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: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	24.2%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.69	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3183	1.3617
Quarterly Medicaid CMI:	1.4626	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4891	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,448,586	$2,214,000	$0	$504,885	$287,774	$342,274	$718,410	$109,590	$271,653	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($175,369)	($308)	$0	$2,259	$0	($7,447)	($171,454)		($18,195)	$19,776
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,273,217	$2,213,692	$0	$507,144	$287,774	$334,827	$546,956	$109,590	$253,458	$19,776
8	Total Nursing Facility Days As Filed Days = 34,715	FY12 Audited C/R Days	34,715									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,375	FY 18 GL-PL Ins Rpt Days								29,375		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$123.67	$63.77	$0.00	$14.61	$17.93	*(with L&H)*	$15.76	$3.73	$7.30	$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3183								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$48.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$48.37	$0.00	$14.61	$17.93		$15.76	$3.73	$7.30	$0.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$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											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.93	$6.47	$0.00	$1.95	$2.40	$0.00	$2.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$121.34	$54.84	$0.00	$16.56	$20.33	$0.00	$17.87	$3.73	$7.44	$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4891								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$81.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$148.16	$81.66	$0.00	$16.56	$20.33	$0.00	$17.87	$3.73	$7.44	$0.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.82	$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.45	$2.45								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.90	$3.80	$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	**$170.06**	**$85.46**	**$0.00**	**$16.78**	**$20.74**	**$0.00**	**$35.34**	**$3.73**	**$7.44**	**$0.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$114.72**									

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: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	50.9%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.81	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2873	1.3617
Quarterly Medicaid CMI:	1.6171	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6477	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,577,908	$992,232	$0	$359,440	$239,508	$159,018	$685,581	$90,750	$51,379	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($30,402)	$171,759	$0	$38,558	($3,482)	$5,216	($233,627)		($17,027)	$8,201
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,547,506	$1,163,991	$0	$397,998	$236,026	$164,234	$451,954	$90,750	$34,352	$8,201
8	Total Nursing Facility Days As Filed Days = 17,931	FY12 Audited C/R Days	17,931									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,632	FY 18 GL-PL Ins Rpt Days								21,632		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$141.23	$64.92	$0.00	$22.20	$22.32	*(with L&H)*	$25.21	$4.20	$1.92	$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2873								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$50.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$50.43	$0.00	$22.20	$22.32		$25.21	$4.20	$1.92	$0.46
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$132.07	$50.43	$0.00	$22.20	$22.32		$20.56	$4.20	11.90 *(FRV)*	$0.46
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.44	$6.74	$0.00	$2.97	$2.98	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$147.51	$57.17	$0.00	$25.17	$25.30	$0.00	$23.31	$4.20	$11.90	$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6477								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$94.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$184.54	$94.20	$0.00	$25.17	$25.30	$0.00	$23.31	$4.20	$11.90	$0.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.18	$5.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.83	$2.83								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.27	$8.54	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$210.81**	**$102.74**	**$0.00**	**$25.39**	**$25.71**	**$0.00**	**$40.41**	**$4.20**	**$11.90**	**$0.46**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$145.28**									

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: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	31.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.67	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3243	1.3617
Quarterly Medicaid CMI:	1.1131	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.1265	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,880,021	$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 Srvcs	Ln 7 / Ln 8 Col a	$140.56	$72.81	$0.00	$16.94	$16.63	*(with L&H)*	$24.90	$2.31	$5.89	$1.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3243								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$54.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$54.98	$0.00	$16.94	$16.63		$24.90	$2.31	$5.89	$1.08
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$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 = 13.37%	Ln 14 x Grwth Allwnc %	$14.58	$7.35	$0.00	$2.26	$2.22	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$135.17	$62.33	$0.00	$19.20	$18.85	$0.00	$23.31	$2.31	$8.09	$1.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1265								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$70.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$143.05	$70.21	$0.00	$19.20	$18.85	$0.00	$23.31	$2.31	$8.09	$1.08
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.76	$1.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.11	$2.11								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.13	$4.40	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$165.18**	**$74.61**	**$0.00**	**$19.42**	**$19.26**	**$0.00**	**$40.41**	**$2.31**	**$8.09**	**$1.08**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$111.06**									

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

FINAL

Provider: **Camellia Hlth & Rehab**
Prvdr ID: **00140588A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	36.1%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.10	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3516	1.3617
Quarterly Medicaid CMI:	1.2855	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3066	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,026,940	$1,592,432	$0	$345,008	$167,289	$228,586	$436,294	$100,435	$156,896	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($33,919)	$0	$0	($1,817)	$0	$0	($33,919)		($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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3516								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$53.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$53.10	$0.00	$15.47	$17.84		$18.13	$4.21	$6.33	$0.82
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$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 = 13.37%	Ln 14 x Grwth Allwnc %	$13.98	$7.10	$0.00	$2.07	$2.39	$0.00	$2.42	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$132.17	$60.20	$0.00	$17.54	$20.23	$0.00	$20.55	$4.21	$8.62	$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3066								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$78.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$150.63	$78.66	$0.00	$17.54	$20.23	$0.00	$20.55	$4.21	$8.62	$0.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.97	$1.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.36	$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.96	$4.86	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$173.59**	**$83.52**	**$0.00**	**$17.76**	**$20.64**	**$0.00**	**$38.02**	**$4.21**	**$8.62**	**$0.82**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$117.37**									

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**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	0.0%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	8.22	0.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	2.3318	1.3617
Quarterly Medicaid CMI:	1.4446	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4694	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$1,470,516	$639,844	$0	$65,806	$57,730	$95,218	$352,979	$7,493	$251,446	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($10,246)	$0	$0	$0	$0	$0	($10,246)		($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 Srvcs	Ln 7 / Ln 8 Col a	$451.81	$197.85	$0.00	$20.35	$47.29	*(with L&H)*	$105.98	$2.59	$76.03	$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2.3318								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$84.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.85	$0.00	$20.35	$47.29		$105.98	$2.59	$76.03	$1.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$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 = 13.37%	Ln 14 x Grwth Allwnc %	$18.12	$9.56	$0.00	$2.72	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$181.36	$81.07	$0.00	$23.07	$26.18	$0.00	$23.31	$2.59	$23.42	$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4694								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$119.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$219.41	$119.12	$0.00	$23.07	$26.18	$0.00	$23.31	$2.59	$23.42	$1.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.00	$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$17.32	$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	**$236.73**	**$119.12**	**$0.00**	**$23.29**	**$26.18**	**$0.00**	**$40.41**	**$2.59**	**$23.42**	**$1.72**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$164.72**									

