wght Options: 1.5384 Facility Specific: 1.3499 1.5144 1.5384 State-wide: 1.4014 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$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	FY14 C/R Audit Adjstmts	(\$78,774)	\$0	\$0	\$0	\$605	\$1,781	(\$81,716)		(\$25,246)	\$25,802
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,190,511	\$1,421,270	\$0	\$302,768	\$146,387	\$431,091	\$487,989	\$240,597	\$134,607	\$25,802
8	Total Nursing Facility Days As Filed Days = 18,323	FY14 Audited C/R Days	18,323									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,387	FY 18 GL-PL Ins Rpt Days								34,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qtrs of FY10		1.3499								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 Ln 12 or Ln 13	\$140.92	\$57.46	\$0.00	\$16.52	\$23.55		\$24.02	\$7.00	10.96 (FRV)	\$1.41
Quarterly Per Diem Rate Prior to Add-ons												
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 (After 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		1.5384								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.87	\$104.64	\$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 ((Std - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.14	\$3.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.61	\$6.29	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.48	\$110.93	\$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	\$154.79									

Quarterly Case Mix Per Diem Calculation

Provider: Pruitt Health - Savannah Prvdr ID: 00238323A H/B ? : No Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A BIMS: 16.0% Nurse Hours per On-Site Day/Quality Incentive: 3.70 Facility Score: N/A Add-on Percent: 18.37% 0.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.5049 Quarterly Medicaid CMI: 1.7585 Qtrly Mcaid CMI w RUG Wght Options: 1.7917 Facility Specific: 1.5049 1.7585 1.7917 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 288,717		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								40,469		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$25.51	\$0.92
	Allowed @ 95% of Std		\$153.32	\$67.93		\$17.49	\$21.94		\$19.53		\$25.51	\$0.92
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$183.76	\$80.41		\$20.70	\$25.97		\$23.12	\$ 7.13	\$25.51	\$0.92
	Quarterly Facility Case Mix Index for Medicaid Residents			1.7917							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$144.07								
	Quarterly Medicaid CMA Allowed Per Diem		\$247.42	\$144.07		\$20.70	\$25.97		\$23.12	\$7.13	\$25.51	\$0.92
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% o Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$4.32	\$4.32								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.42									
	Quarterly Case Mix Based Per Diem Rate		\$268.84	\$148.39		\$20.70	\$25.97		\$40.22	\$7.13	\$25.51	\$0.92
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$188.81										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Shepherd Hills, LLC		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00142964A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	Base Period Overall CMI:				1.4305	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score		21.1%	1.0%	Quarterly Medicaid CMI:				1.3638	1.4961	
		Nurse Hours per On-Site Day/Quality Incentive:		3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3888	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$122,716)	(\$7,258)	\$0	(\$373)	(\$6,672)	(\$5,706)	(\$99,324)		(\$42,168)	\$38,785
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,450,430	\$3,132,387	\$0	\$526,187	\$384,564	\$289,042	\$653,360	\$269,469	\$156,636	\$38,785
8	Total Nursing Facility Days	As Filed Days = 39,683	39,683									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,862										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4305</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.18								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.18	\$0.00	\$13.26	\$16.97		\$16.46	\$7.12	\$3.95	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$116.66	\$55.18	\$0.00	\$13.26	\$16.97		\$16.46	\$7.12	6.69 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$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)	Ln 14 + Ln 15	\$135.38	\$65.32	\$0.00	\$15.70	\$20.09	\$0.00	\$19.48	\$7.12	\$6.69	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3888</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$90.72	\$90.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.78	\$90.72	\$0.00	\$15.70	\$20.09	\$0.00	\$19.48	\$7.12	\$6.69	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.04	\$94.88	\$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	\$124.46									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth -Spring Valley, LLC			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143096A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.3401	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		36.4%	2.5%	Quarterly Medicaid CMI:				1.3768	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.37	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3991	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 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)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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)		(\$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 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,123	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	20,610									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3401</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$14.89	\$20.22		\$20.56	\$7.97	8.60 (FRV)	\$0.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$20.84	\$10.61	\$0.00	\$2.74	\$3.71	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.51	\$68.35	\$0.00	\$17.63	\$23.93	\$0.00	\$24.34	\$7.97	\$8.60	\$0.69
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3991</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.79	\$95.63	\$0.00	\$17.63	\$23.93	\$0.00	\$24.34	\$7.97	\$8.60	\$0.69
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$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	\$23.52	\$5.79	\$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	\$202.31	\$101.42	\$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	\$138.91									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Sunrise, LLC			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Pvdr ID: 00143173A			Growth Allowance: N/A			25.5%	18.37%	Base Period Overall CMI: 1.3624			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 1.0%			3.54	3.0%	Quarterly Medicaid CMI: 1.5993			1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:					Qtrly Mcaid CMI w RUG Wght Options: 1.6297			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,978,696.00	\$1,446,356	\$0	\$308,457	\$188,495	\$220,501	\$462,134	\$144,358	\$208,395	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$58,620)	(\$2,358)	\$0	(\$869)	\$0	\$0	(\$55,393)		(\$20,929)	\$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									
	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 Adjstmnt to Routine Svcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3624								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.64								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$120.08	\$49.64	\$0.00	\$14.41	\$19.15		\$19.05	\$7.29	9.56 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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	\$138.87	\$58.76	\$0.00	\$17.06	\$22.67	\$0.00	\$22.55	\$7.29	\$9.56	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6297								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.87	\$95.76	\$0.00	\$17.06	\$22.67	\$0.00	\$22.55	\$7.29	\$9.56	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$22.46	\$4.36	\$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	\$198.33	\$100.12	\$0.00	\$17.28	\$23.08	\$0.00	\$40.02	\$7.29	\$9.56	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.92									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Swainsboro, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143195A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.4255	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score		35.8%	2.5%	Quarterly Medicaid CMI:			1.6345	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive:		3.46	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6648	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$101,673)	(\$10,147)	\$0	(\$297)	(\$1,732)	(\$1,002)	(\$87,254)		(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,277										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4255</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Gwrth 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	\$15.31	\$21.48	\$0.00	\$20.87	\$8.46	\$8.89	\$0.92
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6648</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.21	\$118.28	\$0.00	\$15.31	\$21.48	\$0.00	\$20.87	\$8.46	\$8.89	\$0.92
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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.55	\$3.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.14	\$7.04	\$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	\$219.35	\$125.32	\$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	\$161.69									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: PruittHealth- Sylvester Prvdr ID: 00143206A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 24.7% Nurse Hours per On-Site Day/Quality Incentive: 3.67 Facility Score N/A 18.37% 1.0% 3.0% Add-on Percent 18.37% 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3730 Quarterly Medicaid CMI: 1.3799 Qtrly Mcaid CMI w RUG Wght Options: 1.4039 Facility Specific 1.3730 1.3799 1.4039 State-wide 1.4014 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$517,210)	\$0	\$0	\$0	\$0	\$0	(\$517,210)		(\$21,498)	\$21,498
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	\$21,498
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 Svcs	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	\$0.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3730								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.05	\$0.00	\$12.71	\$25.98		\$19.47	\$7.26	\$11.58	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.77
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Growth Allownc %	\$19.07	\$8.83	\$0.00	\$2.33	\$4.33	\$0.00	\$3.58	N/A	N/A	N/A
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	\$0.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4039								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.46	\$79.85	\$0.00	\$15.04	\$27.88	\$0.00	\$23.05	\$7.26	\$9.61	\$0.77
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem (([Stand - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on		\$2.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.42	\$3.73	\$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	\$184.88	\$83.58	\$0.00	\$15.26	\$27.88	\$0.00	\$40.52	\$7.26	\$9.61	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.84									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth -Toccoa, LLC Prvdr ID: 00143305A		Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 34.9% Nurse Hours per On-Site Day/Quality Incentive: 3.24		Facility Score 18.37% 2.5% 3.0%	Add-on Percent 18.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.5108 Quarterly Medicaid CMI: 1.4145 Qtrly Mcaid CMI w RUG Wght Options: 1.4385			Facility Specific 1.5108 1.4145 1.4385	State-wide 1.3617 1.4661 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(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 Svcs 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$202,781)	(\$18,549)	\$0	(\$354)	(\$6,453)	(\$6,099)	(\$169,982)		(\$48,498)	\$47,154
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,286,573	\$4,626,746	\$0	\$872,878	\$691,481	\$427,592	\$1,080,205	\$435,481	\$105,036	\$47,154
8	Total Nursing Facility Days	As Filed Days = 60,191										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 57,413										
		FY 18 GL-PL Ins Rpt Days								57,413		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.6108								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.88	\$0.00	\$14.50	\$18.59		\$17.95	\$7.59	\$1.75	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$116.97	\$50.88	\$0.00	\$14.50	\$18.59		\$17.95	\$7.59	6.68	\$0.78
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
15	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
16	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		1.4386								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.10	\$86.64	\$0.00	\$17.16	\$22.00	\$0.00	\$21.25	\$7.59	\$6.68	\$0.78
	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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.17	\$2.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.40	\$5.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.60	\$91.94	\$0.00	\$17.38	\$22.41	\$0.00	\$38.72	\$7.59	\$6.68	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.30									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Toomsboro, LLC Prvdr ID: 00409494A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 40.9% Nurse Hours per On-Site Day/Quality Incentive: 3.01 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3444 Quarterly Medicaid CMI: 1.5466 Qtrly Mcaid CMI w/ RUG Wght Options: 1.5758 Facility Specific: 1.3444 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Svcs	Ln 7 / Ln 8 Col a	\$147.96	\$75.51	\$0.00	\$14.81	\$21.42	(with L&H)	\$19.48	\$7.45	\$8.05	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3444								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$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 Svcs)	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	\$134.56	\$56.17	\$0.00	\$14.81	\$21.42		\$19.48	\$7.45	13.99 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6758								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.39	\$104.77	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem: <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.14	\$3.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.39	\$6.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.78	\$111.06	\$0.00	\$17.76	\$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	\$160.61									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Valdosta				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141369A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.6176	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		33.8%	2.5%	Quarterly Medicaid CMI:			1.5565	1.4961
						3.52	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5830	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0	(\$2,159)	(\$2,649)	(\$86,789)		(\$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	\$729,726	\$235,785	\$166,582	\$35,839
8	Total Nursing Facility Days As Filed Days = 33,103	FY12 Audited C/R Days	33,103									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,977	FY 18 GL-PL Ins Rpt Days								31,977		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 qtrs of FY12		1.6176								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.82								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.82	\$0.00	\$13.90	\$18.49		\$22.04	\$7.37	\$5.03	\$1.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$126.66	\$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 Allwnc %	\$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	\$21.89	\$0.00	\$24.34	\$7.37	\$9.44	\$1.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5830								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.16	\$104.59	\$0.00	\$16.45	\$21.89	\$0.00	\$24.34	\$7.37	\$9.44	\$1.08
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.14	\$3.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.01	\$6.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.17	\$110.87	\$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	\$144.05									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Virginia Park Prvdr ID: 00140401A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 30.6% Nurse Hours per On-Site Day/Quality Incentive: 3.40 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4219 Quarterly Medicaid CMI: 1.5611 Qtrly Mcaid CMI w RUG Wght Options: 1.5881 Facility Specific: 1.4219 State-wide: 1.3617 1.5611 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	\$7,650	(\$7,451)	\$0	\$0	\$32,997	\$27,922	(\$111,623)		(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,304	FY 18 GL-PL Ins Rpt Days								41,304		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.4219								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQthr = 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 Svcs)	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	\$148.61	\$71.51	\$0.00	\$17.94	\$17.43		\$20.56	\$7.41	11.90 (FRV)	\$1.86
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>18.37%</u>	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	\$7.41	\$11.90	\$1.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6881								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$221.81	\$134.43	\$0.00	\$21.24	\$20.63	\$0.00	\$24.34	\$7.41	\$11.90	\$1.86
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.36	\$3.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$4.03	\$4.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.12	\$7.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.93	\$141.82	\$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	\$172.37									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Pruitt Health - Washington		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00143569A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.5606	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	51.3%	5.5%	Quarterly Medicaid CMI:				1.6780	1.4961
					3.19	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7102	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,448,193.00	\$1,253,489	\$0	\$233,916	\$148,864	\$206,817	\$397,926	\$113,081	\$94,100	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$44,144)	(\$2,500)	\$0	(\$600)	\$0	\$1,342	(\$42,386)		(\$21,413)	\$21,413
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,404,049	\$1,250,989	\$0	\$233,316	\$148,864	\$208,159	\$355,540	\$113,081	\$72,687	\$21,413
8	Total Nursing Facility Days	As Filed Days = 16,572										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,786										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.89	\$75.49	\$0.00	\$14.08	\$21.54	(with L&H)	\$21.45	\$7.65	\$4.39	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6606								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.37								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.08	\$21.54		\$21.45	\$7.65	\$4.39	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$122.10	\$48.37	\$0.00	\$14.08	\$21.54		\$20.56	\$7.65	8.61	\$1.29
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
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 Qtr End		1.7102								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.99	\$97.93	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.39	\$5.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.59	\$8.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.58	\$105.79	\$0.00	\$16.89	\$25.91	\$0.00	\$41.44	\$7.65	\$8.61	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.61									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - West Atlanta				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00256088A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3473	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score		13.0%	0.0%	Quarterly Medicaid CMI:			1.2468	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive:		3.35	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2659	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$116,610)	(\$7,200)	\$0	(\$894)	\$579	\$731	(\$110,176)		(\$63,714)	\$64,064
7	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	\$288,717	\$200,201	\$64,064
8	Total Nursing Facility Days As Filed Days = 39,588	FY12 Audited C/R Days	39,588									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,621	FY 18 GL-PL Ins Rpt Days								34,621		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3473								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.80								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.80	\$0.00	\$14.82	\$25.01		\$20.40	\$8.34	\$5.06	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$141.13	\$62.80	\$0.00	\$14.82	\$23.09		\$20.40	\$8.34	10.06 (FRV)	\$1.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.25	\$11.54	\$0.00	\$2.72	\$4.24	\$0.00	\$3.75	N/A	N/A	N/A
16	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	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2659								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$94.11									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllIOthr = Ln 16	\$183.15	\$94.11	\$0.00	\$17.54	\$27.33	\$0.00	\$24.15	\$8.34	\$10.06	\$1.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$0.87	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.12		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.88	\$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	\$19.85	\$2.41	\$0.00	\$0.22	\$0.00	\$0.00	\$17.22	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.00	\$96.62	\$0.00	\$17.76	\$27.33	\$0.00	\$41.37	\$8.34	\$10.06	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.43									

MONTH: 7/1/2020 Final

FISCAL YEAR ENDING JUNE 30, 2012

FRV 18.37

Provider Name	Provider Number	RS-SNF	RS-ICF	SP-SERV	Dietary	Lnd-Hse	Opr-Mnt	Adm-Genrl		Prop Rel	
PARKWOOD DEV. CTR.	00142348A	10	10	10	8	6	6	6		2	
CERTIFIED BEDS	110	SNF	ICF								
MEDICAID DAYS	40202	0	40,202								
Descriptions	Total	Routine	Routine	Special	Dietary	Laundry/	Operations/	Admin/	A&G-GL-PL	Prop.	Tax/
	SNF	Srvs SNF	Srvs ICF	Services		Housekpng	Maintenance	General	Insurance	Related	Ins
REP HST COST	6,720,761	0	1,153,616	2,479,425	583,833	493,417	454,185	1,059,786	312,777	183,722	
HIST COST ADJ											
1399	(2,479,425)			(2,479,425)							
1199	2,479,425		2,479,425								
1699	(454,185)						(454,185)				
1599	454,185					454,185					
1899	(44,230)									(44,230)	
1999	44,230										44,230
1200	-	0	(39,218)								
1400	(321)				(321)						
1500	1,370					1,370					
1700	(98,948)							(98,948)			
1800	-									-	
1898	-									-	
TOTAL HIST ADJ	(137,117)	0	2,440,207	(2,479,425)	(321)	455,555	(454,185)	(98,948)		(44,230)	44,230
NET HST COST	6,583,644	0	3,593,823	-	583,512	948,972	-	960,838	312,777	139,492	44,230
PROJ COST ADJ											
2800	-									-	
2000	-	0			-	-	-	-		-	
TOTAL PROJ ADJS	-	0	-	-	-	-	-	-		-	
TOTAL HST/PROJ	6,583,644	0	-	-	583,512	948,972		960,838	312,777	139,492	44,230
REP PAT DAYS	40,213	0	40,213		40,213	40,213		40,213		40,213	40,213
PAT DAY ADJS	-		-								
ADJ PAT DAYS	40,213		40,213	-	40,213	40,213		40,213		40,213	40,213
TOTAL PT. DAYS GL-PL INS. RPT.									41,756		
NET PER DIEM	169.49		89.37	-	14.51	23.60		23.89	7.49	9.53	1.10
STAND PER DIEM	177.23		89.37	-	14.51	23.60		23.89	7.49	18.37	
NURSING HOME PROVIDER FEE	17.10									(FRV)	
ALLOW PER DIEM	178.33		89.37	-	14.51	23.60		23.89	7.49	18.37	1.10
GTH 18.37%	27.81		16.42	-	2.67	4.34		4.39		-	-
INCEN PER DIEM	1.53		0.53	-	0.22	0.41		0.37			
TOTAL PER DIEM	224.77										
BED HOLD & LEAVE DAY PER DIEM	155.75										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Quiet Oaks Health Care Center Prvdr ID: 00370851A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 52.4% Nurse Hours per On-Site Day/Quality Incentive: 3.28 Facility Score: N/A Add-on Percent: 18.37% 5.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2112 Quarterly Medicaid CMI: 1.4564 Qtrly Mcaid CMI w RUG Wght Options: 1.4856 Facility Specific: 1.2112 1.4564 1.4856 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	(\$86,033)	(\$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									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								22,006		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$128.21	\$63.24	\$0.00	\$16.21	\$24.72	(with L&H)	\$17.78	\$3.48	\$1.33	\$1.45
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$124.08	\$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												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$20.08	\$9.59	\$0.00	\$2.98	\$4.24	\$0.00	\$3.27	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$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	per Current Qtr End		1.4856								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.17	\$91.81	\$0.00	\$19.19	\$27.33	\$0.00	\$21.05	\$3.48	\$9.86	\$1.45
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.05	\$5.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.84	\$1.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.11	\$7.42	\$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	\$199.28	\$99.23	\$0.00	\$19.41	\$27.33	\$0.00	\$38.62	\$3.48	\$9.86	\$1.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.64									

