

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

FINAL

Provider: Calhoun Health Care Center Pvdr ID: 00140577A										Add-on Data and Percentages		Facility Score		Case Mix Index (CMI) Data				Facility Specific		State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20										Growth Allowance: 13.37%		N/A		Base Period Overall CMI: 1.3183 Quarterly Medicaid CMI: 1.5828 Qtrly Mcaid CMI w RUG Wght Options: 1.6125						
Nurse Hours per On-Site Day/Quality Incentive: 3.27										2.5%		2.0%								
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekng	Plant Operatns & Maint	Admin General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance								
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes											
2	Peer Group Standards & Efficiency Measure Limits																			
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
5	Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR -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 CIR Audit Adjmts	(\$175,369)	(\$308)	\$0	\$2,259	\$0	(\$7,447)	(\$171,454)		(\$18,195)	\$19,776								
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$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	FY12 Audited CIR Days	34,715																	
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days						(with L&H)	\$15.76	29,375	\$7.30	\$0.57								
10	Net Per Diems prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.67	\$63.77	\$0.00	\$14.61	\$17.93													
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.3183	1.3183																
11	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$48.37	\$48.37	\$0.00	\$14.61	\$17.93		\$15.76	\$3.73	\$7.30	\$0.57								
12	Net Per Diems after Case Mix Adjustmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.61	\$17.93		\$15.76	\$3.73	\$7.30	\$0.57								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$0.57								
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%																			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Growth Allownc %	\$12.93	\$6.47	\$0.00	\$1.95	\$2.40	\$0.00	\$2.11	N/A	N/A	N/A								
17	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15	\$121.34	\$54.84	\$0.00	\$16.56	\$20.33	\$0.00	\$17.87	\$3.73	\$7.44	\$0.57								
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	per Current Qtr End	1.6125	1.6125																
19	Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17	\$88.43	\$88.43	\$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 ((Slnd - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00								
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$1.77	\$1.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10		\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		\$0.00	\$0.22	\$0.41	\$0.00	\$17.10		\$0.00	\$0.00								
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.61	\$4.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.54	\$92.94	\$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	\$120.33																	

**FINAL**

Institutional Reimbursement - DCH/DFS

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

FINAL

Provider: <b>Camellia Gardens of Life Care</b>														
Pvdr ID: <b>00366341A</b>														
Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>														
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>														
Nurse Hours per On-Site Day/Quality Incentive:														
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
			Growth Allowance:		Qtrly BIMS score			Base Period Overall CMI:		Qtrly Medicaid CMI:			Qtrly Mcaid CMI w RUG Wght Options:	
			Totals	Routine Services		Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint		Admin and General	A&G- GL-PL Insurance		Property and Related
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%					
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37					
5	Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR -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 CIR Audit Adjstms	(\$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 CIR	\$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	FY12 Audited CIR Days	27,555											
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.56	\$72.81	\$0.00	\$16.94	\$16.63	(with L&H)	\$24.90	\$2.31	\$5.89	\$1.08		
10	Base Period Facility Case Mix Index (or All Residents	from 4 qtrs of FY12		1.3243										
11	Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.98	\$0.00	\$16.94	\$16.63		\$24.90	\$2.31	\$5.89	\$1.08		
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.98	\$0.00	\$16.94	\$16.63		\$20.56	\$0.00	N/A	\$1.08		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$1.08		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.59		\$0.00	\$16.94	\$16.63		\$20.56	\$2.31	8.09 (FRV)	\$1.08		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth 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		1.1857										
18	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17	\$73.90	\$73.90	\$0.00	\$19.20	\$18.85	\$0.00	\$23.31	\$2.31	\$8.09	\$1.08		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.74											
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([(Std - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.74	\$0.00	\$0.22	\$0.22	\$0.00	\$0.00		\$0.00	\$0.00		
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.22	\$2.22	\$0.00	\$0.22	\$0.22	\$0.00	\$0.00		\$0.00	\$0.00		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$3.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$17.10	\$0.00	\$0.00		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.22	\$77.39	\$0.00	\$19.42	\$19.26	\$0.00	\$40.41	\$2.31	\$8.09	\$1.08		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.96											
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.15											