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

FINAL

Provider: **Canton Nursing Center, Inc.**
Prvdr ID: **00140511A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	45.8%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.67	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3680	1.3617
Quarterly Medicaid CMI:	1.3153	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3347	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,071,886	$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 Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$54.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$130.83	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$15.49	$7.31	$0.00	$2.34	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$146.32	$61.99	$0.00	$19.85	$26.18	$0.00	$23.31	$3.34	$10.56	$1.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3347								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$82.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$167.07	$82.74	$0.00	$19.85	$26.18	$0.00	$23.31	$3.34	$10.56	$1.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.55	$4.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.48	$2.48								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.88	$7.56	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$191.95**	**$90.30**	**$0.00**	**$20.07**	**$26.18**	**$0.00**	**$40.41**	**$3.34**	**$10.56**	**$1.09**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$131.14**									

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

FINAL

Provider: **Carrollton Manor, Inc.**
Prvdr ID: **00140852A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	40.0%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.36	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3067	1.3617
Quarterly Medicaid CMI:	1.4860	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5106	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,595,654	$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 Adjstmts	($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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,047	FY 18 GL-PL Ins Rpt Days								34,047		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$125.74	$65.56	$0.00	$16.85	$14.84	*(with L&H)*	$17.37	$3.60	$6.50	$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3067								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$50.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$50.17	$0.00	$16.85	$14.84		$17.37	$3.60	$6.50	$1.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$114.90	$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											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.26	$6.71	$0.00	$2.25	$1.98	$0.00	$2.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$128.16	$56.88	$0.00	$19.10	$16.82	$0.00	$19.69	$3.60	$11.05	$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5106								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$85.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$157.20	$85.92	$0.00	$19.10	$16.82	$0.00	$19.69	$3.60	$11.05	$1.02
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.15	$2.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.72	$1.72								
23	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	$4.40	$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	**$179.70**	**$90.32**	**$0.00**	**$19.32**	**$17.23**	**$0.00**	**$37.16**	**$3.60**	**$11.05**	**$1.02**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$121.95**									

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**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	25.6%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.49	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3832	1.4014
Quarterly Medicaid CMI:	1.5641	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5921	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	$3,851,471	$2,102,841	$0	$345,554	$166,115	$156,223	$579,814	$0	$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	$3,826,454	$2,108,779	$0	$345,554	$162,518	$154,237	$565,284	$0	$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 Srvcs	Ln 7 / Ln 8 Col a	$175.60	$96.77	$0.00	$15.86	$14.54	*(with L&H)*	$25.94	$0.00	$21.78	$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3832								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$69.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$69.96	$0.00	$15.86	$14.54		$25.94	$0.00	$21.78	$0.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.31	$0.00	$19.52	$23.55		$24.02	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$133.09	$69.96	$0.00	$15.86	$14.54		$24.02	$0.00	8.00 *(FRV)*	$0.71
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$16.62	$9.35	$0.00	$2.12	$1.94	$0.00	$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$149.71	$79.31	$0.00	$17.98	$16.48	$0.00	$27.23	$0.00	$8.00	$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5921								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$126.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$196.67	$126.27	$0.00	$17.98	$16.48	$0.00	$27.23	$0.00	$8.00	$0.71
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.26	$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$23.31	$5.58	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$219.98**	**$131.85**	**$0.00**	**$18.20**	**$16.89**	**$0.00**	**$44.33**	**$0.00**	**$8.00**	**$0.71**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$152.16**									

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: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	28.1%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.74	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5517	1.3617
Quarterly Medicaid CMI:	1.5797	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6082	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,797,818	$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,774	FY 18 GL-PL Ins Rpt Days								41,774		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$131.56	$62.86	$0.00	$13.49	$13.01	*(with L&H)*	$23.22	$2.13	$16.12	$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5517								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$40.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$11.71	$5.42	$0.00	$1.80	$1.74	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$114.39	$45.93	$0.00	$15.29	$14.75	$0.00	$23.31	$2.13	$12.25	$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6082								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$73.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$142.32	$73.86	$0.00	$15.29	$14.75	$0.00	$23.31	$2.13	$12.25	$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)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.74	$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.22	$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.22	$3.49	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$163.54**	**$77.35**	**$0.00**	**$15.51**	**$15.16**	**$0.00**	**$40.41**	**$2.13**	**$12.25**	**$0.73**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$109.83**									

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: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	17.0%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.63	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5659	1.3617
Quarterly Medicaid CMI:	1.4514	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4774	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,111,747	$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 Srvcs	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		1.5659								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$46.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$46.39	$0.00	$14.21	$18.78		$15.51	$5.65	$0.27	$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or 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 = 13.37%	Ln 14 x Grwth Allwnc %	$12.68	$6.20	$0.00	$1.90	$2.51	$0.00	$2.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$122.09	$52.59	$0.00	$16.11	$21.29	$0.00	$17.58	$5.65	$8.17	$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4774								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$77.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$147.20	$77.70	$0.00	$16.11	$21.29	$0.00	$17.58	$5.65	$8.17	$0.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.55	$1.55								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$20.18	$2.08	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$167.38**	**$79.78**	**$0.00**	**$16.33**	**$21.70**	**$0.00**	**$35.05**	**$5.65**	**$8.17**	**$0.70**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$112.71**									

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**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	38.6%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.12	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4235	1.4014
Quarterly Medicaid CMI:	1.6139	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6437	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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*	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	$2,209,527	$1,082,784	$0	$196,985	$116,921	$109,719	$403,891	$0	$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	$2,226,488	$1,082,784	$0	$196,985	$118,415	$108,900	$416,459	$0	$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 Srvcs	Ln 7 / Ln 8 Col a	$161.87	$78.72	$0.00	$14.32	$16.53	*(with L&H)*	$30.28	$0.00	$20.97	$1.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4235								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$55.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$55.30	$0.00	$14.32	$16.53		$30.28	$0.00	$20.97	$1.05
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.31	$0.00	$19.52	$23.55		$24.02	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$120.38	$55.30	$0.00	$14.32	$16.53		$24.02	$0.00	9.16 *(FRV)*	$1.05
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$14.72	$7.39	$0.00	$1.91	$2.21	$0.00	$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$135.10	$62.69	$0.00	$16.23	$18.74	$0.00	$27.23	$0.00	$9.16	$1.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6437								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$103.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$175.45	$103.04	$0.00	$16.23	$18.74	$0.00	$27.23	$0.00	$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.58	$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.09	$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	$23.93	$6.20	$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	**$199.38**	**$109.24**	**$0.00**	**$16.45**	**$19.15**	**$0.00**	**$44.33**	**$0.00**	**$9.16**	**$1.05**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$136.71**									