Quarterly Case Mix Per Diem Calculation

Provider: Quinton Memorial Health Care Prvdr ID: 00150279A H/B ? : No				Add-on Data and Percentages Growth Allowance: N/A BIMS: 18.0% Nurse Hours per On-Site Day/Quality Incentive: 2.97		Facility Score N/A 18.0%	Add-on Percent 18.37% 0.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.2702 Quarterly Medicaid CMI: 1.4197 Qtrly Mcaid CMI w RUG Wght Options: 1.4440			Facility Specific 1.2702 1.4197 1.4440	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 12,007		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								41,659		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$19.72	\$0.09
	<u>Allowed @ 95% of Std</u>		\$146.70	\$67.93		\$17.49	\$21.94		\$19.53		\$19.72	\$0.09
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$170.30	\$80.41		\$20.70	\$25.97		\$23.12	\$ 0.29	\$19.72	\$0.09
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.4440</u>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$116.11								
	Quarterly Medicaid CMA Allowed Per Diem		\$206.00	\$116.11		\$20.70	\$25.97		\$23.12	\$0.29	\$19.72	\$0.09
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% o Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.48	\$3.48								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$20.58									
	Quarterly Case Mix Based Per Diem Rate		\$226.58	\$119.59		\$20.70	\$25.97		\$40.22	\$0.29	\$19.72	\$0.09
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$157.11										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Regency Park Health Care			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Pvdr ID: 00837207A			Case Mix Per Diem Rate Effective Date: 7/1/2020				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4547			1.4547	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Qtrly BIMS score: 3.4%				0.0%	Quarterly Medicaid CMI: 1.3857			1.3857	1.4961	
			Nurse Hours per On-Site Day/Quality Incentive: 3.56				3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4104			1.4104	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,119,462.00	\$3,567,704	\$0	\$675,301	\$331,978	\$411,925	\$644,456	\$10,006	\$478,092	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,132)	(\$1,606)	\$0	(\$2,389)	\$0	\$0	(\$14,526)		(\$488)	\$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								33,329			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qtrs of FY12		1.4547									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.08									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.08	\$0.00	\$19.23	\$21.26		\$18.01	\$0.30	\$13.65	\$0.08	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$148.61	\$70.08	\$0.00	\$18.41	\$21.26		\$18.01	\$0.30	20.47 (FRV)	\$0.08	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.47	\$12.87	\$0.00	\$3.38	\$3.91	\$0.00	\$3.31	N/A	N/A	N/A	
16	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		1.4104									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.12	\$116.99	\$0.00	\$21.79	\$25.17	\$0.00	\$21.32	\$0.30	\$20.47	\$0.08	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Atwd] 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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.51	\$3.51									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.92	\$4.04	\$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	\$228.04	\$121.03	\$0.00	\$21.79	\$25.58	\$0.00	\$38.79	\$0.30	\$20.47	\$0.08	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.21										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

Provider: Rehabilitation Center of South Georgia Prvdr ID: 00143283A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 44.4% Nurse Hours per On-Site Day/Quality Incentive: 3.95 Facility Score Add-on Percent 18.37% 2.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.1416 Quarterly Medicaid CMI: 1.5020 Qtrly Mcaid CMI w RUG Wght Options: 1.5282 Facility Specific 1.1416 1.5020 1.5282 State-wide 1.3699 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	FY13 C/R Audit Adjstmts	(\$66,287)	\$0	\$0	\$0	\$0	\$0	(\$66,287)		(\$36,614)	\$36,614
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,604,682	\$2,545,880	\$0	\$515,909	\$489,792	\$206,199	\$621,306	\$87,638	\$101,344	\$36,614
8	Total Nursing Facility Days As Filed Days = 35,948	FY13 Audited C/R Days	35,948									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,600	FY 18 GL-PL Ins Rpt Days								52,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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 qtrs of FY10		1.1416								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 (After Statewide CMA for Routine Svcs)	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	\$124.41	\$62.03	\$0.00	\$14.35	\$19.36		\$17.28	\$1.67	8.70 (FRV)	\$1.02
	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.17	\$73.42	\$0.00	\$16.99	\$22.92	\$0.00	\$20.45	\$1.67	\$8.70	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5282								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.95	\$112.20	\$0.00	\$16.99	\$22.92	\$0.00	\$20.45	\$1.67	\$8.70	\$1.02
	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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.68	\$5.58	\$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	\$207.63	\$117.78	\$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	\$142.90									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Reliable Health and Rehab			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 321026473A			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.4077	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score			44.4%	2.5%	Quarterly Medicaid CMI:			1.7511	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:			4.00	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7844	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$59,101)	(\$11,188)	\$0	\$0	(\$4,484)	(\$11,377)	(\$40,459)		(\$52,872)	\$61,279
7	Cost 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,538	FY 18 GL-PL Ins Rpt Days								30,538		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4077</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.41								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.41	\$0.00	\$13.22	\$22.55		\$22.60	\$3.79	\$0.64	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	
14	Base 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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.23	\$70.32	\$0.00	\$15.65	\$26.69	\$0.00	\$24.34	\$3.79	\$10.59	\$1.85
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7844</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.39	\$125.48	\$0.00	\$15.65	\$26.69	\$0.00	\$24.34	\$3.79	\$10.59	\$1.85
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.15	\$0.53	\$0.00	\$0.22	\$0.40	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.14	\$3.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.76	\$3.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.15	\$7.43	\$0.00	\$0.22	\$0.40	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.64	\$132.91	\$0.00	\$16.87	\$27.09	\$0.00	\$41.44	\$3.79	\$10.59	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.33									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Renaissance Care and Rehab Center			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 00141754A			Growth Allowance: N/A			40.6%	18.37%	Base Period Overall CMI: 1.5068			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score			2.5%		Quarterly Medicaid CMI: 1.6447			1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.04			3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6746			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$704,220)	(\$113,058)	\$0	(\$8,120)	(\$52,134)	(\$92,943)	(\$302,407)		(\$189,527)	\$53,969
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,682,624	\$3,020,841	\$0	\$625,704	\$255,514	\$290,890	\$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 Ins. Rpt As Filed Days = 44,450	FY 18 GL-PL Ins Rpt Days								44,450		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 Index for All Residents	from 4 qtrs of FY12		1.5068								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.74								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$38.74	\$0.00	\$12.09	\$10.56		\$21.24	\$21.85	\$7.06	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$112.02	\$38.74	\$0.00	\$12.09	\$10.56		\$20.56	\$21.85	7.18 (FRV)	\$1.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.06	\$7.12	\$0.00	\$2.22	\$1.94	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.08	\$45.86	\$0.00	\$14.31	\$12.50	\$0.00	\$24.34	\$21.85	\$7.18	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6746								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.02	\$76.80	\$0.00	\$14.31	\$12.50	\$0.00	\$24.34	\$21.85	\$7.18	\$1.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.92	\$1.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.48	\$4.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.50	\$81.55	\$0.00	\$14.53	\$12.91	\$0.00	\$41.44	\$21.85	\$7.18	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.55									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Resorts at Pooler Prvdr ID: 00238741A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 36.2% Nurse Hours per On-Site Day/Quality Incentive: 2.87				N/A	18.37%	Base Period Overall CMI: 1.2677 Quarterly Medicaid CMI: 1.4854 Qtrly Mcaid CMI w RUG Wght Options: 1.5101				1.2677	1.3617
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit 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	Cost 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											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,375	FY 18 GL-PL Ins Rpt Days								27,375				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.87										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.87	\$0.00	\$16.98	\$15.85		\$15.87	\$8.88	\$14.24	\$1.56		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$119.08	\$52.87	\$0.00	\$16.98	\$15.85		\$15.87	\$8.88	7.07 (FRV)	\$1.56		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth 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		
16	CMA 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		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5101										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$94.50											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.66	\$94.50	\$0.00	\$20.10	\$18.76	\$0.00	\$18.79	\$8.88	\$7.07	\$1.56		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36										
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.89	\$1.89										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.54	\$99.28	\$0.00	\$20.32	\$19.17	\$0.00	\$36.26	\$8.88	\$7.07	\$1.66		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.68											

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

Provider: Ridgecrest Rehab & Skilled Nursing Center Prvdr ID: 00141886A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 35.7% Nurse Hours per On-Site Day/Quality Incentive: 4.23 Facility Score Add-on Percent 18.37% 2.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2980 Quarterly Medicaid CMI: 1.4204 Qtrly Mcaid CMI w RUG Wght Options: 1.4459 Facility Specific 1.2980 1.4204 1.4459 State-wide 1.3699 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$6,207,310	\$3,799,856	\$0	\$638,476	\$441,605	\$202,336	\$780,426	\$89,287	\$255,324	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$71,116)	\$0	\$0	\$0	\$0	\$0	(\$71,116)		(\$6,444)	\$6,444
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$6,136,194	\$3,799,856	\$0	\$638,476	\$441,605	\$202,336	\$709,310	\$89,287	\$248,880	\$6,444
8	Total Nursing Facility Days As Filed Days = 38,837	FY13 Audited C/R Days	38,837									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,967	FY 18 GL-PL Ins Rpt Days								36,967		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.12	\$97.84	\$0.00	\$16.44	\$16.58	(with L&H)	\$18.26	\$2.42	\$6.41	\$0.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2980								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.38	\$0.00	\$16.44	\$16.58		\$18.26	\$2.42	\$6.41	\$0.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$138.04	\$73.90	\$0.00	\$16.44	\$16.58		\$18.26	\$2.42	10.27 (FRV)	\$0.17
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.00	\$13.58	\$0.00	\$3.02	\$3.05	\$0.00	\$3.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.04	\$87.48	\$0.00	\$19.46	\$19.63	\$0.00	\$21.61	\$2.42	\$10.27	\$0.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4459								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.05	\$126.49	\$0.00	\$19.46	\$19.63	\$0.00	\$21.61	\$2.42	\$10.27	\$0.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.53	\$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.79	\$5.69	\$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	\$223.84	\$132.18	\$0.00	\$19.68	\$20.04	\$0.00	\$39.08	\$2.42	\$10.27	\$0.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.06									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Ridgewood Manor Nursing Home Prvdr ID: 00142744A				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 37.4% Nurse Hours per On-Site Day/Quality Incentive: 2.93		Facility Score 37.4% 2.5% 2.93	Add-on Percent 18.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.3042 Quarterly Medicaid CMI: 1.3280 Qtrly Mcaid CMI w RUG Wght Options: 1.3490			Facility Specific 1.3042 1.3280 1.3490	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	FY12 C/R Audit Adjstmts	(\$21,808)	(\$997)	\$0	(\$2,486)	\$0	\$0	(\$20,811)		(\$487)	\$2,973
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,168,175	\$3,024,955	\$0	\$551,474	\$367,214	\$335,603	\$533,759	\$10,206	\$341,991	\$2,973
8	Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,238	FY 18 GL-PL Ins Rpt Days								36,238		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.53	\$86.94	\$0.00	\$15.85	\$20.20	(with L&H)	\$15.34	\$0.28	\$9.83	\$0.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3042								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.66	\$0.00	\$15.85	\$20.20		\$15.34	\$0.28	\$9.83	\$0.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$126.43	\$66.66	\$0.00	\$15.85	\$20.20		\$15.34	\$0.28	8.01 (FRV)	\$0.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$21.69	\$12.25	\$0.00	\$2.91	\$3.71	\$0.00	\$2.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.12	\$78.91	\$0.00	\$18.76	\$23.91	\$0.00	\$18.16	\$0.28	\$8.01	\$0.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3490								
18	Qtrly Routine Svcs 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	\$175.66	\$106.45	\$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 (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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$3.19	\$3.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.48	\$6.38	\$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	\$200.14	\$112.83	\$0.00	\$18.98	\$24.32	\$0.00	\$35.63	\$0.28	\$8.01	\$0.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.28									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: River Towne Center Pvdr ID: 00082684A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 61.3% Nurse Hours per On-Site Day/Quality Incentive: 2.99 Facility Score: N/A Add-on Percent: 18.37% 5.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4711 Quarterly Medicaid CMI: 1.8149 Qtrly Mcaid CMI w RUG Wght Options: 1.8485 Facility Specific: 1.4711 State-wide: 1.3617 1.8149 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	(\$75,410)	\$0	(\$1,345)	\$2,452	(\$28,977)	(\$670,810)		(\$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	\$488,433	\$1,053,947	\$75,197	\$266,447	\$51,015
8	Total Nursing Facility Days As Filed Days = 59,741	FY12 Audited C/R Days	59,753									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,467	FY 18 GL-PL Ins Rpt Days								34,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$114.91	\$61.37	\$0.00	\$13.18	\$15.23	(with L&H)	\$17.64	\$2.18	\$4.46	\$0.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4711								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 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 Svcs)	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	\$98.26	\$41.72	\$0.00	\$13.18	\$15.23		\$17.64	\$2.18	7.46 (FRV)	\$0.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.12	\$7.66	\$0.00	\$2.42	\$2.80	\$0.00	\$3.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.38	\$49.38	\$0.00	\$15.60	\$18.03	\$0.00	\$20.88	\$2.18	\$7.46	\$0.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8485								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.28	\$91.28	\$0.00	\$15.60	\$18.03	\$0.00	\$20.88	\$2.18	\$7.46	\$0.85
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.02	\$5.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.83	\$1.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.48	\$7.38	\$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	\$181.76	\$98.66	\$0.00	\$15.82	\$18.44	\$0.00	\$38.36	\$2.18	\$7.46	\$0.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.50									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Riverdale Place Care and Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00083289A				Growth Allowance: N/A		43.9%	18.37%	Base Period Overall CMI: 1.5593			1.5593	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score: 3.22		2.5%	2.5%	Quarterly Medicaid CMI: 1.4819			1.4819	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive: 3.0%		3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5086			1.5086	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$576,443)	(\$241,794)	\$0	(\$23,693)	\$15,860	(\$5,010)	(\$342,780)		(\$22,844)	\$43,818
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	\$43,818
8	Total Nursing Facility Days As Filed Days = 52,850	FY12 Audited C/R Days	52,862									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,021	FY 18 GL-PL Ins Rpt Days								50,021		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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	\$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5593								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.57								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.57	\$0.00	\$12.86	\$14.74		\$25.78	\$1.55	\$14.53	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$98.90	\$39.57	\$0.00	\$12.86	\$14.74		\$20.56	\$1.55	8.79 (FRV)	\$0.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.12	\$7.27	\$0.00	\$2.36	\$2.71	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.02	\$46.84	\$0.00	\$15.22	\$17.45	\$0.00	\$24.34	\$1.55	\$8.79	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5086								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$138.84	\$70.66	\$0.00	\$15.22	\$17.45	\$0.00	\$24.34	\$1.55	\$8.79	\$0.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.77	\$1.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.15	\$4.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$160.99	\$75.08	\$0.00	\$16.44	\$17.86	\$0.00	\$41.44	\$1.55	\$8.79	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.92									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Riverside Health & Rheab of Thomaston			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140346A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.1990	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		45.6%	5.5%	Quarterly Medicaid CMI:				1.4916	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.51	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5171	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalrns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	(\$18,950)	\$0	\$0	(\$1,632)	\$0	\$0	(\$17,576)		(\$20,760)	\$21,018
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,749,097	\$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	FY12 Audited C/R Days	26,092									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,564	FY 18 GL-PL Ins Rpt Days								24,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qtrs of FY12		1.1990								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.57	\$11.29	\$0.00	\$3.04	\$3.46	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.09	\$72.73	\$0.00	\$19.60	\$22.28	\$0.00	\$24.34	\$2.84	\$9.49	\$0.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5171								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.70	\$110.34	\$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 ((Std - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.07	\$6.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.31	\$3.31								
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	\$27.64	\$9.91	\$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	\$217.34	\$120.26	\$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	\$160.18									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

Provider: Riverside Healthcare Center Prvdr ID: 00140324A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 37.5% Nurse Hours per On-Site Day/Quality Incentive: 3.23 Facility Score Add-on Percent 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4742 Quarterly Medicaid CMI: 1.4542 Qtrly Mcaid CMI w RUG Wght Options: 1.4792 Facility Specific State-wide 1.4742 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.30
	Quarterly Per Diem Rate Prior to Add-ons											
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		1.4792								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.25	\$81.93	\$0.00	\$15.99	\$18.24	\$0.00	\$27.77	\$3.86	\$8.16	\$1.30
	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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.77	\$5.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.02	\$86.97	\$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	\$122.19									