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

FINAL

Provider: <b>Camellia Hlth &amp; Rehab</b>															
Pvdr ID: <b>00140588A</b>															
Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>															
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>															
Nurse Hours per On-Site Day/Quality Incentive:															
Line #	Description	Sources / Calculations	Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
			Growth Allowance:		Qtrly BIMS score				Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcdid CMI w RUG Wght Options:						
			Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
2	Peer Group Standards & Efficiency Measure Limits														
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%						
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	105.0%	105.0%						
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,025,940	\$1,592,432	\$0	\$345,008	\$167,289	\$228,586	\$435,294	\$100,435	\$156,896	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjustmts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,188 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,848	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days from 4 qtrs of FY12 Ln 9 / Ln 10	22,188												
9	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.57	\$71.77	\$0.00	\$15.47	\$17.84	(with L&H)	\$18.13	\$4.21	\$6.33	\$0.82			
10	Base Period Facility Case Mix Index for All Residents	Ln 9 / Ln 10	1.3516	\$53.10	\$0.00	\$15.47	\$17.84		\$18.13	\$4.21	\$6.33	\$0.82			
11	Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9	\$53.10	\$53.10	\$0.00	\$15.47	\$17.84		\$18.13	\$4.21	\$6.33	\$0.82			
12	Net Per Diem after Case Mix Adjstmt to Routine Svcs	per Peer Group Limits	\$71.51	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$0.82			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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			
14	Base Period Case Mix Adjusted Allowed Per Diem														
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allownc %	\$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	1.5656	\$94.25	\$0.00	\$17.54	\$20.23	\$0.00	\$20.55	\$4.21	\$8.62	\$0.82			
18	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17	\$166.22	\$94.25	\$0.00	\$17.54	\$20.23	\$0.00	\$20.55	\$4.21	\$8.62	\$0.82			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16													
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem (Sind - Alwd) x .75, up to max. of 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00			
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	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 Svcs)	Ln 19 Col b x Slfng Add-on	\$2.83	\$2.83											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.64	\$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	\$192.86	\$102.79	\$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	\$131.82												

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

FINAL

Provider: Candler Hospital Sub-Acute Unit Pvdr ID: 00870911A										Add-on Date and Percentages			Facility Score		Add-on Percent		Case Mix Index (CMI) Data					Facility Specific		State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20										Nurse Hours per On-Site Day/Quality Incentive:		Growth Allowance: Qtrly BIMS score: 8.14		0.0% 0.0%		Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:								
Line #	Description			Sources / Calculations		Totals		Routine Services		Special Services		Dietary		Laundry & Housekeeping		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				
<b>CASE MIX BASED RATE CALCULATIONS</b>																								
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)		1		1		1		1		1		1		1		1				i
2	Peer Group Standards & Efficiency Measure Limits			(see Policy Manual)		90.0%		90.0%		90.0%		90.0%		85.0%		50.0%		50.0%		50.0%				
3	Peer Group Standards: Percentile			(see Policy Manual)		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%				
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)		\$0.53		\$0.00		\$0.22		\$0.22		\$0.41		\$0.37		\$0.37						
5	Base Period Per Diem Allowed Amounts			As Filed FY12 CIR -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	As Filed Cost Center Costs (Routine & Special Svcs Combined)			FY12 CIR Audit Adjtsmts		(\$10,246)		\$0		\$0		\$0		\$0		\$0		(\$10,246)		(\$5,552)		(\$5,552)		\$5,552
7	Audit Adjustments and Reallocations to Cost Center Costs			FY12 Audited CIR		\$1,460,270		\$639,844		\$0		\$65,806		\$57,730		\$95,218		\$342,733		\$7,493		\$245,894		\$5,552
8	Cost Center Costs After Audit Adjustments			FY12 Audited CIR Days		3,234																		
9	Total Nursing Facility Days			As Filed Days = 3,234																				
10	Total Nursing Facility Days GL-PL Ins. Rpt			As Filed Days = 2,890																				
11	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs			FY 18 GL-PL Ins Rpt Days		\$451.81		\$197.85		\$0.00		\$20.35		\$47.29		(with L&H)		\$105.98		\$2.59		\$76.03		\$1.72
12	Base Period Facility Case Mix Index for All Residents			from 4 qtrs of FY12		Ln 9 / Ln 10		2,318																
13	Routine Svcs Case Mix Adjst (CMA) Net Per Diem			Ln 9 / Ln 10				\$84.85																
14	Net Per Diems after Case Mix Adjstmt to Routine Svcs			RS = Ln 11, AllOthr = Ln 9				\$84.85																
15	Per Diem Standards (After Statewide CMA for Routine Svcs)			per Peer Group Limits				\$71.51																
16	Base Period Case Mix Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13		\$163.24		\$71.51																
17	Quarterly Per Diem Rate Prior to Add-ons																							
18	Growth Allowance Percentage = 13.37%			Ln 14 x Gwth Allwnc %		\$18.12		\$9.56		\$0.00		\$2.72		\$3.09		\$0.00		\$2.75		N/A		N/A		N/A
19	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
20	Quarterly Facility Case Mix Index for Medicaid Residents			per Current Qtr End		1,7430		1,7430																
21	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem			Ln 16 x Ln 17				\$141.31																
22	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16		\$241.60		\$141.31		\$0.00		\$23.07		\$26.18		\$0.00		\$23.31		\$2.59		\$23.42		\$1.72
23	Quarterly Per Diem Add-on Amounts																							
24	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		
25	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)			Ln 19 Col b x CIPS Add-on		\$0.00		\$0.00																
26	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)			Ln 19 Col b x Sling Add-on		\$0.00		\$0.00																
27	Nursing Home Provider Fee			(Fixed Amount)		\$17.10																		
28	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
29	Quarterly Case Mix Based Per Diem Rate			Ln 19 + Ln 24		\$258.92		\$141.31		\$0.00		\$23.29		\$26.18		\$0.00		\$40.41		\$2.59		\$23.42		\$1.72
30	Quarterly Per Diem Rate for Bed Hold and Leave Days			(Ln 25 - Ln 23) * 0.75		\$181.37																		