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

FINAL

Provider: **Chaplinwood Health & Rehab**
Prvdr ID: **00059694A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	30.4%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.54	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3992	1.3617
Quarterly Medicaid CMI:	1.2795	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3005	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,389,830	$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 Adjstmts	($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 Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$155.36	$81.11	$0.00	$14.06	$20.37	*(with L&H)*	$19.70	$2.87	$16.43	$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3992								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$57.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$57.97	$0.00	$14.06	$20.37		$19.70	$2.87	$16.43	$0.82
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$126.22	$57.97	$0.00	$14.06	$20.37		$19.70	$2.87	10.43 *(FRV)*	$0.82
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.98	$7.75	$0.00	$1.88	$2.72	$0.00	$2.63	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$141.20	$65.72	$0.00	$15.94	$23.09	$0.00	$22.33	$2.87	$10.43	$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3005								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$85.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$160.95	$85.47	$0.00	$15.94	$23.09	$0.00	$22.33	$2.87	$10.43	$0.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	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	$22.48	$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	**$183.43**	**$89.85**	**$0.00**	**$16.16**	**$23.50**	**$0.00**	**$39.80**	**$2.87**	**$10.43**	**$0.82**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$124.75**									

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

FINAL

Provider: **Chatsworth Health Care Center**
Prvdr ID: **00209778A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	44.2%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.58	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2919	1.3617
Quarterly Medicaid CMI:	1.4470	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4750	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,842,312	$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 Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$133.03	$71.26	$0.00	$14.96	$19.00	*(with L&H)*	$18.19	$3.28	$4.85	$1.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2919								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$55.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$120.74	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$14.34	$7.37	$0.00	$2.00	$2.54	$0.00	$2.43	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$135.08	$62.53	$0.00	$16.96	$21.54	$0.00	$20.62	$3.28	$8.66	$1.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4750								
18	Qrtrly Routine Srvcs 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	$164.78	$92.23	$0.00	$16.96	$21.54	$0.00	$20.62	$3.28	$8.66	$1.49
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.31	$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.77	$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.71	$5.61	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$188.49**	**$97.84**	**$0.00**	**$17.18**	**$21.95**	**$0.00**	**$38.09**	**$3.28**	**$8.66**	**$1.49**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$128.54**									

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: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	35.0%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.52	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2895	1.3617
Quarterly Medicaid CMI:	1.2738	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2963	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,466,869	$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$66.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$66.85	$0.00	$27.29	$23.23		$14.84	$2.07	$5.33	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$17.66	$8.94	$0.00	$3.65	$3.09	$0.00	$1.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$161.93	$75.79	$0.00	$30.94	$26.18	$0.00	$16.82	$2.07	$10.13	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2963								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$98.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$184.39	$98.25	$0.00	$30.94	$26.18	$0.00	$16.82	$2.07	$10.13	$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.12	$0.53	$0.00	$0.22	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$1.97	$1.97								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.65	$4.96	$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	**$207.04**	**$103.21**	**$0.00**	**$31.16**	**$26.18**	**$0.00**	**$34.29**	**$2.07**	**$10.13**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$142.46**									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: **Chelsey Park H&R**
Prvdr ID: **003165720A**
H/B ?: No

			Facility Score	Add-on Percent		Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date:	**10/01/19**	Add-on Data and Percentages			Case Mix Index (CMI) Data		
		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	Use Stwd	1.3617
		BIMS:	15.2%	0.0%	Quarterly Medicaid CMI:	1.6999	1.4446
MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	5.20	3.0%	Qrtly Mcaid CMI w RUG Wght Options:	1.7326	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 Srvcs)	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 13.4%		$16.97	$9.08		$2.34	$2.93		$2.61			
	CMA Allowed Per Diem (After Growth Alowance)		$188.42	$77.01		$19.83	$24.87		$22.14	$ 2.98	$37.58	$4.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.7326							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$133.43								
	Quarterly Medicaid CMA Allowed Per Diem		$244.83	$133.43		$19.83	$24.87		$22.14	$2.98	$37.58	$4.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% to Routine Srvs)		$0.00	$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$4.00	$4.00								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$21.10									
	Quarterly Case Mix Based Per Diem Rate		$265.94	$137.43		$19.83	$24.87		$39.24	$2.98	$37.58	$4.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	$186.63										

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

FINAL

Provider: **Cherry Blossom Health Care**
Prvdr ID: **00413509A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	29.9%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.43	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2276	1.3617
Quarterly Medicaid CMI:	1.7525	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.7872	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,545,801	$1,920,138	$0	$356,142	$202,257	$189,822	$485,782	$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$62.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$62.70	$0.00	$14.22	$15.72		$18.88	$3.07	$11.42	$1.19
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$125.97	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$14.90	$8.38	$0.00	$1.90	$2.10	$0.00	$2.52	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$140.87	$71.08	$0.00	$16.12	$17.82	$0.00	$21.40	$3.07	$10.19	$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7872								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$127.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$196.82	$127.03	$0.00	$16.12	$17.82	$0.00	$21.40	$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 Srvs)	Ln 19 Col b x CPS Add-on	$1.27	$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.81	$3.81								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.71	$5.61	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$220.53**	**$132.64**	**$0.00**	**$16.34**	**$18.23**	**$0.00**	**$38.87**	**$3.07**	**$10.19**	**$1.19**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$152.57**									