Quarterly Case Mix Per Diem Calculation

Provider: Riverview Health & Rehab Ctr Prvdr ID: 00040741A H/B ? : No			Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 21.6% 3.53	Add-on Percent 18.37% 1.0% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific 1.2970 1.4367 1.4600	State-wide 1.3617 1.4961 1.5223
Case Mix Per Diem Rate Effective Date:	07/01/20											
MDS & Nurse Hrs Data per Quarter Ending:	03/31/20											
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 183,420		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								52,177		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$29.14	\$0.45
	Allowed @ 95% of Std		\$156.48	\$67.93		\$17.49	\$21.94		\$19.53		\$29.14	\$0.45
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$183.31	\$80.41		\$20.70	\$25.97		\$23.12	\$ 3.52	\$29.14	\$0.45
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4600							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$117.40								
	Quarterly Medicaid CMA Allowed Per Diem		\$220.30	\$117.40		\$20.70	\$25.97		\$23.12	\$3.52	\$29.14	\$0.45
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% o Routine Svcs)		\$1.17	\$1.17								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.35	\$2.35								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$20.62									
	Quarterly Case Mix Based Per Diem Rate		\$240.92	\$120.92		\$20.70	\$25.97		\$40.22	\$3.52	\$29.14	\$0.45
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$167.86										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Roberta Health Care Prvdr ID: 00142777A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 45.7% Nurse Hours per On-Site Day/Quality Incentive: 2.18				18.37% 5.5% 2.0%	Base Period Overall CMI: 1.4576 Quarterly Medicaid CMI: 1.6733 Qtrly Mcaid CMI w RUG Wght Options: 1.7032			1.4576 1.6733 1.7032	1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmtns	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,995	FY 18 GL-PL Ins Rpt Days								29,995			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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		1.4576									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.14									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 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 Svcs)	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	\$84.68	\$34.14	\$0.00	\$11.08	\$14.39		\$16.33	\$0.98	6.87 (FRV)	\$0.89	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	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		1.7032									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.83									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$127.05	\$68.83	\$0.00	\$13.12	\$17.03	\$0.00	\$19.33	\$0.98	\$6.87	\$0.89	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem (Stdnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.79	\$3.79									
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.38	\$1.38									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.80	\$5.70	\$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	\$160.85	\$74.53	\$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	\$100.31										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Rockdale Healthcare Prvdr ID: 00838252A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 30.4% Nurse Hours per On-Site Day/Quality Incentive: 3.92			N/A 30.4% 3.92	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.6517 Quarterly Medicaid CMI: 1.5871 Qtrly Mcaid CMI w RUG Wght Options: 1.6136			1.6517 1.5871 1.6136	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 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)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmtns	(\$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	\$376,143	\$1,263,591	\$128,540	\$1,655,527	\$125,196
8	Total Nursing Facility Days As Filed Days = 34,294	FY12 Audited C/R Days	34,294									
	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$206.28	\$80.44	\$0.00	\$14.98	\$18.24	(with L&H)	\$36.85	\$3.85	\$48.27	\$3.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6517								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.70								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$123.98	\$48.70	\$0.00	\$14.98	\$18.24		\$20.56	\$3.85	14.00 (FRV)	\$3.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.83	\$8.95	\$0.00	\$2.75	\$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	\$142.81	\$57.65	\$0.00	\$17.73	\$21.59	\$0.00	\$24.34	\$3.85	\$14.00	\$3.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6136								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.18	\$93.02	\$0.00	\$17.73	\$21.59	\$0.00	\$24.34	\$3.85	\$14.00	\$3.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.79	\$2.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.38	\$5.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.66	\$98.67	\$0.00	\$17.96	\$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	\$138.35									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Rockmart Health Prvdr ID: 003182988A H/B ? : No			<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 30.6% Nurse Hours per On-Site Day/Quality Incentive: 3.78			Facility Score Add-on Percent 18.37% 2.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7101 Quarterly Medicaid CMI: 1.7413 Qtrly Mcald CMI w RUG Wght Options: 1.5223			Facility Specific Use Stwd 1.7101 1.4961 1.7413	State-wide 1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$23,590.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								14,490		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$24.20	\$0.00
	<u>Allowed @ 90% of Std</u>		\$144.41	\$64.36		\$16.57	\$20.78		\$18.50		\$24.20	\$0.00
	Growth Allowance 18.37%		\$22.08	\$11.82		\$3.04	\$3.82		\$3.40			
	CMA Allowed Per Diem (After Growth Allowance)		\$152.47	\$76.18		\$19.61	\$24.60		\$21.90	\$ 1.63	8.55	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.7413							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$132.66								
	Quarterly Medicaid CMA Allowed Per Diem		\$208.95	\$132.66		\$19.61	\$24.60		\$21.90	\$1.63	\$8.55	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Svcs)		\$3.32	\$3.32								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.65	\$2.65								
	Nursing Home Provider Fee		\$17.10						17.1			
	Total Quarterly Per Diem Add-On Amounts		\$23.07									
	Quarterly Case Mix Based Per Diem Rate		\$232.02	\$138.63		\$19.61	\$24.60		\$39.00	\$1.63	\$8.55	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd'r Fee) x 75%		\$161.19									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Rome Health and Rehab Prvdr ID: 00140753A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 28.9% Nurse Hours per On-Site Day/Quality Incentive: 3.63 Facility Score: N/A Add-on Percent: 18.37% 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.6744 Quarterly Medicaid CMI: 1.5771 Qtrly Mcaid CMI w RUG Wght Options: 1.6047 Facility Specific: 1.6744 1.5771 1.6047 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)		(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,075	FY 18 GL-PL Ins Rpt Days								33,075		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$1.13
	Quarterly Per Diem Rate Prior to Add-ons											
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		1.6047								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.04	\$93.30	\$0.00	\$17.90	\$16.64	\$0.00	\$24.34	\$0.09	\$14.64	\$1.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.80	\$2.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.99	\$4.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.03	\$97.56	\$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	\$129.70									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Rose City Health and Rehab Ctr			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Pvdr ID: 00083311A			Growth Allowance: N/A				18.37%	Base Period Overall CMI: 1.5200			1.3617		
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 45.5%				5.5%	Quarterly Medicaid CMI: 1.7520			1.4961		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 2.85				2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7842			1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$21,254)	\$0	\$0	\$0	\$0	\$0	(\$21,254)		(\$27,958)	\$27,958	
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	\$27,958	
8	Total Nursing Facility Days As Filed Days = 23,503	FY12 Audited C/R Days	23,503										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,180	FY 18 GL-PL Ins Rpt Days								23,180			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	\$1.19	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5200									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.72									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.72	\$0.00	\$16.21	\$12.63		\$27.09	\$0.11	\$5.39	\$1.19	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$1.19	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.48	\$8.40	\$0.00	\$2.98	\$2.32	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.04	\$54.12	\$0.00	\$19.19	\$14.95	\$0.00	\$24.34	\$0.11	\$10.14	\$1.19	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7842									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.48	\$96.56	\$0.00	\$19.19	\$14.95	\$0.00	\$24.34	\$0.11	\$10.14	\$1.19	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem (Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.31	\$5.31									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.50	\$7.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.98	\$104.33	\$0.00	\$19.41	\$15.36	\$0.00	\$41.44	\$0.11	\$10.14	\$1.19	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.16										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Rosemont at Stone Mountain		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00587331A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	Base Period Overall CMI:				1.2404	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	50.9%	Quarterly Medicaid CMI:				1.6648	1.4961	
					3.45	Qtrly Mcaid CMI w RUG Wght Options:				1.6957	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$231,415)	\$811	\$0	\$1,600	\$0	\$204	(\$239,816)		(\$128,317)	\$134,103
7	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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,615	FY 18 GL-PL Ins Rpt Days								49,615		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.57	\$0.00	\$14.63	\$17.38		\$17.33	\$3.28	\$5.84	\$2.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$124.90	\$57.57	\$0.00	\$14.63	\$17.38		\$17.33	\$3.28	12.06 (FRV)	\$2.65
Quarterly Per Diem Rate Prior to Add-ons												
15	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 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 Medicaid Residents	per Current Qtr End		1.6957								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.95	\$115.56	\$0.00	\$17.32	\$20.57	\$0.00	\$20.51	\$3.28	\$12.06	\$2.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.36	\$6.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.30	\$9.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.25	\$124.76	\$0.00	\$17.64	\$20.98	\$0.00	\$37.98	\$3.28	\$12.06	\$2.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.61									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Ross Memorial Health Care Center Prvdr ID: 00142942A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 38.1% Nurse Hours per On-Site Day/Quality Incentive: 4.19 Facility Score: N/A Add-on Percent: 18.37% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2961 Quarterly Medicaid CMI: 1.4344 Qtrly Mcaid CMI w RUG Wght Options: 1.4550 Facility Specific: 1.2961 State-wide: 1.3617 1.4344 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit 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	Cost 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	Total Nursing Facility Days As Filed Days = 32,995	FY12 Audited C/R Days	32,995									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								30,584		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$155.94	\$85.22	\$0.00	\$20.02	\$21.41	(with L&H)	\$17.31	\$2.11	\$7.74	\$2.13
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$20.02	\$21.41		\$17.31	\$2.11	\$7.74	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$139.74	\$65.75	\$0.00	\$18.41	\$21.41		\$17.31	\$2.11	12.62 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Althnc %	\$22.57	\$12.08	\$0.00	\$3.38	\$3.93	\$0.00	\$3.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.31	\$77.83	\$0.00	\$21.79	\$25.34	\$0.00	\$20.49	\$2.11	\$12.62	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4560								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.72	\$113.24	\$0.00	\$21.79	\$25.34	\$0.00	\$20.49	\$2.11	\$12.62	\$2.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$3.40	\$3.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.64	\$6.76	\$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	\$222.36	\$120.00	\$0.00	\$21.79	\$25.76	\$0.00	\$37.96	\$2.11	\$12.62	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.95									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data

FINAL

Provider: Roswell Nursing & Rehab Ctr Prvdr ID: 00141248A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 48.3% Nurse Hours per On-Site Day/Quality Incentive: 3.48 Facility Score N/A 5.5% 2.0% Add-on Percent 18.37% 5.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.6341 Quarterly Medicaid CMI: 1.6644 Qtrly Mcaid CMI w RUG Wght Options: 1.6953 Facility Specific 1.6341 1.6644 1.6953 State-wide 1.4014 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,295	FY 18 GL-PL Ins Rpt Days								78,295		
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	Ln 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 Case Mix Index for All Residents	from 4 qtrs of FY10		1.6341								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.06								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	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 (After Statewide CMA for Routine Svcs)	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	\$143.70	\$73.31	\$0.00	\$16.37	\$18.12		\$24.02	\$0.31	9.44 (FAR)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$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 Qtr End		1.6953								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.26	\$147.12	\$0.00	\$19.38	\$21.45	\$0.00	\$28.43	\$0.31	\$9.44	\$2.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.09	\$8.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Slng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.76	\$11.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$257.02	\$158.15	\$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	\$179.94									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Sadie G. Mays Health & Rehab Center Prvdr ID: 00141842A H/B ? : No Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A BIMS: 44.3% Nurse Hours per On-Site Day/Quality Incentive: 3.15 Facility Score: N/A Add-on Percent: 18.37% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3125 Quarterly Medicaid CMI: 1.3426 Qtrly Mcaid CMI w RUG Wght Options: 1.3641 Facility Specific: 1.3125 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	<i>Cost Center Peer Groups per Selected Options</i>			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. Rpt								\$188,573.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								65,261		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$36.35	\$0.54
	Allowed @ 90% of Std		\$157.10	\$64.36		\$16.57	\$20.78		\$18.50		\$36.35	\$0.54
	Growth Allowance 18.37%		\$22.08	\$11.82		\$3.04	\$3.82		\$3.40			
	CMA Allowed Per Diem (After Growth Allowance)		\$156.56	\$76.18		\$19.61	\$24.60		\$21.90	\$ 2.89	10.84	\$0.54
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3641							(FRV Rate)	
	Qtrly Routine Srvcs Case Mix Adjsid (CMA) Net Per Diem			\$103.92								
	Quarterly Medicaid CMA Allowed Per Diem		\$184.30	\$103.92		\$19.61	\$24.60		\$21.90	\$2.89	\$10.84	\$0.54
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Srvcs		\$2.60	\$2.60								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.12	\$3.12								
	Nursing Home Provider Fee		\$0.00						0			
	Total Quarterly Per Diem Add-On Amounts		\$5.72									
	Quarterly Case Mix Based Per Diem Rate		\$190.02	\$109.64		\$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%	\$142.51										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Savannah Beach Nursing & Rehab Center			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142876A			Growth Allowance: N/A				54.3%	18.37%	Base Period Overall CMI: 1.1996			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 3.27				5.5%	5.5%	Quarterly Medicaid CMI: 1.3839			1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:				2.0%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4086			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	\$234,732	\$112,227	\$0	\$129,959	(\$11,543)	\$10,629	(\$36,575)		\$17,932	\$12,103	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,390,107	\$1,208,984	\$0	\$248,032	\$147,473	\$127,818	\$292,346	\$35,457	\$317,894	\$12,103	
8	Total Nursing Facility Days As Filed Days = 16,732	FY12 Audited C/R Days	16,427										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,582	FY 18 GL-PL Ins Rpt Days								15,582			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1996									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.10	\$16.76		\$17.80	\$2.28	\$19.35	\$0.74	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$123.52	\$61.35	\$0.00	\$15.10	\$16.76		\$17.80	\$2.28	9.49 (FRV)	\$0.74	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.39	\$11.27	\$0.00	\$2.77	\$3.08	\$0.00	\$3.27	N/A	N/A	N/A	
16	CMA 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	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4086									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.29									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.58	\$102.29	\$0.00	\$17.87	\$19.84	\$0.00	\$21.07	\$2.28	\$9.49	\$0.74	
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		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.63	\$5.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$199.89	\$110.60	\$0.00	\$18.09	\$20.25	\$0.00	\$38.54	\$2.28	\$9.49	\$0.74	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.09										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Scott Health & Rehabilitation Prvdr ID: 00141644A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score: 34.8% Nurse Hours per On-Site Day/Quality Incentive: 3.47		N/A	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.3422 Quarterly Medicaid CMI: 1.4840 Qtrly Mcaid CMI w RUG Wght Options: 1.5097			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$19,325)	\$0	\$0	\$0	\$1,437	\$1,559	(\$23,146)		(\$12,364)	\$13,189
7	Cost 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,880	FY 18 GL-PL Ins Rpt Days								19,880		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3422								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	\$4.25	\$0.68
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$121.46	\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	9.43 (FRV)	\$0.68
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth 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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.28	\$65.49	\$0.00	\$18.15	\$21.20	\$0.00	\$22.89	\$3.44	\$9.43	\$0.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5097								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.66	\$98.87	\$0.00	\$18.15	\$21.20	\$0.00	\$22.89	\$3.44	\$9.43	\$0.68
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfmg Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.07	\$5.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.73	\$104.84	\$0.00	\$18.37	\$21.61	\$0.00	\$40.36	\$3.44	\$9.43	\$0.68
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.22									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Sears Manor				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State-wide
Prvdr ID: 00142898A				Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2990				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 34.4%	2.5%	Quarterly Medicaid CMI: 1.4373				1.4961	
						4.30	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4601				1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,058,947.00	\$2,128,930	\$0	\$451,303	\$260,678	\$256,636	\$573,642	\$58,612	\$329,146	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,805)	\$0	\$0	\$0	(\$105)	(\$105)	(\$74,471)		(\$25,030)	\$24,906	
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										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,219	FY 18 GL-PL Ins Rpt Days								27,219			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.23	\$75.43	\$0.00	\$15.99	\$18.32	(with L&H)	\$17.69	\$2.15	\$10.77	\$0.88	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2990									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0.00	\$15.99	\$18.32		\$17.69	\$2.15	\$10.77	\$0.88	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$122.98	\$58.07	\$0.00	\$15.99	\$18.32		\$17.69	\$2.15	9.88 (FRV)	\$0.88	
Quarterly Per Diem Rate Prior to Add-ons													
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	\$18.93	\$21.69	\$0.00	\$20.94	\$2.15	\$9.88	\$0.88	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4601									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.37									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.84	\$100.37	\$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 (IStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.15	\$6.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.99	\$106.42	\$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	\$136.42										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Seminole Manor Nursing Home			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142909A			Case Mix Per Diem Rate Effective Date: 7/1/2020			Growth Allowance: N/A			Base Period Overall CMI: 1.2760			1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Qtrly BIMS score: 30.2%			Qtrly BIMS score: 2.5%			Quarterly Medicaid CMI: 1.1429			1.4961
			Nurse Hours per On-Site Day/Quality Incentive: 4.18			Nurse Hours per On-Site Day/Quality Incentive: 3.0%			Qtrly Mcaid CMI w RUG Wght Options: 1.1573			1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	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)		(\$15,449)	\$12,105
7	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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,033	FY 18 GL-PL Ins Rpt Days								21,033		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.60	\$0.00	\$37.46	\$27.04		\$23.10	\$0.27	\$7.59	\$0.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$149.26	\$66.60	\$0.00	\$29.15	\$23.09		\$20.56	\$0.27	9.04 (FRV)	\$0.55
Quarterly Per Diem Rate Prior to Add-ons												
15	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 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		1.1573								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.26	\$91.23	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.27	\$9.04	\$0.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$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	\$22.65	\$5.55	\$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	\$209.91	\$96.78	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.27	\$9.04	\$0.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.61									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Senior Care Ctr.-Brunswick				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 000830827B		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2904	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		23.5%	1.0%	Quarterly Medicaid CMI:			1.4376	1.4961
						3.49	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4624	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,935,309.00	\$5,960,467	\$0	\$1,072,572	\$683,912	\$504,746	\$3,762,908	\$229,360	\$721,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$368,101)	\$800,812	\$0	(\$1,205)	\$108,294	\$33,976	(\$1,467,220)		\$20,220	\$137,022
7	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
8	Total Nursing Facility Days As Filed Days = 59,342	FY12 Audited C/R Days	59,342									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,291	FY 18 GL-PL Ins Rpt Days								60,291		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2904								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.30								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.30	\$0.00	\$18.05	\$22.43		\$38.69	\$3.80	\$12.50	\$2.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$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												
15	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.59	\$84.65	\$0.00	\$21.37	\$26.55	\$0.00	\$24.34	\$3.80	\$16.57	\$2.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4624								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.73	\$123.79	\$0.00	\$21.37	\$26.55	\$0.00	\$24.34	\$3.80	\$16.57	\$2.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.71	\$3.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$5.58	\$4.95	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.31	\$128.74	\$0.00	\$21.69	\$26.96	\$0.00	\$24.34	\$3.80	\$16.57	\$2.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.23									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Senior Care Ctr.- St. Marys		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143129A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.2093	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	27.8%	1.0%	Quarterly Medicaid CMI:				1.3425	1.4961
					3.76	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3645	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,634)	\$41,172	\$0	(\$100)	(\$10,813)	(\$6,113)	\$4,635		(\$155,824)	\$25,409
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,996,960	\$2,157,271	\$0	\$387,651	\$388,649	\$219,713	\$554,343	\$121,553	\$142,371	\$25,409
8	Total Nursing Facility Days As Filed Days = 21,647	FY12 Audited C/R Days	21,647									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788	FY 18 GL-PL Ins Rpt Days								23,788		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.14	\$99.66	\$0.00	\$17.91	\$28.10	(with L&H)	\$25.61	\$5.11	\$6.58	\$1.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2093								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.41	\$0.00	\$17.91	\$28.10		\$25.61	\$5.11	\$6.58	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$149.76	\$71.51	\$0.00	\$17.91	\$23.09		\$20.56	\$5.11	10.41 (FRV)	\$1.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.45	\$13.14	\$0.00	\$3.29	\$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	\$174.21	\$84.65	\$0.00	\$21.20	\$27.33	\$0.00	\$24.34	\$5.11	\$10.41	\$1.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3646								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$115.50	\$115.50	\$0.00	\$21.20	\$27.33	\$0.00	\$24.34	\$5.11	\$10.41	\$1.17
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.06	\$115.50	\$0.00	\$21.20	\$27.33	\$0.00	\$24.34	\$5.11	\$10.41	\$1.17
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.95	\$4.63	\$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	\$227.01	\$120.13	\$0.00	\$21.42	\$27.33	\$0.00	\$41.44	\$5.11	\$10.41	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.43									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Signature HC of Buckhead			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00040763A			Growth Allowance: N/A			33.0%	18.37%	Base Period Overall CMI: 1.5246			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 3.06			2.5%	2.0%	Quarterly Medicaid CMI: 1.5640			1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:					Qtrly Mcaid CMI w RUG Wght Options: 1.5933			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmis	(\$625,674)	\$118,845	\$0	(\$3,470)	\$150	\$5,063	(\$609,808)		(\$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									
	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 Svcs	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		1.6246								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$143.42	\$63.05	\$0.00	\$16.68	\$19.57		\$20.56	\$9.07	10.13 (FRV)	\$4.36
Quarterly Per Diem Rate Prior to Add-ons												
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	\$9.07	\$10.13	\$4.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5933								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$118.91	\$118.91	\$0.00	\$19.74	\$23.17	\$0.00	\$24.34	\$9.07	\$10.13	\$4.36
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.72	\$118.91	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.61	\$5.88	\$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	\$233.33	\$124.79	\$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	\$162.17									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Signature HC - Marietta		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00142986A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	Base Period Overall CMI:				1.4557	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	22.0%	Quarterly Medicaid CMI:				1.7686	1.4961	
					3.46	Qtrly Mcaid CMI w RUG Wght Options:				1.8025	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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									
	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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4667</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$19.27	\$18.64		\$35.47	\$1.99	\$24.77	\$2.05
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$140.10	\$66.09	\$0.00	\$18.41	\$18.64		\$20.56	\$1.99	12.36 (FRV)	\$2.05
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8026</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.60	\$141.01	\$0.00	\$21.79	\$22.06	\$0.00	\$24.34	\$1.99	\$12.36	\$2.05
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.23	\$4.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.68	\$6.17	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.28	\$147.18	\$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	\$174.14									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Signature Healthcare of Savannah Prvdr ID: 00083157A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 17.0% Nurse Hours per On-Site Day/Quality Incentive: 3.55 Facility Score: N/A 17.0% 3.55 Add-on Percent: 18.37% 0.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.6565 Quarterly Medicaid CMI: 1.6056 Qtrly Mcaid CMI w RUG Wght Options: 1.6365 Facility Specific: 1.6565 1.6056 1.6365 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$6,163,426.08	\$3,322,791	\$0	\$575,380	\$227,959	\$317,853	\$1,538,244	\$35,183	\$146,006	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$481,576)	(\$6,386)	\$0	\$1,029	\$851	\$2,096	(\$481,229)		(\$47,579)	\$49,642
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,681,850	\$3,316,405	\$0	\$576,409	\$228,810	\$319,959	\$1,057,015	\$35,183	\$98,427	\$49,642
8	Total Nursing Facility Days As Filed Days = 39,800	FY12 Audited C/R Days	39,800									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,127	FY 18 GL-PL Ins Rpt Days								38,127		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.80	\$83.33	\$0.00	\$14.48	\$13.79	(with L&H)	\$26.56	\$0.92	\$2.47	\$1.25
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6565								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.31								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.31	\$0.00	\$14.48	\$13.79		\$26.56	\$0.92	\$2.47	\$1.25
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	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												
16	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.21	\$9.24	\$0.00	\$2.66	\$2.53	\$0.00	\$3.78	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.77	\$59.55	\$0.00	\$17.14	\$16.32	\$0.00	\$24.34	\$0.92	\$10.25	\$1.25
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6365								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.45								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.67	\$97.45	\$0.00	\$17.14	\$16.32	\$0.00	\$24.34	\$0.92	\$10.25	\$1.25
Quarterly Per Diem Add-on Amounts												
21	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.18	\$3.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.85	\$100.90	\$0.00	\$17.36	\$16.73	\$0.00	\$41.44	\$0.92	\$10.25	\$1.25
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Smith Medical Nursing Care Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143008A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				0.9535	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score		35.6%	2.5%	Quarterly Medicaid CMI:				0.9918	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		2.07	0.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.0025	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,363,450.00	\$642,300	\$0	\$167,569	\$80,015	\$112,658	\$279,616	\$50,009	\$31,283	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$25,559)	\$0	\$0	\$0	\$0	(\$235)	(\$24,756)		(\$15,417)	\$14,849
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,337,891	\$642,300	\$0	\$167,569	\$80,015	\$112,423	\$254,860	\$50,009	\$15,866	\$14,849
8	Total Nursing Facility Days As Filed Days = 16,988	FY12 Audited C/R Days	16,988									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,789	18 GL-PL Ins Rpt D FY 18 C/R Days								17,789		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$78.61	\$37.81	\$0.00	\$9.86	\$11.33	(with L&H)	\$15.00	\$2.81	\$0.93	\$0.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		0.9535								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	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		1.0025								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$47.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$103.75	\$47.05	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.81	\$1.71	\$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	\$123.56	\$48.76	\$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	\$79.85									
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									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data

FINAL

Provider: Social Circle Nursing and Rehab Center Prvdr ID: 00143041A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 32.0% Nurse Hours per On-Site Day/Quality Incentive: 3.43 Facility Score Add-on Percent 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.5267 Quarterly Medicaid CMI: 1.6079 Qtrly Mcaid CMI w RUG Wght Options: 1.6377 Facility Specific 1.4014 1.4961 1.5223 State-wide												
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	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Adjstnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.60								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.74
	Quarterly Per Diem Rate Prior to Add-ons											
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		1.6377								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.11	\$138.80	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.47	\$3.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$4.16	\$4.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.89	\$8.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.00	\$146.96	\$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	(Ln 25 - Ln 23) * 0.75	\$170.93									

Quarterly Case Mix Per Diem Calculation

Provider: Southern Pines Nursing Home Prvdr ID: 00140918A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 48.9% Nurse Hours per On-Site Day/Quality Incentive: 3.87		Facility Score N/A	Add-on Percent 18.37% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4655 Quarterly Medicaid CMI: 1.8123 Qtrly Mcaid CMI w RUG Wght Options: 1.8486			Facility Specific 1.4655 1.8123 1.8486	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 54,433		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								20,467		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$32.84	\$0.91
<u>Allowed @ 95% of Std</u>			\$160.64	\$67.93		\$17.49	\$21.94		\$19.53		\$32.84	\$0.91
Growth Allowance 18.4%			\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$186.68	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.73	\$32.84	\$0.91
Quarterly Facility Case Mix Index for Medicaid Residents				<u>1.8486</u>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$148.64								
Quarterly Medicaid CMA Allowed Per Diem			\$254.91	\$148.64		\$20.70	\$25.97		\$23.12	\$2.73	\$32.84	\$0.91
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 5.5% o Routine Srvs)			\$8.18	\$8.18								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$4.46	\$4.46								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$29.73									
Quarterly Case Mix Based Per Diem Rate			\$284.65	\$161.28		\$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%		\$200.66										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Southland Nursing Home Prvdr ID: 00409054A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 39.4% Nurse Hours per On-Site Day/Quality Incentive: 3.31 Facility Score: N/A Add-on Percent: 18.37% Qtrly BIMS score: 2.5% Nurse Hours per On-Site Day/Quality Incentive: 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4974 Quarterly Medicaid CMI: 1.6800 Qtrly Mcaid CMI w RUG Wght Options: 1.7080 Facility Specific: 1.4974 1.6800 1.7080 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Svcs	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		1.4974								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.66	\$0.00	\$16.92	\$19.01		\$21.13	\$2.98	\$24.21	\$1.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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		1.7080								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.90	\$128.70	\$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 ((Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.22	\$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.86	\$3.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.34	\$7.61	\$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	\$239.24	\$136.31	\$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	\$166.61									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Southland Healthcare & Rehab Ctr. Prvdr ID: 00143558A				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 31.2% Nurse Hours per On-Site Day/Quality Incentive: 2.75		Facility Score Add-on Percent: 18.37% 2.5% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.5242 Quarterly Medicaid CMI: 1.4807 Qtrly Mcaid CMI w RUG Wght Options: 1.5052				Facility Specific 1.5242 1.4807 1.5052	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,391	FY 18 GL-PL Ins Rpt Days								33,391		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.6242								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.91
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.10	\$7.67	\$0.00	\$2.51	\$3.05	\$0.00	\$2.87	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		1.6052								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$139.02	\$74.39	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.86	\$1.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.49	\$1.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.98	\$3.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$161.00	\$78.27	\$0.00	\$16.37	\$20.08	\$0.00	\$36.94	\$1.47	\$7.96	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.93									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Southwell Health and Rehab Prvdr ID: 00059826A H/B ? : No				Add-on Data and Percentages Growth Allowance: N/A BIMS: 39.8% Nurse Hours per On-Site Day/Quality Incentive: 3.98		Facility Score N/A 39.8% 3.98	Add-on Percent 18.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.4305 Quarterly Medicaid CMI: 1.2904 Qtrly Mcaid CMI w RUG Wght Options: 1.3099			Facility Specific 1.4305 1.2904 1.3099	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt										\$ 34,380		
Standard Per Diem (After CMA for Routine Svcs)										31,753		
Allowed @ 95% of Std												
Growth Allowance 18.37%				\$168.79	\$73.90	\$28.00	\$23.27		\$23.46		\$27.24	\$0.34
CMA Allowed Per Diem (After Growth Allowance)				\$25.94	\$70.21	\$26.60	\$22.11		\$22.29		\$27.24	\$0.34
Quarterly Facility Case Mix Index for Medicaid Residents				\$197.46	\$83.11	\$4.89	\$4.06		\$4.09			
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem					1.3099	\$31.49	\$26.17		\$26.38	\$ 2.73	\$27.24	\$0.34
Quarterly Medicaid CMA Allowed Per Diem				\$223.22	\$108.86						(FRV Rate)	
Quarterly Per Diem Add-On Amounts						\$31.49	\$26.17		\$26.38	\$2.73	\$27.24	\$0.34
BIMS Add-on Per Diem = 2.5% to Routine Svcs)				\$2.72	\$2.72							
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$3.27	\$3.27							
Nursing Home Provider Fee				\$17.10					17.10			
Total Quarterly Per Diem Add-On Amounts				\$23.09								
Quarterly Case Mix Based Per Diem Rate				\$246.30	\$114.85	\$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%				\$171.90								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Sparta Health & Rehab Prvdr ID: 00143063A				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 21.2% Nurse Hours per On-Site Day/Quality Incentive: 3.54		Facility Score N/A	Add-on Percent 18.37% 1.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.0832 Quarterly Medicaid CMI: 1.0893 Qtrly Mcaid CMI w RUG Wght Options: 1.1048			Facility Specific 1.0832 1.0893 1.1048	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)		(\$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									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								25,443		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$123.66	\$63.70	\$0.00	\$14.24	\$15.83	(with L&H)	\$15.13	\$3.05	\$11.04	\$0.67
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$116.08	\$58.81	\$0.00	\$14.24	\$15.83		\$15.13	\$3.05	8.35 (FRV)	\$0.67
	Quarterly Per Diem Rate Prior to Add-ons											
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)	Ln 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		1.1048								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.49	\$76.91	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.71	\$3.61	\$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	\$164.20	\$80.62	\$0.00	\$17.08	\$19.16	\$0.00	\$36.38	\$3.06	\$8.35	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.33									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: St. Joseph's Transitional Care Unit Prvdr ID: 00851243A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 0.0% Nurse Hours per On-Site Day/Quality Incentive: 7.62			0.0%	18.37% 0.0%	Base Period Overall CMI: 2.4830 Quarterly Medicaid CMI: 1.4961 Qtrly Mcaid CMI w RUG Wght Options: 1.5223			2.4830 1.4961 1.5223	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalrns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,237,277.00	\$551,558	\$0	\$63,792	\$65,869	\$72,204	\$306,232	\$6,699	\$170,923	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$9,363)	\$0	\$0	\$0	\$0	\$0	(\$9,363)		(\$3,884)	\$3,884
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,227,914	\$551,558	\$0	\$63,792	\$65,869	\$72,204	\$296,869	\$6,699	\$167,039	\$3,884
8	Total Nursing Facility Days As Filed Days = 3,195	FY12 Audited C/R Days	3,195									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 3,180	FY 18 GL-PL Ins Rpt Days								3,180		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$384.35	\$172.63	\$0.00	\$19.97	\$43.22	(with L&H)	\$92.92	\$2.11	\$52.28	\$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2.4830								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.52	\$0.00	\$19.97	\$43.22		\$92.92	\$2.11	\$52.28	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$151.92	\$69.52	\$0.00	\$19.97	\$23.09		\$20.56	\$2.11	15.45 (FRV)	\$1.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.46	\$12.77	\$0.00	\$3.67	\$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	\$176.38	\$82.29	\$0.00	\$23.64	\$27.33	\$0.00	\$24.34	\$2.11	\$15.45	\$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5223								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.36	\$125.27	\$0.00	\$23.64	\$27.33	\$0.00	\$24.34	\$2.11	\$15.45	\$1.22
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.85	\$0.53	\$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	\$237.21	\$125.80	\$0.00	\$23.86	\$27.33	\$0.00	\$41.44	\$2.11	\$16.46	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.08									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Stevens Park Prvdr ID: 03143404A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 26.1% Nurse Hours per On-Site Day/Quality Incentive: 3.88			18.37% 1.0% 2.0%		Base Period Overall CMI: 1.6519 Quarterly Medicaid CMI: 1.5925 Qtrly Mcaid CMI w RUG Wght Options: 1.6228			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Costs	FY12 C/R Audit Adjstmtns	(\$8,898)	(\$5,436)	\$0	(\$1,961)	\$0	\$0	(\$3,809)		(\$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 As Filed Days = 16,235	FY12 Audited C/R Days	16,235									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,779	FY 18 GL-PL Ins Rpt Days								15,779		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 Residents	from 4 qtrs of FY12		1.6519								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.91								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.91	\$0.00	\$23.40	\$20.84		\$32.12	\$3.02	\$27.95	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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												
15	Growth Allowance Percentage = 18.37%	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-on)	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 Residents	per Current Qtr End		1.6228								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.53	\$136.22	\$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 - Awd) 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.04	\$4.53	\$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	\$267.67	\$140.75	\$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 Days	(Ln 25 - Ln 23) * 0.75	\$187.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Summerhill Elderliving Home Prvdr ID: 00142139A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score 40.2% Nurse Hours per On-Site Day/Quality Incentive: 4.16			18.37% 2.5% 3.0%		Base Period Overall CMI: 1.3692 Quarterly Medicaid CMI: 1.5012 Qtrly Mcaid CMI w RUG Wght Options: 1.5266			1.3617 1.4961 1.5223	
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	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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								57,192		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qtrs of FY12		1.3692								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.34	\$0.00	\$19.58	\$21.30		\$17.54	\$2.12	\$6.67	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
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		1.6266								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.10	\$105.43	\$0.00	\$21.79	\$25.21	\$0.00	\$20.76	\$2.12	\$13.83	\$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)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.21	\$6.33	\$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	\$214.31	\$111.76	\$0.00	\$21.79	\$25.62	\$0.00	\$38.23	\$2.12	\$13.83	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.91									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Syl-View Health Care Center, Inc.			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00040796A			Growth Allowance: N/A				N/A	18.37%	Base Period Overall CMI: 1.1798			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 30.4%				30.4%	2.5%	Quarterly Medicaid CMI: 1.4433			1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 2.88				2.88	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4693			1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,902,776.00	\$2,054,107	\$0	\$497,355	\$318,621	\$206,770	\$442,929	\$85,829	\$297,165	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$135,020)	(\$38,629)	\$0	(\$1,545)	(\$611)	\$0	(\$91,419)		(\$24,967)	\$22,151	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,767,756	\$2,015,478	\$0	\$495,810	\$318,010	\$206,770	\$351,510	\$85,829	\$272,198	\$22,151	
8	Total Nursing Facility Days As Filed Days = 34,197	FY12 Audited C/R Days	34,197										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,272	FY 18 GL-PL Ins Rpt Days								27,272			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$110.83	\$58.94	\$0.00	\$14.50	\$15.35	(with L&H)	\$10.28	\$3.15	\$7.96	\$0.65	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1798</u>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.96									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$101.78	\$49.96	\$0.00	\$14.50	\$15.35		\$10.28	\$3.15	7.89 (FRV)	\$0.65	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>18.37%</u>	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	
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4693</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.89									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.08	\$86.89	\$0.00	\$17.16	\$18.17	\$0.00	\$12.17	\$3.15	\$7.89	\$0.65	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.17	\$2.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.61	\$2.61									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.41	\$5.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.49	\$92.20	\$0.00	\$17.38	\$18.68	\$0.00	\$29.64	\$3.15	\$7.89	\$0.65	
26	Quarterly Per Diem Rate for Bad Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.29										