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**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	27.0%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.92	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5075	1.4014
Quarterly Medicaid CMI:	1.4802	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5048	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	$3,931,402	$2,188,570	$0	$329,394	$146,352	$174,816	$645,490	$0	$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	$3,924,997	$2,172,152	$0	$329,394	$149,976	$174,905	$638,062	$0	$447,444	$13,064
8	Total Nursing Facility Days As Filed Days = 24,050	FY14 Audited C/R Days	24,050									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,010	FY 18 GL-PL Ins Rpt Days								45,010		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$163.20	$90.32	$0.00	$13.70	$13.51	*(with L&H)*	$26.53	$0.00	$18.60	$0.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5075								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$59.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$59.91	$0.00	$13.70	$13.51		$26.53	$0.00	$18.60	$0.54
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.31	$0.00	$19.52	$23.55		$24.02	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$119.06	$59.91	$0.00	$13.70	$13.51		$24.02	$0.00	7.38 *(FRV)*	$0.54
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$14.86	$8.01	$0.00	$1.83	$1.81	$0.00	$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$133.92	$67.92	$0.00	$15.53	$15.32	$0.00	$27.23	$0.00	$7.38	$0.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5048								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$102.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$168.21	$102.21	$0.00	$15.53	$15.32	$0.00	$27.23	$0.00	$7.38	$0.54
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.02	$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.04	$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.32	$3.59	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$189.53**	**$105.80**	**$0.00**	**$15.75**	**$15.73**	**$0.00**	**$44.33**	**$0.00**	**$7.38**	**$0.54**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$129.32**									

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**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	49.3%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.65	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4851	1.3617
Quarterly Medicaid CMI:	1.3688	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3946	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$12,651,901	$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	FY12 Audited C/R Days	70,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 68,828	FY 18 GL-PL Ins Rpt Days								68,828		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$176.36	$97.00	$0.00	$15.99	$18.77	*(with L&H)*	$32.32	$6.99	$4.79	$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4851								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$65.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$65.32	$0.00	$15.99	$18.77		$32.32	$6.99	$4.79	$0.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$140.76	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$16.13	$8.73	$0.00	$2.14	$2.51	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$156.89	$74.05	$0.00	$18.13	$21.28	$0.00	$23.31	$6.99	$12.63	$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3946								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$103.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$186.11	$103.27	$0.00	$18.13	$21.28	$0.00	$23.31	$6.99	$12.63	$0.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.68	$5.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.10	$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	$0.00						$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$9.94	$9.31	$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	**$196.05**	**$112.58**	**$0.00**	**$18.35**	**$21.69**	**$0.00**	**$23.31**	**$6.99**	**$12.63**	**$0.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$147.04**									

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

FINAL

Provider: **Chulio Hills Health and Rehab Center**
Prvdr ID: **00143437A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	36.4%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.27	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2223	1.3617
Quarterly Medicaid CMI:	1.5801	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6076	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,224,295	$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 Adjstmts	($46,618)	($7,968)	$0	$0	$0	($1,365)	($45,271)		($18,485)	$26,471
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,177,677	$2,396,609	$0	$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 Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$57.48								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$57.48	$0.00	$13.43	$18.35		$16.20	$3.30	$0.25	$0.78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$119.50	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$14.11	$7.69	$0.00	$1.80	$2.45	$0.00	$2.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$133.61	$65.17	$0.00	$15.23	$20.80	$0.00	$18.37	$3.30	$9.96	$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6076								
18	Qrtrly Routine Srvcs 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	$173.21	$104.77	$0.00	$15.23	$20.80	$0.00	$18.37	$3.30	$9.96	$0.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.62	$2.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.10	$2.10								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.35	$5.25	$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	**$196.56**	**$110.02**	**$0.00**	**$15.45**	**$21.21**	**$0.00**	**$35.84**	**$3.30**	**$9.96**	**$0.78**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$134.60**									

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

FINAL

Provider: **Church Home Rehab & Healthcare**
Prvdr ID: **00140467A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	31.6%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.00	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2835	1.3617
Quarterly Medicaid CMI:	1.4047	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4328	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,416,690	$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 Srvcs	Ln 7 / Ln 8 Col a	$138.27	$78.74	$0.00	$15.34	$17.33	*(with L&H)*	$24.70	$0.35	$1.01	$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2835								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$61.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$61.35	$0.00	$15.34	$17.33		$24.70	$0.35	$1.01	$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$142.75	$61.35	$0.00	$15.34	$17.33		$20.56	$0.35	27.02 *(FRV)*	$0.80
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.32	$8.20	$0.00	$2.05	$2.32	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$158.07	$69.55	$0.00	$17.39	$19.65	$0.00	$23.31	$0.35	$27.02	$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4328								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$99.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$188.17	$99.65	$0.00	$17.39	$19.65	$0.00	$23.31	$0.35	$27.02	$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.49	$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.99	$2.99								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
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	**$211.91**	**$105.66**	**$0.00**	**$17.61**	**$20.06**	**$0.00**	**$40.41**	**$0.35**	**$27.02**	**$0.80**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$146.11**									

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

FINAL

Provider: **Clinch Health Care**
Prvdr ID: **00142106A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	23.9%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.55	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3288	1.3617
Quarterly Medicaid CMI:	1.4053	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4296	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,938,880	$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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		**1.3288**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$37.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$10.47	$5.07	$0.00	$1.46	$1.85	$0.00	$2.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$97.23	$42.96	$0.00	$12.38	$15.71	$0.00	$17.75	$0.82	$6.81	$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4296**								
18	Qrtrly Routine Srvcs 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	$115.69	$61.42	$0.00	$12.38	$15.71	$0.00	$17.75	$0.82	$6.81	$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 = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$1.23	$1.23								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$20.47	$2.37	$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	**$136.16**	**$63.79**	**$0.00**	**$12.60**	**$16.12**	**$0.00**	**$35.22**	**$0.82**	**$6.81**	**$0.80**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$89.30**									
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: **Coastal Manor**
Prvdr ID: **00856028A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	40.9%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.01	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3441	1.3617
Quarterly Medicaid CMI:	1.3895	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4170	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$8,004,109	$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$66.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = 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 Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$155.95	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$18.14	$8.88	$0.00	$3.42	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$174.09	$75.28	$0.00	$28.98	$26.18	$0.00	$23.31	$3.14	$16.84	$0.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4170**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$106.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$205.48	$106.67	$0.00	$28.98	$26.18	$0.00	$23.31	$3.14	$16.84	$0.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.67	$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.13	$2.13								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.65	$5.33	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$228.13**	**$112.00**	**$0.00**	**$29.20**	**$26.18**	**$0.00**	**$40.41**	**$3.14**	**$16.84**	**$0.36**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$158.27**									

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

FINAL

Provider: **Cobblestone Rehab and Healthcare Center**
Prvdr ID: **00142711A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	19.4%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.17	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4590	1.3617
Quarterly Medicaid CMI:	1.3073	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3292	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,715,072	$1,561,328	$0	$321,006	$288,241	$230,071	$858,311	$6,221	$449,894	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($50,908)	($2,304)	$0	($9,289)	($811)	$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 Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$179.85	$76.52	$0.00	$15.30	$25.45	*(with L&H)*	$40.25	$0.31	$18.78	$3.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4590								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$52.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$133.21	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$14.90	$7.01	$0.00	$2.05	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$148.11	$59.46	$0.00	$17.35	$26.18	$0.00	$23.31	$0.31	$18.26	$3.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3292								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$79.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$167.68	$79.03	$0.00	$17.35	$26.18	$0.00	$23.31	$0.31	$18.26	$3.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.37	$2.37								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$20.22	$2.90	$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	**$187.90**	**$81.93**	**$0.00**	**$17.57**	**$26.18**	**$0.00**	**$40.41**	**$0.31**	**$18.26**	**$3.24**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$128.10**									

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**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	27.6%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.49	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2906	1.3617
Quarterly Medicaid CMI:	1.3100	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3307	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,335,885	$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$55.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$14.54	$7.41	$0.00	$2.08	$2.34	$0.00	$2.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$132.89	$62.80	$0.00	$17.61	$19.84	$0.00	$22.96	$0.60	$7.64	$1.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3307								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$83.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$153.66	$83.57	$0.00	$17.61	$19.84	$0.00	$22.96	$0.60	$7.64	$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)	$1.39	$0.53	$0.00	$0.22	$0.41	$0.00	$0.23		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.84	$0.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.67	$1.67								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.00	$3.04	$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	**$174.66**	**$86.61**	**$0.00**	**$17.83**	**$20.25**	**$0.00**	**$40.29**	**$0.60**	**$7.64**	**$1.44**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$118.17**									

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**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	48.4%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.58	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2625	1.4014
Quarterly Medicaid CMI:	1.2751	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2948	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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*	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	$4,832,506	$2,286,566	$0	$512,396	$260,364	$236,923	$1,068,433	$110,589	$357,235	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	($514,843)	$0	$0	$0	$0	$0	($514,843)		($6,299)	$6,299
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	$4,317,663	$2,286,566	$0	$512,396	$260,364	$236,923	$553,590	$110,589	$350,936	$6,299
8	Total Nursing Facility Days As Filed Days = 29,059	12/31/14 Audited C/R Days	29,059									
	Total Nursing Facility Days GL-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 Srvcs	Ln 7 / Ln 8 Col a	$147.67	$78.69	$0.00	$17.63	$17.11	*(with L&H)*	$19.05	$2.89	$12.08	$0.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2625								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$62.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$62.33	$0.00	$17.63	$17.11		$19.05	$2.89	$12.08	$0.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.31	$0.00	$19.52	$23.55		$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$126.96	$62.33	$0.00	$17.63	$17.11		$19.05	$2.89	7.73 *(FRV)*	$0.22
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$15.53	$8.33	$0.00	$2.36	$2.29	$0.00	$2.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$142.49	$70.66	$0.00	$19.99	$19.40	$0.00	$21.60	$2.89	$7.73	$0.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2948								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$91.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$163.32	$91.49	$0.00	$19.99	$19.40	$0.00	$21.60	$2.89	$7.73	$0.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.03	$5.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.74	$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.40	$8.30	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$189.72**	**$99.79**	**$0.00**	**$20.21**	**$19.81**	**$0.00**	**$39.07**	**$2.89**	**$7.73**	**$0.22**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$129.47**									

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**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	27.1%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.53	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3067	1.3617
Quarterly Medicaid CMI:	1.5260	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5551	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,313,003	$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 Adjstmts	($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 Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$46.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$106.38	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$12.51	$6.19	$0.00	$1.94	$2.60	$0.00	$1.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$118.89	$52.52	$0.00	$16.48	$22.02	$0.00	$15.11	$2.80	$8.30	$1.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5551								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$81.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$148.04	$81.67	$0.00	$16.48	$22.02	$0.00	$15.11	$2.80	$8.30	$1.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.82	$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.45	$2.45								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.90	$3.80	$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	**$169.94**	**$85.47**	**$0.00**	**$16.70**	**$22.43**	**$0.00**	**$32.58**	**$2.80**	**$8.30**	**$1.66**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$114.63**									

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

FINAL

Provider: **Cook Senior Living Center**
Prvdr ID: **00059826A**

Case Mix Per Diem Rate Effective Date: **10/01/19**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages		Facility Score	Add-on Percent
Growth Allowance:		N/A	13.37%
Qtrly BIMS score		33.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:		3.57	3.0%

Case Mix Index (CMI) Data	Facility Specific	Statewide
Base Period Overall CMI:	1.4305	1.3699
Quarterly Medicaid CMI:	1.2758	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2956	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY13 C/R	$4,842,063	$2,237,304	$0	$774,735	$382,651	$332,494	$648,145	$34,380	$432,354	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	($49,757)	$0	$0	$0	$0	$0	($49,757)		($10,009)	$10,009
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	$4,792,306	$2,237,304	$0	$774,735	$382,651	$332,494	$598,388	$34,380	$422,345	$10,009
8	Total Nursing Facility Days As Filed Days = 29,794	FY13 Audited C/R Days	29,794									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,753	FY 18 GL-PL Ins Rpt Days								31,753		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$160.77	$75.09	$0.00	$26.00	$24.00	*(with L&H)*	$20.08	$1.08	$14.18	$0.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		**1.4305**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$52.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$52.49	$0.00	$26.00	$24.00		$20.08	$1.08	$14.18	$0.34
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.90	$0.00	$28.00	$23.27		$23.46	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$131.34	$52.49	$0.00	$26.00	$23.27		$20.08	$1.08	8.08 *(FRV)*	$0.34
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$16.29	$7.02	$0.00	$3.48	$3.11	$0.00	$2.68	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$147.63	$59.51	$0.00	$29.48	$26.38	$0.00	$22.76	$1.08	$8.08	$0.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2956**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$77.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$165.22	$77.10	$0.00	$29.48	$26.38	$0.00	$22.76	$1.08	$8.08	$0.34
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.12	$0.53	$0.00	$0.22	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.93	$1.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	$2.31	$2.31								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.46	$4.77	$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	**$187.68**	**$81.87**	**$0.00**	**$29.70**	**$26.38**	**$0.00**	**$40.23**	**$1.08**	**$8.08**	**$0.34**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$127.94**									