Quarterly Case Mix Based Per Diem Rate Calculations
Based on Audited FY12 Cost Report Data

FINAL

Provider: Tattnall Nursing, LLC		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143228A		Growth Allowance: N/A				N/A	18.37%	Base Period Overall CMI:			1.1942	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020		Qtrly BIMS score: 30.6%				30.6%	2.5%	Quarterly Medicaid CMI:			1.3884	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 2.66				2.66	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4125	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatrs & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(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 Svcs 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 Adjstms	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,626										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	18 GL-PL Ins Rpt C FY 18 C/R Days								27,626		
10	Base Period Facility Case Mix Index for All Residents	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
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		1.1942								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$40.24								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	RS = Ln 11, AllOthr = Ln 9		\$40.24	\$0.00	\$11.24	\$13.30		\$17.63	\$0.70	\$9.72	\$0.65
14	Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
	Lesser of Ln 12 or Ln 13		\$90.41	\$40.24	\$0.00	\$11.24	\$13.30		\$17.63	\$0.70	6.65	\$0.65
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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.4125								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$125.19	\$67.28	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.68	\$1.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.35	\$1.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.66	\$3.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$146.85	\$70.84	\$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	\$97.31									
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									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Taylor County Health Care Prvdr ID: 00432924A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 40.6% Nurse Hours per On-Site Day/Quality Incentive: 3.77 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2388 Quarterly Medicaid CMI: 1.6219 Qtrly Mcaid CMI w RUG Wght Options: 1.6513 Facility Specific: 1.2388 1.6219 1.6513 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$15,368)	\$0	\$0	(\$1,391)	\$0	(\$221)	(\$14,826)		(\$35,439)	\$36,509
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
8	Total Nursing Facility Days As Filed Days = 23,918	FY12 Audited C/R Days	23,918									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,022	FY 18 GL-PL Ins Rpt Days								26,022		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2388								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.92	\$0.00	\$14.69	\$15.49		\$18.05	\$2.87	\$12.36	\$1.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$119.51	\$55.92	\$0.00	\$14.69	\$15.49		\$18.05	\$2.87	10.96 (FRV)	\$1.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$19.14	\$10.27	\$0.00	\$2.70	\$2.85	\$0.00	\$3.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.65	\$66.19	\$0.00	\$17.39	\$18.34	\$0.00	\$21.37	\$2.87	\$10.96	\$1.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6513								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.76	\$109.30	\$0.00	\$17.39	\$18.34	\$0.00	\$21.37	\$2.87	\$10.96	\$1.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.64	\$6.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.40	\$115.84	\$0.00	\$17.61	\$18.76	\$0.00	\$38.84	\$2.87	\$10.96	\$1.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.98									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data

FINAL

Provider: The Bell-Minor Home, Inc.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059397A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.4312	1.3699
Case Mix Per Diem Rate Effective Date: 07/01/20				Qtrly BIMS score		33.3%	2.5%	Quarterly Medicaid CMI:			1.6307	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive:		2.71	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6633	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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									
	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.97								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.88
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$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 Qtr End		1.6633								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.01	\$86.57	\$0.00	\$16.03	\$21.19	\$0.00	\$27.77	\$3.89	\$13.68	\$1.88
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.02	\$5.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.03	\$91.86	\$0.00	\$16.25	\$21.60	\$0.00	\$44.87	\$3.89	\$13.68	\$1.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.70									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Center for Advanced Rehab @ Parkside Prvdr ID: 00083102A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 21.6% Nurse Hours per On-Site Day/Quality Incentive: 3.66		N/A 1.0% 3.66	18.37% 1.0% 3.0%	Base Period Overall CMI: 1.2877 Quarterly Medicaid CMI: 1.7800 Qtrly Mcaid CMI w RUG Wght Options: 1.8149				1.2877 1.7800 1.8149	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalrns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	Audit 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	Cost Center Costs After Audit Adjustments	FY12 Audited 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	35,235									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,354	FY 18 GL-PL Ins Rpt Days								43,354		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.64								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.64	\$0.00	\$11.23	\$20.95		\$29.83	\$3.42	\$27.73	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$141.99	\$71.51	\$0.00	\$11.23	\$20.95		\$20.56	\$3.42	14.24 (FRV)	\$0.08
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.83	\$13.14	\$0.00	\$2.06	\$3.85	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.82	\$84.65	\$0.00	\$13.29	\$24.80	\$0.00	\$24.34	\$3.42	\$14.24	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8149								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$153.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.80	\$153.63	\$0.00	\$13.29	\$24.80	\$0.00	\$24.34	\$3.42	\$14.24	\$0.08
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - 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		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.61	\$4.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.88	\$6.15	\$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	\$267.68	\$169.78	\$0.00	\$13.51	\$25.21	\$0.00	\$41.44	\$3.42	\$14.24	\$0.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.44									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: The Fountainview Ctr for Alzheimer's Disease Prvdr ID: 00421429A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 86.0%		N/A	18.37%	Base Period Overall CMI: 1.2118 Quarterly Medicaid CMI: 1.4350 Qtrly Mcaid CMI w RUG Wght Options: 1.4588			1.2118	1.3617	
			Nurse Hours per On-Site Day/Quality Incentive: 4.06		4.06	3.0%				1.4350	1.4961	
										1.4588	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$115,106)	(\$27,150)	\$0	\$13,302	\$0	\$0	(\$101,258)		(\$167,822)	\$167,822
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,304,074	\$3,402,381	\$0	\$941,631	\$463,144	\$428,868	\$1,230,320	\$140,055	\$529,853	\$167,822
8	Total Nursing Facility Days As Filed Days = 40,759	FY12 Audited C/R Days	40,759									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,441	FY 18 GL-PL Ins Rpt Days								42,441		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.08	\$83.48	\$0.00	\$23.10	\$21.89	(with L&H)	\$30.19	\$3.30	\$13.00	\$4.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2118								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.89								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.89	\$0.00	\$23.10	\$21.89		\$30.19	\$3.30	\$13.00	\$4.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$151.20	\$68.89	\$0.00	\$18.41	\$21.89		\$20.56	\$3.30	14.03 (FRV)	\$4.12
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth 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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.04	\$81.55	\$0.00	\$21.79	\$25.91	\$0.00	\$24.34	\$3.30	\$14.03	\$4.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4588								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.46	\$118.97	\$0.00	\$21.79	\$25.91	\$0.00	\$24.34	\$3.30	\$14.03	\$4.12
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.54	\$6.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.15	\$10.64	\$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	\$240.61	\$129.61	\$0.00	\$21.79	\$26.32	\$0.00	\$41.44	\$3.30	\$14.03	\$4.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.63									

Quarterly Case Mix Per Diem Calculation

Provider: The Lodge Prvdr ID: 00142381A H/B?: No				Add-on Data and Percentages Growth Allowance: N/A BIMS: 40.5% Nurse Hours per On-Site Day/Quality Incentive: 4.57		Facility Score N/A	Add-on Percent 18.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.4841 Quarterly Medicaid CMI: 1.6005 Qtrly Mcaid CMI w RUG Wght Options: 1.6321			Facility Specific 1.4841 1.6005 1.6321	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt										\$ 87,427		
Standard Per Diem (After CMA for Routine Srvcs)										42,182		
<u>Allowed @ 95% of Std</u>												
Growth Allowance 18.4%				\$160.54	\$67.93	\$18.41	\$23.09		\$20.56		\$33.65	\$0.00
CMA Allowed Per Diem (After Growth Allowance)				\$23.31	\$12.48	\$17.49	\$21.94		\$19.53		\$33.65	\$0.00
Quarterly Facility Case Mix Index for Medicaid Residents				\$185.92	\$80.41	\$3.21	\$4.03		\$3.59			
Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem					\$131.24	\$20.70	\$25.97		\$23.12	\$ 2.07	\$33.65	\$0.00
Quarterly Medicaid CMA Allowed Per Diem				\$236.75	\$131.24	\$20.70	\$25.97		\$23.12	\$2.07	\$33.65	\$0.00
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% o Routine Srvs)				\$3.28	\$3.28							
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$3.94	\$3.94							
Nursing Home Provider Fee				\$17.10					17.10			
Total Quarterly Per Diem Add-On Amounts				\$24.32								
Quarterly Case Mix Based Per Diem Rate				\$261.06	\$138.45	\$20.70	\$25.97		\$40.22	\$2.07	\$33.65	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%				\$182.97								