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: **10/01/19**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	29.4%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	5.10	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1887	1.3699
Quarterly Medicaid CMI:	1.5674	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5955	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY13 C/R	$2,013,144	$955,965	$0	$246,731	$110,011	$70,025	$347,784	$77,633	$204,995	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	($36,822)	$0	$0	$0	$343	$218	($37,974)		($14,476)	$15,067
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	$1,976,322	$955,965	$0	$246,731	$110,354	$70,243	$309,810	$77,633	$190,519	$15,067
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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$68.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$68.11	$0.00	$20.90	$15.29		$26.24	$3.26	$16.13	$1.28
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.90	$0.00	$19.14	$23.27		$23.46	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$139.16	$68.11	$0.00	$19.14	$15.29		$23.46	$3.26	8.62 *(FRV)*	$1.28
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$16.85	$9.11	$0.00	$2.56	$2.04	$0.00	$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$156.01	$77.22	$0.00	$21.70	$17.33	$0.00	$26.60	$3.26	$8.62	$1.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5955								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$123.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$201.99	$123.20	$0.00	$21.70	$17.33	$0.00	$26.60	$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.23	$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.70	$3.70								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.97	$5.46	$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	**$224.96**	**$128.66**	**$0.00**	**$21.70**	**$17.74**	**$0.00**	**$43.70**	**$3.26**	**$8.62**	**$1.28**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$155.90**									

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

FINAL

Provider: **Countryside Health Center**
Prvdr ID: **00141666A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	30.6%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.70	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1147	1.3617
Quarterly Medicaid CMI:	1.4543	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4792	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,031,679	$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 Srvcs	Ln 7 / Ln 8 Col a	$102.91	$55.72	$0.00	$13.97	$17.77	*(with L&H)*	$12.61	$2.06	$0.00	$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1147								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$49.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$49.99	$0.00	$13.97	$17.77		$12.61	$2.06	$0.00	$0.78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	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 *(FRV)*	$0.78
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.62	$6.68	$0.00	$1.87	$2.38	$0.00	$1.69	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$115.93	$56.67	$0.00	$15.84	$20.15	$0.00	$14.30	$2.06	$6.13	$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4792								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$83.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$143.09	$83.83	$0.00	$15.84	$20.15	$0.00	$14.30	$2.06	$6.13	$0.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.10	$2.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.68	$1.68								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.41	$4.31	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$165.50**	**$88.14**	**$0.00**	**$16.06**	**$20.56**	**$0.00**	**$31.77**	**$2.06**	**$6.13**	**$0.78**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$111.30**									

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: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	34.9%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.41	1.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5027	1.4014
Quarterly Medicaid CMI:	1.7671	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.8004	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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*	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	$3,435,173	$1,731,823	$0	$252,767	$176,345	$179,943	$720,392	$11,958	$361,945	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	($265,777)	$0	$0	$0	$0	$0	($265,777)		($24,077)	$24,077
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	$3,169,396	$1,731,823	$0	$252,767	$176,345	$179,943	$454,615	$11,958	$337,868	$24,077
8	Total Nursing Facility Days As Filed Days = 17,788	12/31/14 Audited C/R Days	17,788									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,726	FY 18 GL-PL Ins Rpt Days								30,726		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$177.89	$97.36	$0.00	$14.21	$20.03	*(with L&H)*	$25.56	$0.39	$18.99	$1.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5027								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$64.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$64.79	$0.00	$14.21	$20.03		$25.56	$0.39	$18.99	$1.35
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.31	$0.00	$19.52	$23.55		$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$133.71	$64.79	$0.00	$14.21	$20.03		$24.02	$0.39	8.92 *(FRV)*	$1.35
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$16.45	$8.66	$0.00	$1.90	$2.68	$0.00	$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$150.16	$73.45	$0.00	$16.11	$22.71	$0.00	$27.23	$0.39	$8.92	$1.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8004								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$132.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$208.95	$132.24	$0.00	$16.11	$22.71	$0.00	$27.23	$0.39	$8.92	$1.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.31	$3.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.32	$1.32								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.89	$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	**$231.84**	**$137.40**	**$0.00**	**$16.33**	**$23.12**	**$0.00**	**$44.33**	**$0.39**	**$8.92**	**$1.35**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$161.06**									

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

FINAL

Provider: **Crestview Nursing Facility**
Prvdr ID: **00273567A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	30.5%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.83	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1823	1.3617
Quarterly Medicaid CMI:	1.0710	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.0838	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$17,345,050	$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 Adjstmts	($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 Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$175.14	$97.34	$0.00	$14.29	$23.26	*(with L&H)*	$35.83	$1.54	$2.83	$0.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1823								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$82.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.33	$0.00	$14.29	$23.26		$35.83	$1.54	$2.83	$0.05
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$140.87	$71.51	$0.00	$14.29	$23.09		$20.56	$1.54	9.83 *(FRV)*	$0.05
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$17.31	$9.56	$0.00	$1.91	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$158.18	$81.07	$0.00	$16.20	$26.18	$0.00	$23.31	$1.54	$9.83	$0.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0838								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$87.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$164.97	$87.86	$0.00	$16.20	$26.18	$0.00	$23.31	$1.54	$9.83	$0.05
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.20	$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.64	$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	$0.00						$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$5.06	$4.84	$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	**$170.03**	**$92.70**	**$0.00**	**$16.42**	**$26.18**	**$0.00**	**$23.31**	**$1.54**	**$9.83**	**$0.05**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$127.52**									

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

FINAL

Provider: **Crisp Regional Nursing and Rehab Ctr**
Prvdr ID: **00274128A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	26.0%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.04	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4206	1.3617
Quarterly Medicaid CMI:	1.6066	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6360	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,952,644	$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 Adjstmts	($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 Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.4206								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$60.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$16.61	$8.04	$0.00	$2.73	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$153.55	$68.15	$0.00	$23.18	$26.18	$0.00	$23.31	$2.81	$9.62	$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6360								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$111.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$196.89	$111.49	$0.00	$23.18	$26.18	$0.00	$23.31	$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.11	$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$22.30	$4.98	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$219.19**	**$116.47**	**$0.00**	**$23.40**	**$26.18**	**$0.00**	**$40.41**	**$2.81**	**$9.62**	**$0.30**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$151.57**									

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: 10/01/19
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	24.2%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.68	3.0%

Case Mix Index (CMI) Data	Facility Specific	Statewide
Base Period Overall CMI:	1.1512	1.3699
Quarterly Medicaid CMI:	1.3528	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3763	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY13 C/R	$1,899,677	$760,302	$0	$281,878	$267,254	$198,948	$303,862	$18,730	$68,703	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	$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 Srvcs	Ln 7 / Ln 8 Col a	$116.54	$46.78	$0.00	$17.34	$28.67	*(with L&H)*	$18.75	$0.77	$2.23	$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		**1.1512**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$40.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$40.64	$0.00	$17.34	$28.67		$18.75	$0.77	$2.23	$2.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.90	$0.00	$19.14	$23.27		$23.46	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$110.45	$40.64	$0.00	$17.34	$23.27		$18.75	$0.77	7.68 *(FRV)*	$2.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$13.37	$5.43	$0.00	$2.32	$3.11	$0.00	$2.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$123.82	$46.07	$0.00	$19.66	$26.38	$0.00	$21.26	$0.77	$7.68	$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.3763**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$63.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$141.16	$63.41	$0.00	$19.66	$26.38	$0.00	$21.26	$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.63	$0.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$20.75	$3.06	$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	**$161.91**	**$66.47**	**$0.00**	**$19.88**	**$26.38**	**$0.00**	**$38.73**	**$0.77**	**$7.68**	**$2.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$108.61**									

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: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	65.3%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.40	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3016	1.3617
Quarterly Medicaid CMI:	1.5166	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5453	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,274,534	$3,015,528	$0	$616,662	$506,007	$277,751	$521,994	$61,923	$274,669	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($266,253)	($5,834)	$0	$57	($92,450)	($9,653)	($40,099)		($148,090)	$29,816
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,008,281	$3,009,694	$0	$616,719	$413,557	$268,098	$481,895	$61,923	$126,579	$29,816
8	Total Nursing Facility Days As Filed Days = 31,273	FY12 Audited C/R Days	31,273									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,766	FY 18 GL-PL Ins Rpt Days								41,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$159.65	$96.24	$0.00	$19.72	$21.80	*(with L&H)*	$15.41	$1.48	$4.05	$0.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3016								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$73.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$73.94	$0.00	$19.72	$21.80		$15.41	$1.48	$4.05	$0.95
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$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											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$16.99	$9.56	$0.00	$2.46	$2.91	$0.00	$2.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$156.40	$81.07	$0.00	$20.87	$24.71	$0.00	$17.47	$1.48	$9.85	$0.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5453								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$125.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$200.61	$125.28	$0.00	$20.87	$24.71	$0.00	$17.47	$1.48	$9.85	$0.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.78	$0.00	$0.00	$0.00	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$6.89	$6.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.76	$3.76								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$28.53	$10.65	$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	**$229.14**	**$135.93**	**$0.00**	**$20.87**	**$25.12**	**$0.00**	**$34.94**	**$1.48**	**$9.85**	**$0.95**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$159.03**									

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

FINAL

Provider: **D. Scott Hudgens Center for Skilled Nursing**
Prvdr ID: **000815493B**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	35.7%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.16	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3112	1.3617
Quarterly Medicaid CMI:	1.2562	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2723	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$1,344,854	$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	FY12 Audited C/R Days	5,856									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,404	FY 18 GL-PL Ins Rpt Days								11,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$80.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$17.50	$9.56	$0.00	$2.10	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$178.67	$81.07	$0.00	$17.84	$26.18	$0.00	$23.31	$0.21	$28.24	$1.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2723								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$103.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$200.75	$103.15	$0.00	$17.84	$26.18	$0.00	$23.31	$0.21	$28.24	$1.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.58	$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.09	$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	$22.99	$5.67	$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	**$223.74**	**$108.82**	**$0.00**	**$18.06**	**$26.18**	**$0.00**	**$40.41**	**$0.21**	**$28.24**	**$1.82**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$154.98**									

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

FINAL

Provider: **Dade Health and Rehab Center**
Prvdr ID: **00142865A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	40.4%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.14	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2764	1.3617
Quarterly Medicaid CMI:	1.2283	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2496	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,109,776	$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 Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$134.83	$74.80	$0.00	$15.53	$19.75	*(with L&H)*	$17.47	$6.29	$0.42	$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2764								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$58.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$58.60	$0.00	$15.53	$19.75		$17.47	$6.29	$0.42	$0.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$126.72	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$14.89	$7.83	$0.00	$2.08	$2.64	$0.00	$2.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$141.61	$66.43	$0.00	$17.61	$22.39	$0.00	$19.81	$6.29	$8.51	$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2496								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$83.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$158.19	$83.01	$0.00	$17.61	$22.39	$0.00	$19.81	$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 Srvs)	Ln 19 Col b x CPS Add-on	$2.08	$2.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.66	$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	$22.37	$4.27	$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	**$180.56**	**$87.28**	**$0.00**	**$17.83**	**$22.80**	**$0.00**	**$37.28**	**$6.29**	**$8.51**	**$0.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$122.60**									

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

FINAL

Provider: **Dawson Health & Rehab**
Prvdr ID: **00140808A**
Case Mix Per Diem Rate Effective Date: 10/1/2019
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	32.1%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.50	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2140	1.3617
Quarterly Medicaid CMI:	1.4180	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4429	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,350,365	$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 Adjstmts	($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 Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$130.25	$68.70	$0.00	$14.99	$16.65	*(with L&H)*	$15.89	$3.07	$10.22	$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2140								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$56.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$56.59	$0.00	$14.99	$16.65		$15.89	$3.07	$10.22	$0.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$116.14	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$13.92	$7.57	$0.00	$2.00	$2.23	$0.00	$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$130.06	$64.16	$0.00	$16.99	$18.88	$0.00	$18.01	$3.07	$8.22	$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4429								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$92.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$158.48	$92.58	$0.00	$16.99	$18.88	$0.00	$18.01	$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 Srvs)	Ln 19 Col b x CPS Add-on	$2.31	$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.78	$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.72	$5.62	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$182.20**	**$98.20**	**$0.00**	**$17.21**	**$19.29**	**$0.00**	**$35.48**	**$3.07**	**$8.22**	**$0.73**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$123.83**									