Quarterly Case Mix Per Diem Calculation

Provider: The Oaks of Athens			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140126A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.4177	1.3617	
H/B ?: No			Case Mix Per Diem Rate Effective Date: 07/01/20		BIMS: 22.0%	1.0%	Quarterly Medicaid CMI:			1.4271	1.4961	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.98	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4533	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 356,084		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								48,701		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$30.90	\$1.82
	<u>Allowed @ 95% of Std</u>		\$159.61	\$67.93		\$17.49	\$21.94		\$19.53		\$30.90	\$1.82
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$190.23	\$80.41		\$20.70	\$25.97		\$23.12	\$ 7.31	\$30.90	\$1.82
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.4533</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$116.86								
	Quarterly Medicaid CMA Allowed Per Diem		\$226.68	\$116.86		\$20.70	\$25.97		\$23.12	\$7.31	\$30.90	\$1.82
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% o Routine Svcs)		\$1.17	\$1.17								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.51	\$3.51								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.77									
	Quarterly Case Mix Based Per Diem Rate		\$248.45	\$121.53		\$20.70	\$25.97		\$40.22	\$7.31	\$30.90	\$1.82
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$173.51										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Oaks - Bethany (Vidalia)				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140258A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.4603	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		40.5%	2.5%	Quarterly Medicaid CMI:			1.5456	1.4961
						3.55	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5739	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmis	(\$216,528)	(\$4,858)	\$0	\$0	\$0	(\$2,166)	(\$207,967)		(\$32,151)	\$30,614
7	Cost 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,582	FY 18 GL-PL Ins Rpt Days								56,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4603</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.64	\$0.00	\$14.72	\$20.16		\$16.14	\$7.14	\$3.02	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$126.51	\$54.64	\$0.00	\$14.72	\$20.16		\$16.14	\$7.14	13.19 (FRV)	\$0.52
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.40	\$10.04	\$0.00	\$2.70	\$3.70	\$0.00	\$2.96	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.91	\$64.68	\$0.00	\$17.42	\$23.86	\$0.00	\$19.10	\$7.14	\$13.19	\$0.52
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6739</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.03	\$101.80	\$0.00	\$17.42	\$23.86	\$0.00	\$19.10	\$7.14	\$13.19	\$0.52
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - 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	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.23	\$6.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.26	\$107.93	\$0.00	\$17.64	\$24.27	\$0.00	\$36.67	\$7.14	\$13.19	\$0.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Oaks at Limestone, LLC Prvdr ID: 00141743A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 50.0% Nurse Hours per On-Site Day/Quality Incentive: 3.61 Facility Score: N/A Add-on Percent: 18.37% 5.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.5724 Quarterly Medicaid CMI: 1.4221 Qtrly Mcaid CMI w RUG Wght Options: 1.4433 Facility Specific: 1.5724 State-wide: 1.3617 1.4221 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								34,907		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$192.19	\$103.01	\$0.00	\$15.86	\$27.17	(with L&H)	\$23.54	\$7.17	\$11.92	\$3.52
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.51	\$0.00	\$15.86	\$27.17		\$23.54	\$7.17	\$11.92	\$3.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$153.24	\$65.51	\$0.00	\$15.86	\$23.09		\$20.56	\$7.17	17.53 (FRV)	\$3.52
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$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	\$176.20	\$77.54	\$0.00	\$18.77	\$27.33	\$0.00	\$24.34	\$7.17	\$17.53	\$3.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4433								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.57	\$111.91	\$0.00	\$18.77	\$27.33	\$0.00	\$24.34	\$7.17	\$17.53	\$3.52
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alw) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.16	\$6.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.25	\$8.93	\$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	\$236.82	\$120.84	\$0.00	\$18.99	\$27.33	\$0.00	\$41.44	\$7.17	\$17.53	\$3.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Oaks at Scenic View Prvdr ID: 00178307A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score: 17.4% Nurse Hours per On-Site Day/Quality Incentive: 4.02		N/A 17.4% 4.02	18.37% 0.0% 3.0%	Base Period Overall CMI: 1.5260 Quarterly Medicaid CMI: 1.6625 Qtrly Mcaid CMI w RUG Wght Options: 1.6942			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$8,083,419.00	\$4,226,764	\$0	\$654,059	\$498,833	\$545,367	\$1,141,692	\$356,084	\$660,620	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$145,534)	(\$2,957)	\$0	(\$577)	\$0	(\$3,418)	(\$138,181)		(\$107,447)	\$107,046
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,937,885	\$4,223,807	\$0	\$653,482	\$498,833	\$541,949	\$1,003,511	\$356,084	\$553,173	\$107,046
8	Total Nursing Facility Days As Filed Days = 47,855	FY12 Audited C/R Days	47,855									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,455	FY 18 GL-PL Ins Rpt Days								46,455		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5260								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$13.66	\$21.75		\$20.97	\$7.67	\$11.56	\$2.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$133.87	\$57.84	\$0.00	\$13.66	\$21.75		\$20.56	\$7.67	10.15 (FRV)	\$2.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$20.92	\$10.63	\$0.00	\$2.51	\$4.00	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.79	\$68.47	\$0.00	\$16.17	\$25.75	\$0.00	\$24.34	\$7.67	\$10.15	\$2.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6942								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.32	\$116.00	\$0.00	\$16.17	\$25.75	\$0.00	\$24.34	\$7.67	\$10.15	\$2.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stand - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.48	\$3.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.74	\$4.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.06	\$120.01	\$0.00	\$16.39	\$26.16	\$0.00	\$41.44	\$7.67	\$10.15	\$2.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.22									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Oaks Nursing Home, Inc. Prvdr ID: 00142271A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 46.3% Nurse Hours per On-Site Day/Quality Incentive: 4.08 Facility Score: N/A Add-on Percent: 18.37% Qtrly BIMS score: 5.5% Nurse Hours per On-Site Day/Quality Incentive: 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2854 Quarterly Medicaid CMI: 1.8149 Qtrly Mcaid CMI w RUG Wght Options: 1.8498 Facility Specific: 1.2854 State-wide: 1.3617 Facility Specific: 1.8149 State-wide: 1.4961 Facility Specific: 1.8498 State-wide: 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$2,666)	\$3,281	\$0	\$383	(\$740)	(\$2,076)	(\$3,328)		(\$39,826)	\$39,640
7	Cost 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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,365	FY 18 GL-PL Ins Rpt Days								21,365		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.2854								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.08	\$0.00	\$15.23	\$16.93		\$20.93	\$1.61	\$2.59	\$2.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$118.28	\$47.08	\$0.00	\$15.23	\$16.93		\$20.56	\$1.61	14.78 (FRV)	\$2.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwth Allwnc %	\$18.34	\$8.65	\$0.00	\$2.80	\$3.11	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA 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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8498								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.98	\$103.09	\$0.00	\$18.03	\$20.04	\$0.00	\$24.34	\$1.61	\$14.78	\$2.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$5.67	\$5.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.02	\$9.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.00	\$112.38	\$0.00	\$18.25	\$20.45	\$0.00	\$41.44	\$1.61	\$14.78	\$2.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.43									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: The Oaks of Athens, LLC Prvdr ID: 00140126A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Growth Allowance: N/A Qtrly BIMS score: 22.0% Nurse Hours per On-Site Day/Quality Incentive: 3.98		N/A	18.37% 1.0% 3.0%	Base Period Overall CMI: 1.4177 Quarterly Medicaid CMI: 1.4271 Qtrly Mcaid CMI w RUG Wght Options: 1.4533			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,895,796.00	\$3,577,129	\$0	\$529,490	\$417,239	\$352,534	\$917,622	\$356,084	\$745,698	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$145,922)	(\$2,301)	\$0	(\$551)	(\$5,967)	(\$5,466)	(\$120,978)		(\$84,720)	\$74,061
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,749,874	\$3,574,828	\$0	\$528,939	\$411,272	\$347,068	\$796,644	\$356,084	\$660,978	\$74,061
8	Total Nursing Facility Days As Filed Days = 40,616	FY12 Audited C/R Days	40,616									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,701	FY 18 GL-PL Ins Rpt Days								48,701		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$157.41	\$88.02	\$0.00	\$13.02	\$18.67	(with L&H)	\$19.61	\$0.00	\$16.27	\$1.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4177								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.09								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.09	\$0.00	\$13.02	\$18.67		\$19.61	\$0.00	\$16.27	\$1.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$146.11	\$62.09	\$0.00	\$13.02	\$18.67		\$19.61	\$0.00	30.90 (FRV)	\$1.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.83	\$11.41	\$0.00	\$2.39	\$3.43	\$0.00	\$3.60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.94	\$73.50	\$0.00	\$15.41	\$22.10	\$0.00	\$23.21	\$0.00	\$30.90	\$1.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4533								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.26	\$106.82	\$0.00	\$15.41	\$22.10	\$0.00	\$23.21	\$0.00	\$30.90	\$1.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.90	\$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	\$223.16	\$111.62	\$0.00	\$15.63	\$22.51	\$0.00	\$40.68	\$0.00	\$30.90	\$1.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.55									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: The Oaks of Carrollton			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140181A			Growth Allowance: N/A				40.9%	2.5%	Base Period Overall CMI: 1.5821			1.5821	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 3.87				3.87	3.0%	Quarterly Medicaid CMI: 1.4819			1.4819	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:						Qtrly Mcaid CMI w RUG Wght Options: 1.5086			1.5086	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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								14,492			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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		1.6821									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.35									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$153.81	\$59.35	\$0.00	\$16.16	\$23.09		\$20.56	\$6.97	21.76 (FRV)	\$5.92	
Quarterly Per Diem Rate Prior to Add-ons													
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	\$175.70	\$70.25	\$0.00	\$19.13	\$27.33	\$0.00	\$24.34	\$6.97	\$21.76	\$5.92	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6086									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.98									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.43	\$105.98	\$0.00	\$19.13	\$27.33	\$0.00	\$24.34	\$6.97	\$21.76	\$5.92	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.68	\$6.36	\$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	\$236.11	\$112.34	\$0.00	\$19.36	\$27.33	\$0.00	\$41.44	\$6.97	\$21.76	\$5.92	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.51										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: The Place at Deans Bridge			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141589A			Growth Allowance:				N/A	18.37%	Base Period Overall CMI:			1.4214	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score				37.7%	2.5%	Quarterly Medicaid CMI:			1.3777	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:				3.60	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4053	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalrns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,415	FY 18 GL-PL Ins Rpt Days								27,415			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.17									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$122.19	\$53.17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	9.18 (FRV)	\$1.24	
Quarterly Per Diem Rate Prior to Add-ons													
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 + Ln 15	\$141.38	\$62.94	\$0.00	\$19.18	\$18.96	\$0.00	\$22.56	\$7.32	\$9.18	\$1.24	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4053									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.45									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.89	\$88.45	\$0.00	\$19.18	\$18.96	\$0.00	\$22.56	\$7.32	\$9.18	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.65	\$2.65									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.49	\$5.39	\$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	\$190.38	\$93.84	\$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	\$129.96										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Place at Martinez Prvdr ID: 00142535A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 37.1% Nurse Hours per On-Site Day/Quality Incentive: 3.63				N/A 37.1% 3.63	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.3341 Quarterly Medicaid CMI: 1.4063 Qtrly Mcaid CMI w RUG Wght Options: 1.4290			1.3341 1.4063 1.4290	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalrns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY 18 GL-PL Ins Rpt Days								27,936			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.3341									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.39									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 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 Svcs)	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 (FRV)	\$1.55	
Quarterly Per Diem Rate Prior to Add-ons													
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 Qtr End		1.4290									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.22	\$107.22	\$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 (IStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.53	\$6.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.76	\$113.66	\$0.00	\$20.69	\$22.96	\$0.00	\$35.63	\$7.18	\$10.09	\$1.65	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.99										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Retreat Nursing Home Pvdr ID: 00142733A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 27.9% Nurse Hours per On-Site Day/Quality Incentive: 4.13 Facility Score N/A Add-on Percent 18.37% 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.0648 Quarterly Medicaid CMI: 0.9977 Qtrly Mcaid CMI w RUG Wght Options: 1.0045 Facility Specific 1.0648 0.9977 1.0045 State-wide 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit 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		(\$8,976)	\$5,710
7	Cost 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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,232	FY 18 GL-PL Ins Rpt Days								19,232		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0648								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.07								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.07	\$0.00	\$35.42	\$23.06		\$23.83	\$2.52	\$5.71	\$0.29
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.03	\$71.51	\$0.00	\$29.15	\$23.06		\$20.56	\$2.52	7.94 (FRV)	\$0.29
Quarterly Per Diem Rate Prior to Add-ons												
16	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
17	CMA 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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0045								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.03								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.92	\$85.03	\$0.00	\$34.50	\$27.30	\$0.00	\$24.34	\$2.52	\$7.94	\$0.29
Quarterly Per Diem Add-on Amounts												
21	Efficiency Add-on Per Diem ([Stnd - Ahdw] 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	
22	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.55	\$2.55								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.52	\$3.40	\$0.00	\$0.00	\$0.02	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.44	\$88.43	\$0.00	\$34.50	\$27.32	\$0.00	\$41.44	\$2.52	\$7.94	\$0.29
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.01									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Twin View Health Care		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide		
Prvdr ID: 00040807A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.2987	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		31.3%	2.5%	Quarterly Medicaid CMI:				1.5749	1.4961
						2.29	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6040	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,732 As Filed Days = 37,192	38,732										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	18 GL-PL Ins Rpt C FY 18 C/R Days 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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	\$33.31										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9	\$33.31	\$0.00	\$9.80	\$12.33			\$11.73	\$0.89	\$8.13	\$0.81	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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)	\$0.81	
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		1.6040									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$63.25										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$112.22	\$63.25	\$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 ([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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.58	\$1.58									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.27	\$1.27									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.48	\$3.38	\$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	\$133.70	\$66.63	\$0.00	\$11.82	\$15.01	\$0.00	\$31.35	\$0.89	\$7.19	\$0.81	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$87.45										
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										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Thomasville Nurs. & Rehab. Ctr.			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00277604A			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.5025	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score			41.7%	2.5%	Quarterly Medicaid CMI:			1.6528	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:			3.25	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6852	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,738,554.35	\$1,148,385	\$0	\$309,188	\$177,148	\$127,277	\$634,398	\$10,271	\$331,907	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrmts	(\$309,976)	(\$124,318)	\$0	(\$10,866)	(\$4,518)	(\$433)	(\$205,441)		\$25,837	\$9,763
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,428,578	\$1,024,047	\$0	\$298,322	\$172,630	\$126,844	\$428,957	\$10,271	\$357,744	\$9,763
8	Total Nursing Facility Days As Filed Days = 16,153	FY12 Audited C/R Days	16,153									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,102	FY 18 GL-PL Ins Rpt Days								17,102		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5025</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 = <u>18.37%</u>	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	\$21.79	\$21.95	\$0.00	\$24.34	\$0.60	\$9.36	\$0.60
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6852</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllIOthr = Ln 16	\$162.82	\$84.18	\$0.00	\$21.79	\$21.95	\$0.00	\$24.34	\$0.60	\$9.36	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.53	\$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.67	\$5.16	\$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	\$185.49	\$89.34	\$0.00	\$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	\$126.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Thomson Health & Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143261A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A		Base Period Overall CMI: 1.1378				1.1378	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 51.7%		Quarterly Medicaid CMI: 1.4124				1.4124	1.4961	
				3.68		Qtrly Mcaid CMI w RUG Wght Options: 1.4355				1.4355	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Svcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.1378								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
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		1.4355								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.02	\$98.20	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.40	\$5.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.95	\$2.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.98	\$8.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.00	\$107.08	\$0.00	\$19.42	\$20.64	\$0.00	\$33.60	\$2.36	\$8.43	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.18									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Thunderbolt Transitional Care and Rehab Prvdr ID: 00727801A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 23.1% Nurse Hours per On-Site Day/Quality Incentive: 3.16 Facility Score: N/A Add-on Percent: 18.37% Qtrly Mcaid CMI w RUG Wght Options: 1.6513 Case Mix Index (CMI) Data Base Period Overall CMI: 1.5802 Quarterly Medicaid CMI: 1.6222 Quarterly Medicaid CMI w RUG Wght Options: 1.6513 Facility Specific: 1.5802 State-wide: 1.3617 1.6222 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$803,200)	(\$251,995)	\$0	(\$5,485)	(\$2,580)	\$724	(\$631,432)		(\$14,266)	\$101,834
7	Cost 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	Total Nursing Facility Days As Filed Days = 44,915	FY12 Audited C/R Days	44,895									
	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 Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5802								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.18	\$0.00	\$14.06	\$16.16		\$21.05	\$3.79	\$29.40	\$2.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$120.01	\$45.18	\$0.00	\$14.06	\$16.16		\$20.56	\$3.79	17.99 (FRV)	\$2.27
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.63	\$8.30	\$0.00	\$2.58	\$2.97	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.64	\$53.48	\$0.00	\$16.64	\$19.13	\$0.00	\$24.34	\$3.79	\$17.99	\$2.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6513								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.47	\$88.31	\$0.00	\$16.64	\$19.13	\$0.00	\$24.34	\$3.79	\$17.99	\$2.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.65	\$2.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.79	\$4.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.26	\$92.37	\$0.00	\$16.86	\$19.54	\$0.00	\$41.44	\$3.79	\$17.99	\$2.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.87									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Tifton Health and Rehab Center			<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143294A			Growth Allowance:				N/A	18.37%	Base Period Overall CMI:			1.4355	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score				36.3%	2.5%	Quarterly Medicaid CMI:			1.6344	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:				3.00	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6640	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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	\$2,295,359	\$0	\$441,741	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,660	FY 18 GL-PL Ins Rpt Days								32,660			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.60									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.60	\$0.00	\$13.98	\$11.73		\$25.54	\$0.09	\$8.65	\$0.97	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Alknc %	\$17.80	\$9.30	\$0.00	\$2.57	\$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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6640									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.67									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.40	\$99.67	\$0.00	\$16.55	\$13.88	\$0.00	\$24.34	\$0.09	\$11.90	\$0.97	
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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$191.14	\$105.68	\$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	\$130.53										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Tower Road Healthcare Prvdr ID: 00083003A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 29.2% Nurse Hours per On-Site Day/Quality Incentive: 3.20			N/A	18.37% 1.0% 3.0%	Base Period Overall CMI: 1.4452 Quarterly Medicaid CMI: 1.7995 Qtrly Mcaid CMI w RUG Wght Options: 1.8339			1.4452 1.7995 1.8339	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmts	(\$147,207)	(\$47,672)	\$0	(\$212)	\$143	(\$345)	(\$99,121)		(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,585	FY 18 GL-PL Ins Rpt Days								41,585		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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		\$20.56	\$1.36	12.65 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
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	\$72.60	\$0.00	\$19.20	\$21.58	\$0.00	\$24.34	\$1.36	\$12.65	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8339								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.63	\$133.14	\$0.00	\$19.20	\$21.58	\$0.00	\$24.34	\$1.36	\$12.65	\$1.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.99	\$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	\$23.58	\$5.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.21	\$138.99	\$0.00	\$19.42	\$21.99	\$0.00	\$41.44	\$1.36	\$12.65	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.08									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Townsend Park H & R Prvdr ID: 00404995A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 36.2% Nurse Hours per On-Site Day/Quality Incentive: 3.66		N/A 36.2% 3.66	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.3657 Quarterly Medicaid CMI: 1.3545 Qtrly Mcaid CMI w RUG Wght Options: 1.3740			1.3657 1.3545 1.3740	1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3657</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 = <u>18.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3740</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.90	\$100.47	\$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 ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.01	\$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$6.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.68	\$106.62	\$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	\$142.94									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Traditions Health & Rehab Prvdr ID: 00143701A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 43.5% Nurse Hours per On-Site Day/Quality Incentive: 3.67			N/A	18.37%	Base Period Overall CMI: 1.2904 Quarterly Medicaid CMI: 1.5294 Qtrly Mcaid CMI w RUG Wght Options: 1.5523			1.2904	1.3517
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 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)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	Audit 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	Cost 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	Total Nursing Facility Days As Filed Days = 60,007	FY12 Audited C/R Days	60,007									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,768	FY 18 GL-PL Ins Rpt Days								61,768		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2904								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$118.85	\$60.77	\$0.00	\$14.02	\$15.73		\$14.69	\$2.81	9.39 (FRV)	\$1.44
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.33	\$11.16	\$0.00	\$2.58	\$2.89	\$0.00	\$2.70	N/A	N/A	N/A
16	CMA 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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5523								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.91	\$111.66	\$0.00	\$16.60	\$18.62	\$0.00	\$17.39	\$2.81	\$9.39	\$1.44
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.35	\$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.67	\$6.67	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.58	\$118.33	\$0.00	\$16.82	\$19.03	\$0.00	\$17.76	\$2.81	\$9.39	\$1.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.19									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Treutlen County Health & Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143349A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:	N/A	Base Period Overall CMI:				1.5628	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	60.5%	Quarterly Medicaid CMI:				1.6882	1.4961	
					3.50	Qtrly Mcaid CMI w RUG Wght Options:				1.7205	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Costs	FY12 C/R Audit Adjstmtns	(\$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	Total Nursing Facility Days As Filed Days = 18,155	FY12 Audited C/R Days	18,155									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,802	FY 18 GL-PL Ins Rpt Days								17,802		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.6628								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.42								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.42	\$0.00	\$17.57	\$18.24		\$21.51	\$2.70	\$9.29	\$0.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$121.19	\$49.42	\$0.00	\$17.57	\$18.24		\$20.56	\$2.70	12.46 (FRV)	\$0.24
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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7205								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.78	\$100.65	\$0.00	\$20.80	\$21.59	\$0.00	\$24.34	\$2.70	\$12.46	\$0.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.54	\$5.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.82	\$9.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.60	\$109.74	\$0.00	\$21.02	\$22.00	\$0.00	\$41.44	\$2.70	\$12.46	\$0.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.38									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Twin Fountains Home			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142843A			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.0956	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score			54.8%	5.5%	Quarterly Medicaid CMI:			1.0739	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:			3.25	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0871	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjslmts	(\$23,978)	\$0	\$0	\$0	\$0	\$0	(\$23,978)		(\$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									
	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 Svcs	Ln 7 / Ln 8 Col a	\$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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$135.11	\$71.51	\$0.00	\$18.41	\$12.17		\$20.56	\$1.63	10.53 (FRV)	\$0.30
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$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 Qtr End		1.0871								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.02	\$92.02	\$0.00	\$21.79	\$14.41	\$0.00	\$24.34	\$1.63	\$10.53	\$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)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.06	\$5.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.33	\$7.82	\$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	\$190.36	\$99.84	\$0.00	\$21.79	\$14.82	\$0.00	\$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	\$129.94									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Twin Oaks Convalescent Center Prvdr ID: 00143393A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 22.6% Nurse Hours per On-Site Day/Quality Incentive: 4.37 Facility Score: N/A Add-on Percent: 18.37% 1.0% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2778 Quarterly Medicaid CMI: 1.4318 Qtrly Mcaid CMI w RUG Wght Options: 1.4558 Facility Specific: 1.2778 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,367	FY 18 GL-PL Ins Rpt Days								30,367		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$145.92	\$62.73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	18.90 (FRV)	\$0.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.80	\$74.25	\$0.00	\$31.27	\$19.60	\$0.00	\$22.38	\$2.15	\$18.90	\$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4558								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.64	\$108.09	\$0.00	\$31.27	\$19.60	\$0.00	\$22.38	\$2.15	\$18.90	\$0.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$225.69	\$112.94	\$0.00	\$31.49	\$20.01	\$0.00	\$39.85	\$2.15	\$18.90	\$0.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.37									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Twin View Health Care Prvdr ID: 00040807A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 31.3% Nurse Hours per On-Site Day/Quality Incentive: 2.29 Facility Score: N/A Add-on Percent: 18.37% 2.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2987 Quarterly Medicaid CMI: 1.5749 Qtrly Mcaid CMI w RUG Wght Options: 1.6040 Facility Specific: 1.2987 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,192	FY 18 GL-PL Ins Rpt Days								37,192		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.31								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	\$8.13	\$0.81
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	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)	\$0.81
Quarterly Per Diem Rate Prior to Add-ons												
16	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
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6040								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$63.25								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$112.22	\$63.25	\$0.00	\$11.60	\$14.60	\$0.00	\$13.88	\$0.89	\$7.19	\$0.81
Quarterly Per Diem Add-on Amounts												
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.58	\$1.58								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.27	\$1.27								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.48	\$3.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$133.70	\$66.63	\$0.00	\$11.82	\$15.01	\$0.00	\$31.35	\$0.89	\$7.19	\$0.81
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$87.45									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Union County Nursing Home Prvdr ID: 00143415A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 36.4% Nurse Hours per On-Site Day/Quality Incentive: 3.52 Facility Score: N/A 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.1218 Quarterly Medicaid CMI: 1.2499 Qtrly Mcaid CMI w RUG Wght Options: 1.2732 Facility Specific: 1.1218 1.2499 1.2732 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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)	\$0
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	\$119,878	\$534,106	\$0
8	Total Nursing Facility Days As Filed Days = 53,965	FY12 Audited C/R Days	53,965									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,874	FY 18 GL-PL Ins Rpt Days								52,874		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.1218								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.07	\$13.14	\$0.00	\$4.34	\$3.84	\$0.00	\$3.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.53	\$84.65	\$0.00	\$27.96	\$24.76	\$0.00	\$24.18	\$2.27	\$11.71	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2732								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.66	\$107.78	\$0.00	\$27.96	\$24.76	\$0.00	\$24.18	\$2.27	\$11.71	\$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)	\$0.73	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.75	\$5.92	\$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	\$222.41	\$113.70	\$0.00	\$28.18	\$25.17	\$0.00	\$41.38	\$2.27	\$11.71	\$0.00
26	Quarterly Per Diem Rate for Bod Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.98									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Westwood (University Extended Care)			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00219359A			Growth Allowance: N/A			N/A	18.37%	Base Period Overall CMI: 1.3761			1.3761	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 39.4%			39.4%	2.5%	Quarterly Medicaid CMI: 1.4381			1.4381	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.78			3.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4621			1.4621	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,260,037.13	\$4,994,106	\$0	\$831,460	\$532,811	\$395,386	\$1,007,514	\$183,274	\$315,476	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$134,484)	\$0	\$0	\$0	\$0	(\$4,648)	(\$129,836)		\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 50,751										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.92	\$0.00	\$16.25	\$18.05		\$17.15	\$3.61	\$6.17	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$142.39	\$70.92	\$0.00	\$16.25	\$18.05		\$17.15	\$3.61	16.41 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
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		1.4621								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.67	\$122.74	\$0.00	\$19.24	\$21.37	\$0.00	\$20.30	\$3.61	\$16.41	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.44	\$0.44	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.07	\$3.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.68	\$3.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.29	\$7.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.96	\$129.93	\$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	\$168.90									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

Provider: University Nursing and Rehab Center Prvdr ID: 00140533A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 21.5% Nurse Hours per On-Site Day/Quality Incentive: 3.38 Facility Score Add-on Percent 18.37% 1.0% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4327 Quarterly Medicaid CMI: 1.4732 Qtrly Mcaid CMI w RUG Wght Options: 1.4981 Facility Specific 1.4327 1.4732 1.4981 State-wide 1.4014 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,429,093	\$1,878,812	\$0	\$254,029	\$134,931	\$141,835	\$678,738	\$10,987	\$329,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$51,535)	(\$11,061)	\$0	\$0	\$723	\$4,137	(\$47,018)		(\$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	\$14,615
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 Svcs	Ln 7 / Ln 8 Col 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$77.12	\$0.00	\$15.03	\$16.66		\$37.37	\$0.33	\$18.74	\$0.86
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.70	\$13.47	\$0.00	\$2.76	\$3.06	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.36	\$86.78	\$0.00	\$17.79	\$19.72	\$0.00	\$28.43	\$0.33	\$7.45	\$0.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4981								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$204.59	\$130.01	\$0.00	\$17.79	\$19.72	\$0.00	\$28.43	\$0.33	\$7.45	\$0.86
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$2.60	\$2.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.63	\$3.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.22	\$133.91	\$0.00	\$18.01	\$20.13	\$0.00	\$45.53	\$0.33	\$7.45	\$0.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.84									

Quarterly Case Mix Per Diem Calculation

Provider: Vista Park Health and Rehab Prvdr ID: 00142931A H/B ? : No				Add-on Data and Percentages Growth Allowance: N/A BIMS: 40.2% Nurse Hours per On-Site Day/Quality Incentive: 3.38		Facility Score N/A	Add-on Percent 18.37% 2.5% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.4571 Quarterly Medicaid CMI: 1.5983 Qtrly Mcaid CMI w RUG Wght Options: 1.6258			Facility Specific 1.4571 1.5983 1.6258	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 159,341		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								43,250		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$21.77	\$0.42
	<u>Allowed @ 95% of Std</u>		\$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 Allowance)		\$176.07	\$80.41		\$20.70	\$25.97		\$23.12	\$ 3.68	\$21.77	\$0.42
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.6258</u>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$130.73								
	Quarterly Medicaid CMA Allowed Per Diem		\$226.39	\$130.73		\$20.70	\$25.97		\$23.12	\$3.68	\$21.77	\$0.42
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% o Routine Svcs)		\$3.27	\$3.27								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.61	\$2.61								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.98									
	Quarterly Case Mix Based Per Diem Rate		\$249.37	\$136.61		\$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%	\$174.20										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Warm Springs Med. Ctr. NH Prvdr ID: 00141952A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 40.0% Nurse Hours per On-Site Day/Quality Incentive: 3.67			N/A	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.1001 Quarterly Medicaid CMI: 1.0260 Qtrly Mcaid CMI w RUG Wght Options: 1.0389			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL 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	\$25,705	\$298,258	\$0
8	Total Nursing Facility Days As Filed Days = 27,516	FY12 Audited C/R Days	27,516									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,521	FY 18 GL-PL Ins Rpt Days								26,521		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.19	\$62.15	\$0.00	\$20.58	\$25.93	(with L&H)	\$18.72	\$0.97	\$10.84	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1001								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.49								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$130.11	\$56.49	\$0.00	\$20.58	\$23.09		\$18.72	\$0.97	10.26 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
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		1.0389								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 15 x Ln 17	\$69.47	\$69.47	\$0.00	\$24.36	\$27.33	\$0.00	\$22.16	\$0.97	\$10.26	\$0.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.55	\$69.47	\$0.00	\$24.36	\$27.33	\$0.00	\$22.16	\$0.97	\$10.26	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.74	\$1.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.04	\$4.35	\$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	\$176.69	\$73.82	\$0.00	\$24.68	\$27.33	\$0.00	\$39.63	\$0.97	\$10.26	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.62									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Warner Robins Rehab & Nursing Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141303A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.5459				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 24.7%	1.0%	Quarterly Medicaid CMI: 1.5758				1.4961		
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6025				1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(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 Svcs 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$161,485)	(\$43,238)	\$0	\$1,597	\$2,334	\$3,021	(\$129,469)		(\$57,815)	\$62,085
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,379,880	\$3,025,814	\$0	\$663,615	\$350,287	\$453,399	\$1,113,819	\$132,171	\$578,690	\$62,085
8	Total Nursing Facility Days As Filed Days = 43,304	FY12 Audited C/R Days	43,304									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,637	FY 18 GL-PL Ins Rpt Days								39,637		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5459								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.20								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.20	\$0.00	\$15.32	\$18.56		\$25.72	\$3.33	\$13.36	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$112.68	\$45.20	\$0.00	\$15.32	\$18.56		\$20.56	\$3.33	8.28	\$1.43
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.30	\$8.30	\$0.00	\$2.81	\$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	\$130.98	\$53.50	\$0.00	\$18.13	\$21.97	\$0.00	\$24.34	\$3.33	\$8.28	\$1.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6025								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.21	\$85.73	\$0.00	\$18.13	\$21.97	\$0.00	\$24.34	\$3.33	\$8.28	\$1.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Ahd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.71	\$1.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.83	\$3.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.04	\$88.83	\$0.00	\$18.36	\$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	\$126.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Warrenton Health and Rehabilitation Center Prvdr ID: 00142645A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 32.1% Nurse Hours per On-Site Day/Quality Incentive: 2.34		N/A 32.1% 2.34	18.37% 2.5% 1.0%	Base Period Overall CMI: 1.3956 Quarterly Medicaid CMI: 1.6600 Qtrly Mcaid CMI w RUG Wght Options: 1.6923				1.3956 1.6600 1.6923	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,914,244.06	\$2,065,450	\$0	\$414,198	\$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	(\$1,815)	\$0	(\$286)	(\$18,121)		(\$30,783)	\$32,246
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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,255	FY 18 GL-PL Ins Rpt Days								25,255		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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	from 4 qtrs of FY12		1.3956								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	\$11.63	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$116.84	\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	7.95 (FRV)	\$1.17
Quarterly Per Diem Rate Prior to Add-ons												
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	\$17.77	\$24.17	\$0.00	\$21.12	\$0.58	\$7.95	\$1.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6923								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.68	\$107.92	\$0.00	\$17.77	\$24.17	\$0.00	\$21.12	\$0.58	\$7.95	\$1.17
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Ahd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.08	\$1.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.41	\$4.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.09	\$112.23	\$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	\$139.49									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Washington County ECF Prvdr ID: 00143481A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 32.6% Nurse Hours per On-Site Day/Quality Incentive: 3.96 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2193 Quarterly Medicaid CMI: 1.1466 Qtrly Mcaid CMI w RUG Wght Options: 1.1634 Facility Specific: 1.2193 1.1466 1.1634 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,373,156.54	\$1,811,873	\$0	\$526,053	\$251,118	\$220,612	\$414,250	\$24,556	\$124,695	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$45,465)	(\$126,889)	\$0	\$13,233	\$23,828	\$2,360	\$44,850		(\$8,108)	\$5,261
7	Cost 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
8	Total Nursing Facility Days As Filed Days = 21,337	FY12 Audited C/R Days	21,174									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								20,995		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$157.18	\$79.58	\$0.00	\$25.47	\$23.52	(with L&H)	\$21.68	\$1.17	\$5.51	\$0.25
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.27	\$0.00	\$25.47	\$23.52		\$21.68	\$1.17	\$5.51	\$0.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$145.68	\$65.27	\$0.00	\$25.47	\$23.09		\$20.56	\$1.17	9.87 (FRV)	\$0.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 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	CMA 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		1.1634								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.99	\$89.88	\$0.00	\$30.15	\$27.33	\$0.00	\$24.34	\$1.17	\$9.87	\$0.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.80	\$5.48	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.79	\$95.36	\$0.00	\$30.37	\$27.33	\$0.00	\$41.44	\$1.17	\$9.87	\$0.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.62									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Waycross Health & Rehabilitation Center Prvdr ID: 00143459A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 26.8% Nurse Hours per On-Site Day/Quality Incentive: 3.44 Facility Score: N/A Add-on Percent: 18.37% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2974 Quarterly Medicaid CMI: 1.5145 Qtrly Mcaid CMI w RUG Wght Options: 1.5408 Facility Specific: 1.2974 State-wide: 1.3617 1.5145 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$88,979	\$211,931	\$19,466
8	Total Nursing Facility Days As Filed Days = 26,933	FY12 Audited C/R Days	26,933									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								24,654		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$126.23	\$66.09	\$0.00	\$15.80	\$15.26	(with L&H)	\$16.88	\$3.61	\$7.87	\$0.72
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.94	\$0.00	\$15.80	\$15.26		\$16.88	\$3.61	\$7.87	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.72
Quarterly Per Diem Rate Prior to Add-ons												
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	\$60.30	\$0.00	\$18.70	\$18.06	\$0.00	\$19.98	\$3.61	\$7.45	\$0.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5408								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.43	\$92.91	\$0.00	\$18.70	\$18.06	\$0.00	\$19.98	\$3.61	\$7.45	\$0.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.79	\$2.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.35	\$4.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.78	\$97.16	\$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	\$126.01									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: WellStar Paulding Nursing Center Prvdr ID: 00142359A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 46.3% Nurse Hours per On-Site Day/Quality Incentive: 4.07			18.37% 5.5% 3.0%		Base Period Overall CMI: 1.0621 Quarterly Medicaid CMI: 1.0405 Qtrly Mcaid CMI w RUG Wght Options: 1.0516			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								61,473		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$249.45	\$102.77	\$0.00	\$34.35	\$27.02	(with L&H)	\$45.23	\$2.88	\$37.20	\$0.00
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
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		1.0516								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.50	\$89.02	\$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 (Std - Ahd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.90	\$4.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.57	\$7.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.07	\$96.59	\$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	\$145.55									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Westbury H & R - Conyers, Inc				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143503A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2886	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020				Qtrly BIMS score		40.3%	2.5%	Quarterly Medicaid CMI:			1.4542	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20				Nurse Hours per On-Site Day/Quality Incentive:		3.72	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4822	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(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 Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,747,204.00	\$4,760,679	\$0	\$991,199	\$601,647	\$631,055	\$1,039,305	\$143,697	\$579,622	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$226,908)	(\$33,605)	\$0	\$906	\$466	(\$9,971)	(\$177,875)		(\$87,467)	\$80,638
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,520,296	\$4,727,074	\$0	\$992,105	\$602,113	\$621,084	\$861,430	\$143,697	\$492,155	\$80,638
8	Total Nursing Facility Days	As Filed Days = 55,567										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 56,920										
		FY12 Audited C/R Days	55,567									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								56,920		
	Base Period Facility Case Mix Index for All Residents	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
		from 4 qtrs of FY12		1.2886								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.02	\$0.00	\$17.85	\$22.01		\$15.50	\$2.52	\$8.86	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$135.25	\$66.02	\$0.00	\$17.85	\$22.01		\$15.50	\$2.52	9.90	\$1.45
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$22.30	\$12.13	\$0.00	\$3.28	\$4.04	\$0.00	\$2.85	N/A	N/A	N/A
16	CMA Allowed Per Diem (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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4822								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.23	\$115.83	\$0.00	\$21.13	\$26.05	\$0.00	\$18.35	\$2.52	\$9.90	\$1.45
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Ahd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.00	\$6.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.23	\$122.73	\$0.00	\$21.35	\$26.46	\$0.00	\$35.82	\$2.52	\$9.90	\$1.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.36									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Westbury H & R-McDonough, Inc				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific		State-wide	
Prvdr ID: 00143525A				Add-on Data and Percentages											
		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.2827				1.3617			
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score 42.2%		2.5%		Quarterly Medicaid CMI: 1.4623				1.4961			
				Nurse Hours per On-Site Day/Quality Incentive: 3.84		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.4902				1.5223			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
Peer Group Standards & Efficiency Measure Limits															
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$209,225)	\$15,136	\$0	\$1,272	(\$1,574)	(\$13,942)	(\$202,960)		(\$80,933)	\$73,776			
7	Cost 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	Total Nursing Facility Days As Filed Days = 54,323	FY12 Audited C/R Days	54,323												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,298	FY 18 GL-PL Ins Rpt Days								52,298					
9	Net Per Diems prior to Case Mix Adjslmt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2827											
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.74											
12	Net Per Diems after Case Mix Adjstlmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.74	\$0.00	\$20.44	\$22.19		\$14.03	\$2.45	\$11.55	\$1.36			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$132.60	\$64.74	\$0.00	\$18.41	\$22.19		\$14.03	\$2.45	9.42 (FRV)	\$1.36			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth 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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 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 End		1.4902											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.19											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.09	\$114.19	\$0.00	\$21.79	\$26.27	\$0.00	\$16.61	\$2.45	\$9.42	\$1.36			
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.69	\$6.81	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.78	\$121.00	\$0.00	\$21.79	\$26.68	\$0.00	\$34.08	\$2.45	\$9.42	\$1.36			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.76												