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**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	33.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.44	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.7909	1.3617
Quarterly Medicaid CMI:	1.5260	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5535	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,960,862	$2,146,119	$0	$430,561	$171,697	$192,796	$756,329	$2,645	$260,715	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($33,146)	$0	$0	$0	$0	$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$50.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$13.92	$6.72	$0.00	$2.41	$2.04	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$132.91	$56.96	$0.00	$20.46	$17.32	$0.00	$23.31	$0.11	$13.20	$1.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5535								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$88.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$164.44	$88.49	$0.00	$20.46	$17.32	$0.00	$23.31	$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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng 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	$23.12	$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	**$187.56**	**$93.88**	**$0.00**	**$20.68**	**$17.73**	**$0.00**	**$40.41**	**$0.11**	**$13.20**	**$1.55**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$127.85**									

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: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	23.7%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.50	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2576	1.3617
Quarterly Medicaid CMI:	1.2698	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2855	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,648,011	$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 Adjstmts	($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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$67.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$67.93	$0.00	$24.06	$27.85		$27.20	$1.38	$6.74	$0.93
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$17.38	$9.08	$0.00	$2.46	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$159.07	$77.01	$0.00	$20.87	$26.18	$0.00	$23.31	$1.38	$9.39	$0.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2855								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$99.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$181.06	$99.00	$0.00	$20.87	$26.18	$0.00	$23.31	$1.38	$9.39	$0.93
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.53	$0.53	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.99	$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.97	$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.59	$4.49	$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	**$202.65**	**$103.49**	**$0.00**	**$20.87**	**$26.18**	**$0.00**	**$40.41**	**$1.38**	**$9.39**	**$0.93**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$139.16**									

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

FINAL

Provider: **Delmar Gardens of Smyrna**
Prvdr ID: **00296271A**
Case Mix Per Diem Rate Effective Date: 10/1/2019
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	33.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.24	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2475	1.3617
Quarterly Medicaid CMI:	1.2670	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2835	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,229,800	$3,281,705	$0	$698,667	$362,465	$490,326	$880,619	$54,596	$461,422	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($262,391)	($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	FY12 Audited C/R Days	41,854									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,265	FY 18 GL-PL Ins Rpt Days								38,265		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$142.70	$78.29	$0.00	$16.69	$20.35	*(with L&H)*	$18.53	$1.43	$6.42	$0.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2475								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$62.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$130.91	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$15.82	$8.39	$0.00	$2.23	$2.72	$0.00	$2.48	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$146.73	$71.15	$0.00	$18.92	$23.07	$0.00	$21.01	$1.43	$10.16	$0.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2835								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$91.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$166.90	$91.32	$0.00	$18.92	$23.07	$0.00	$21.01	$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 = 2.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$2.74	$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.65	$5.55	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$190.55**	**$96.87**	**$0.00**	**$19.14**	**$23.48**	**$0.00**	**$38.48**	**$1.43**	**$10.16**	**$0.99**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$130.09**									

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: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	38.0%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.45	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5626	1.3617
Quarterly Medicaid CMI:	1.4659	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4895	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$12,063,143	$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 84,849	FY 18 GL-PL Ins Rpt Days								84,849		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$146.56	$87.81	$0.00	$15.02	$13.63	*(with L&H)*	$17.24	$1.16	$10.41	$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.5626**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$56.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$56.19	$0.00	$15.02	$13.63		$17.24	$1.16	$10.41	$1.29
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$118.88	$56.19	$0.00	$15.02	$13.63		$17.24	$1.16	14.35 *(FRV)*	$1.29
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.64	$7.51	$0.00	$2.01	$1.82	$0.00	$2.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$132.52	$63.70	$0.00	$17.03	$15.45	$0.00	$19.54	$1.16	$14.35	$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4895**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$94.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$163.70	$94.88	$0.00	$17.03	$15.45	$0.00	$19.54	$1.16	$14.35	$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.37	$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	$22.90	$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	**$186.60**	**$99.68**	**$0.00**	**$17.25**	**$15.86**	**$0.00**	**$37.01**	**$1.16**	**$14.35**	**$1.29**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$127.13**									

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: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	36.6%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.96	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2467	1.3617
Quarterly Medicaid CMI:	1.5096	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5365	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housknpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,803,623	$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 Srvcs	Ln 7 / Ln 8 Col a	$116.74	$67.90	$0.00	$15.83	$16.02	*(with L&H)*	$11.53	$4.25	$0.23	$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.2467**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$54.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$54.46	$0.00	$15.83	$16.02		$11.53	$4.25	$0.23	$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$111.06	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$13.08	$7.28	$0.00	$2.12	$2.14	$0.00	$1.54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$124.14	$61.74	$0.00	$17.95	$18.16	$0.00	$13.07	$4.25	$7.99	$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5365**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$94.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$157.26	$94.86	$0.00	$17.95	$18.16	$0.00	$13.07	$4.25	$7.99	$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.37	$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.85	$2.85								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.85	$5.75	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$181.11**	**$100.61**	**$0.00**	**$18.17**	**$18.57**	**$0.00**	**$30.54**	**$4.25**	**$7.99**	**$0.98**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$123.01**									

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

FINAL

Provider: **Dunwoody Health and Rehab Ctr**
Prvdr ID: **00815295A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	23.1%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.03	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6363	1.3617
Quarterly Medicaid CMI:	1.7525	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.7844	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$14,272,181	$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	FY12 Audited C/R Days	73,805									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 71,443	FY 18 GL-PL Ins Rpt Days								71,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$70.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$70.59	$0.00	$17.33	$16.32		$27.02	$0.08	$7.23	$2.78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$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 = 13.37%	Ln 14 x Grwth Allwnc %	$16.69	$9.44	$0.00	$2.32	$2.18	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$162.03	$80.03	$0.00	$19.65	$18.50	$0.00	$23.31	$0.08	$17.68	$2.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7844								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$142.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$224.81	$142.81	$0.00	$19.65	$18.50	$0.00	$23.31	$0.08	$17.68	$2.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.43	$1.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.86	$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.55	$4.82	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$247.36**	**$147.63**	**$0.00**	**$19.87**	**$18.91**	**$0.00**	**$40.41**	**$0.08**	**$17.68**	**$2.78**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$172.70**									