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Westbury Medical Care Home, Inc. Prvdr ID: 00143514A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 44.1% Nurse Hours per On-Site Day/Quality Incentive: 3.62 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.1885 Quarterly Medicaid CMI: 1.5676 Qtrly Mcaid CMI w RUG Wght Options: 1.5979 Facility Specific: 1.1885 1.5676 1.5979 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstms	(\$195,781)	(\$3,438)	\$0	\$0	(\$8,951)	(\$18,225)	(\$158,938)		(\$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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,751	FY 18 GL-PL Ins Rpt Days								67,751		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1885								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.53								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.53	\$0.00	\$14.62	\$16.89		\$15.93	\$2.11	\$3.37	\$1.33
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	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
Quarterly Per Diem Rate Prior to Add-ons												
16	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$19.47	\$10.75	\$0.00	\$2.69	\$3.10	\$0.00	\$2.93	N/A	N/A	N/A
17	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	\$2.11	\$10.79	\$1.33
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5979								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.70								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.09	\$110.70	\$0.00	\$17.31	\$19.99	\$0.00	\$18.86	\$2.11	\$10.79	\$1.33
Quarterly Per Diem Add-on Amounts												
21	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77								
23	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.72	\$6.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.81	\$117.32	\$0.00	\$17.53	\$20.40	\$0.00	\$36.33	\$2.11	\$10.79	\$1.33
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.63									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Westview Nursing & Rehab Center			<u>Add-on Data and Percentages</u>				Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00143536A			Growth Allowance: N/A				N/A	18.37%	Base Period Overall CMI: 1.3807			1.3807	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 27.1%				27.1%	1.0%	Quarterly Medicaid CMI: 1.7289			1.7289	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.42				3.42	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7621			1.7621	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnt to Routine Svcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3807									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.97									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.97	\$0.00	\$13.49	\$16.66		\$18.81	\$3.12	\$5.54	\$1.20	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$111.39	\$46.97	\$0.00	\$13.49	\$16.66		\$18.81	\$3.12	11.14 (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		1.7621									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.39	\$97.97	\$0.00	\$15.97	\$19.72	\$0.00	\$22.27	\$3.12	\$11.14	\$1.20	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.96	\$1.96									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.57	\$3.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.96	\$101.44	\$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	\$131.90										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

Provider: Westminister Commons Prvdr ID: 00140082A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 37.1% Nurse Hours per On-Site Day/Quality Incentive: 4.28 Facility Score Add-on Percent 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3564 Quarterly Medicaid CMI: 1.3441 Qtrly Mcaid CMI w RUG Wght Options: 1.3657 Facility Specific State-wide 1.3564 1.3699 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 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)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$4,634,507	\$2,142,321	\$0	\$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 Adjstmnts	(\$109,588)	\$0	\$0	\$0	\$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 Svcs	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 Case Mix Index for All Residents	from 4 qtrs of FY10		1.3564								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$2.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$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 (After 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 Qtr End		1.3657								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.08	\$94.18	\$0.00	\$16.31	\$24.28	\$0.00	\$27.77	\$4.30	\$7.81	\$2.43
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 Svcs)	Ln 19 Col b x GPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.83	\$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	\$23.44	\$5.71	\$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	\$200.52	\$99.89	\$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	\$137.57									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Westwood Nursing Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00370862A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3746	1.3617
H/B ?: No				MDS & Nurse Hrs Data per Quarter Ending: 07/01/20 03/31/20		BIMS 48.8%	5.5%	Quarterly Medicaid CMI:			1.8859	1.4961
				Nurse Hours per On-Site Day/Quality Incentive:		6.32	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9210	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2010			FY2010 C/R -FY 2018 GL-PL Rpt	1,136,799		233,063	132,845	149,522	328,763	47,102	316,084	2,412
Inflation (July 2012) @ 2.06%				23,418		4,801	5,817		6,773			50
Patient Days			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									
Inflated NHC/ Patient Days				58.69		12.03	14.58		16.97	12,944	15.99	0.12
Base Period Facility CMI for all Residents				<u>1.3746</u>						3.64		
Routine Services Case Mix Adjusted Net Per Diem				\$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				\$72.49		\$17.69	\$23.20		\$21.80			
Base Period Case Mix Adjusted Allowed Per Diem			\$99.11	\$42.69		\$12.03	\$14.58		\$16.97	\$3.64	9.07	0.12
Quarterly Per Diem Rate Prior to Add-Ons											(FRV Rate)	
Growth Allowance 18.37%			\$15.85	\$7.84		\$2.21	\$2.68		\$3.12			
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 Residents				<u>1.9210</u>								
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$97.09								
Quarterly Medicaid CMA Allowed Per Diem			\$161.50	\$97.09		\$14.24	\$17.25		\$20.09	\$3.64	\$9.07	\$0.12
Quarterly Per Diem Add-On Amounts												
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 = 5.5% (to Routine Srvs)			\$5.34	5.34								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%			\$1.94	1.94								
Nursing Home Provider Fee			\$ 17.10						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts			\$25.91									
Quarterly Case Mix Based Per Diem Rate			\$187.41	\$104.90		\$14.46	\$17.66		\$37.56	\$3.64	\$9.07	\$0.12
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$127.73									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Wildwood Health Care, Inc.				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific		State-wide	
Prvdr ID: 00143547A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.3013			1.3617			
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score: 50.0%		5.5%		Quarterly Medicaid CMI: 1.5544			1.4961			
				Nurse Hours per On-Site Day/Quality Incentive: 3.35		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5813			1.5223			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<u>CASE MIX BASED RATE CALCULATIONS</u>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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								15,434				
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.43										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 (After Statewide CMA for Routine Svcs)	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		
Quarterly Per Diem Rate Prior to Add-ons														
15	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	\$25.51	\$0.00	\$23.79	\$0.58	\$9.23	\$0.80		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6813										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.75										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.39	\$103.75	\$0.00	\$21.73	\$25.51	\$0.00	\$23.79	\$0.58	\$9.23	\$0.80		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem (IStd - Ahdw] x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.04	\$0.41	\$0.00	\$0.34		\$0.00			
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.71	\$5.71										
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.08	\$2.08										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.21	\$8.32	\$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	\$211.60	\$112.07	\$0.00	\$21.77	\$26.92	\$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	\$145.88											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: William Breman Jewish Home Prvdr ID: 00040752A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 48.7% Nurse Hours per On-Site Day/Quality Incentive: 5.89 Facility Score: N/A Add-on Percent: 18.37% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4004 Quarterly Medicaid CMI: 1.4589 Qtrly Mcaid CMI w RUG Wght Options: 1.4639 Facility Specific: 1.4004 State-wide: 1.3617 1.4589 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Svcs	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		1.4004								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOther = 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 Svcs)	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											
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		1.4839								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOther = Ln 16	\$232.31	\$125.61	\$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 (Std - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.91	\$6.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$3.77	\$3.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.78	\$10.68	\$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	\$260.09	\$138.29	\$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	\$182.24									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Willowood Nursing Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide	
Prvdr ID: 00271829A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.1879	1.3617	
H/B ? : No				MDS & Nurse Hrs Data per Quarter Ending: 07/01/20		BIMS	51.3%	Quarterly Medicaid CMI:			1.7638	1.4961	
				03/31/20		Nurse Hours per On-Site Day/Quality Incentive:	3.34	3.0%			Qrtly Mcaid CMI w RUG Wght Options:	1.7986	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g		h	i	
CASE MIX BASED RATE CALCULATIONS													
Cost Center Peer Groups per Selected Options													
Type of Facility within Peer Group													
Bed Size Range within Peer Group													
Peer Group Standards & Efficiency Measure Limits													
Peer Group Standards: Percentile													
Peer Group Standards: Multiplier													
Efficiency Measures (Maximums)													
Base Period Per Diem Allowed Amounts													
Net Historical Cost 2010													
Inflation (July 2012) @ 2.06%													
Patient Days													
Total Nursing Facility Days GL-PL Ins. Rpt													
Inflated NHC/ Patient Days													
Base Period Facility CMI for all Residents													
Routine Services Case Mix Adjusted Net Per Diem													
Net Per Diems After Case Mix Adjustments													
Per Diem Standards													
Base Period Case Mix Adjusted Allowed Per Diem													
Quarterly Per Diem Rate Prior to Add-Ons													
Growth Allowance 18.37%													
CMA Allowed Per Diem After Growth Allowance													
Quarterly Facility Case Mix Index for Medicaid Residents													
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem													
Quarterly Medicaid CMA Allowed Per Diem													
Quarterly Per Diem Add-On Amounts													
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)													
BIMS Add-on Per Diem = 5.5% (to Routine Svcs)													
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%													
Nursing Home Provider Fee													
Total Quarterly Per Diem Add-On Amounts													
Quarterly Case Mix Based Per Diem Rate													
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%													

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Windemere Health & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Pvdr ID: 00241678A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.5761	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		37.1%	2.5%	Quarterly Medicaid CMI:			1.7667	1.4961
						3.65	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7984	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,159	FY 18 GL-PL Ins Rpt Days								38,159		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qtrs of FY12		1.6761								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.80	\$0.00	\$15.15	\$11.51		\$25.38	\$0.10	\$5.39	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$0.10	9.32 (FRV)	\$1.24
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	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.68	\$60.13	\$0.00	\$17.93	\$13.62	\$0.00	\$24.34	\$0.10	\$9.32	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7984								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.69	\$108.14	\$0.00	\$17.93	\$13.62	\$0.00	\$24.34	\$0.10	\$9.32	\$1.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.20	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.89	\$114.61	\$0.00	\$18.16	\$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	\$136.34									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Winder Nursing, Inc. Prvdr ID: 00142854A			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Growth Allowance: N/A Qtrly BIMS score: 25.0% Nurse Hours per On-Site Day/Quality Incentive: 3.13				18.37% 1.0% 3.0%		Base Period Overall CMI: 1.3615 Quarterly Medicaid CMI: 1.5007 Qtrly Mcaid CMI w RUG Wght Options: 1.5287			1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmtns	(\$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								46,878			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3615									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.93									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.93	\$0.00	\$15.37	\$16.68		\$18.10	\$2.52	\$9.68	\$0.37	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$119.13	\$54.93	\$0.00	\$15.37	\$16.68		\$18.10	\$2.52	11.16 (FRV)	\$0.37	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$19.29	\$10.09	\$0.00	\$2.82	\$3.06	\$0.00	\$3.32	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.42	\$65.02	\$0.00	\$18.19	\$19.74	\$0.00	\$21.42	\$2.52	\$11.16	\$0.37	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5287									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.80	\$99.40	\$0.00	\$18.19	\$19.74	\$0.00	\$21.42	\$2.52	\$11.16	\$0.37	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.60	\$4.50	\$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	\$196.40	\$103.90	\$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	\$133.73										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Winthrop Manor Nursing Center			Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143118A			Growth Allowance: N/A				N/A	18.37%	Base Period Overall CMI: 1.3379				1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2020			Qtrly BIMS score: 30.3% <td>2.5%</td> <th colspan="4">Quarterly Medicaid CMI: 1.4883</th> <td>1.4961</td>				2.5%	Quarterly Medicaid CMI: 1.4883				1.4961		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.24				3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5120				1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,215	FY 18 GL-PL Ins Rpt Days								33,215				
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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		1.3379										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.53										
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.96		
Quarterly Per Diem Rate Prior to Add-ons														
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 Qtr End		1.5120										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.33										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.02	\$108.33	\$0.00	\$17.55	\$21.89	\$0.00	\$21.16	\$2.87	\$10.26	\$0.96		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Std - 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			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71										
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.59	\$6.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.61	\$114.82	\$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	(Ln 25 - Ln 23) * 0.75	\$142.88											

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Wood Dale Health Care Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143591A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2524	1.3517
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		44.0%	2.5%	Quarterly Medicaid CMI:			1.1812	1.4961
						2.54	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1978	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$17,067)	\$0	\$0	(\$1,703)	\$0	\$0	(\$17,067)		(\$683)	\$2,386
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,201,966	\$2,417,583	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,114	FY 18 GL-PL Ins Rpt Days								29,114		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2524								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$16.10	\$18.52		\$15.68	\$0.28	\$10.43	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$126.39	\$66.09	\$0.00	\$16.10	\$18.52		\$15.68	\$0.28	9.64 (FRV)	\$0.08
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.38	\$12.14	\$0.00	\$2.96	\$3.40	\$0.00	\$2.88	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.77	\$78.23	\$0.00	\$19.06	\$21.92	\$0.00	\$18.56	\$0.28	\$9.64	\$0.08
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1978								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.24	\$93.70	\$0.00	\$19.06	\$21.92	\$0.00	\$18.56	\$0.28	\$9.64	\$0.08
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - A]wd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.02	\$99.38	\$0.00	\$19.28	\$22.33	\$0.00	\$36.03	\$0.28	\$9.64	\$0.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.44									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Woodlands Health & Rehab Ctr.			<u>Add-on Data and Percentages</u>				Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State-wide
Prvdr ID: 00141985A			Case Mix Per Diem Rate Effective Date: 7/1/2020				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.1917				1.1917	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive: 2.61				Qtrly BIMS score 32.6%	2.5%	Quarterly Medicaid CMI: 1.1335				1.1335	1.4961
								3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1513				1.1513	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjtsmts	(\$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	\$311,916	\$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											
	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1917</u>										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.35										
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	\$13.37	\$1.29		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$103.25	\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	5.15 (FRV)	\$1.29		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Alhnc %	\$17.68	\$8.88	\$0.00	\$2.59	\$3.13	\$0.00	\$3.08	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.93	\$57.23	\$0.00	\$16.71	\$20.17	\$0.00	\$19.85	\$0.53	\$5.15	\$1.29		
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.1613</u>										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.89										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$129.59	\$65.89	\$0.00	\$16.71	\$20.17	\$0.00	\$19.85	\$0.53	\$5.15	\$1.29		
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.65	\$1.65										
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$161.85	\$70.05	\$0.00	\$16.93	\$20.68	\$0.00	\$37.32	\$0.53	\$5.15	\$1.29		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$101.06											

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

Provider: Woodstock Nursing and Rehab Center Prvdr ID: 00171212A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 33.7% Nurse Hours per On-Site Day/Quality Incentive: 3.39 Facility Score Add-on Percent 18.37% 2.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.5030 Quarterly Medicaid CMI: 1.7225 Qtrly Mcaid CMI w RUG Wght Options: 1.7527 Facility Specific 1.5030 1.7225 1.7527 State-wide 1.4014 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$41,721)	(\$7,343)	\$0	\$0	\$6,537	\$8,304	(\$67,698)		(\$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									
	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 Svcs	Ln 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 FY10		1.5030								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.82
	Quarterly Per Diem Rate Prior to Add-ons											
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		1.7527								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$147.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.46	\$147.54	\$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 ((Stdnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.69	\$3.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.95	\$2.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.90	\$7.17	\$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	\$254.36	\$154.71	\$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	\$177.95									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Wrightsville Manor Prvdr ID: 00143602A Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 39.2% Nurse Hours per On-Site Day/Quality Incentive: 3.54 Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.2201 Quarterly Medicaid CMI: 1.7190 Qtrly Mcaid CMI w RUG Wght Options: 1.7521 Facility Specific: 1.2201 1.7190 1.7521 State-wide: 1.3617 1.4961 1.5223												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,335)	\$0	\$0	\$0	\$0	\$0	(\$100,981)		(\$26,499)	\$26,145
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
8	Total Nursing Facility Days As Filed Days = 33,384	FY12 Audited C/R Days	33,384									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,758	FY 18 GL-PL Ins Rpt Days								32,758		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$121.35	\$64.95	\$0.00	\$14.95	\$14.51	(with L&H)	\$11.27	\$3.75	\$11.14	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2201								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.23	\$0.00	\$14.95	\$14.51		\$11.27	\$3.75	\$11.14	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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		\$11.27	\$3.75	10.01 (FRV)	\$0.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	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
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	\$13.34	\$3.75	\$10.01	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7521								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.16	\$110.40	\$0.00	\$17.70	\$17.18	\$0.00	\$13.34	\$3.75	\$10.01	\$0.78
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31								
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	\$24.70	\$6.60	\$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	\$197.86	\$117.00	\$0.00	\$17.92	\$17.59	\$0.00	\$30.81	\$3.75	\$10.01	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.57									

Quarterly Case Mix Per Diem Calculation

Provider: Wynfield Park Health & Rehab Prvdr ID: 00141512A H/B ?: No				Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:		Facility Score N/A 32.2% 3.25	Add-on Percent 18.37% 2.5% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific 1.2181 1.4305 1.4525	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 176,326		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								63,305		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$25.63	\$1.23
	Allowed @ 95% of Std		\$153.75	\$67.93		\$17.49	\$21.94		\$19.53		\$25.63	\$1.23
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$179.85	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.79	\$25.63	\$1.23
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4525							(FRV Rate)	
	Qrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$116.79								
	Quarterly Medicaid CMA Allowed Per Diem		\$216.23	\$116.79		\$20.70	\$25.97		\$23.12	\$2.79	\$25.63	\$1.23
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% o Routine Svcs)		\$2.92	\$2.92								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.34	\$2.34								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.36									
	Quarterly Case Mix Based Per Diem Rate		\$238.59	\$122.05		\$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%	\$166.12										

Quarterly Case Mix Per Diem Calculation

Provider: Zebulon Park Health & Rehab Prvdr ID: 003125041B H/B ? : No				Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:		Facility Score N/A 30.3% 3.68	Add-on Percent 18.37% 2.5% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.3617 1.3753 1.3968	State-wide 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 63,806		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								21,332		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$36.35	\$5.28
	<u>Allowed @ 95% of Std</u>		\$168.52	\$67.93		\$17.49	\$21.94		\$19.53		\$36.35	\$5.28
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$194.82	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.99	\$36.35	\$5.28
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.3968</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$112.31								
	Quarterly Medicaid CMA Allowed Per Diem		\$226.73	\$112.31		\$20.70	\$25.97		\$23.12	\$2.99	\$36.35	\$5.28
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% o Routine Svcs)		\$2.81	\$2.81								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.25	\$2.25								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.15									
	Quarterly Case Mix Based Per Diem Rate		\$248.88	\$117.37		\$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%	\$173.84										