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

FINAL

Provider: Canton Nursing Center, Inc. Pvd'r ID: 00140511A				Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Description				Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
Line #					a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group				(see Policy Manual)	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile				(see Policy Manual)	90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier				(see Policy Manual)	100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)				(see Policy Manual)	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)				As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$5,071,886	\$2,528,059	\$0	\$591,650	\$372,707	\$417,020	\$912,388	\$101,926	\$148,136
6	Audit Adjustments and Reallocations to Cost Center Costs				FY12 CIR Audit Adjustmts	(\$201,297)	\$0	\$0	\$0	\$0	\$15,281	(\$216,578)		(\$36,799)
7	Cost Center Costs After Audit Adjustments				FY12 Audited CIR	\$4,870,589	\$2,528,059	\$0	\$591,650	\$372,707	\$432,301	\$695,810	\$101,926	\$111,337
8	Total Nursing Facility Days				FY12 Audited CIR Days	33,792								
9	Total Nursing Facility Days GL-PL Ins. Rpt				FY 18 GL-PL Ins Rpt Days									
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs				Ln 7 / Ln 8 Col a	\$144.45	\$74.81	\$0.00	\$17.51	\$23.82	(with L&H)	\$20.59	\$3.34	\$3.29
11	Base Period Facility Case Mix Index for All Residents				from 4 qtrs of FY12 Ln 9 / Ln 10	1.3680	\$54.68							
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs				RS = Ln 11, AllOthr = Ln 9		\$54.68	\$0.00	\$17.51	\$23.82		\$20.59	\$3.34	\$3.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)				per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A
14	Base Period Case Mix Adjusted Allowed Per Diem				Lesser of Ln 12 or Ln 13	\$130.83	\$54.68	\$0.00	\$17.51	\$23.09		\$20.56	\$3.34	10.56 (FRV)
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = 13.37%				Ln 14 x Gwth Allwnc %	\$15.49	\$7.31	\$0.00	\$2.34	\$3.09	\$0.00	\$2.75	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
17	Quarterly Facility Case Mix Index for Medicaid Residents				per Current Qtr End	1.2313								
18	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem				Ln 16 x Ln 17		\$76.33							
19	Quarterly Medicaid CMA Allowed Per Diem				RS = Ln 18, AllOthr = Ln 16	\$160.66	\$76.33	\$0.00	\$19.85	\$26.18	\$0.00	\$23.31	\$3.34	\$10.56
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ([(Std - Awdl) 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	\$0.00
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)				Ln 19 Col b x CPS Add-on	\$4.20	\$4.20							
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)				Ln 19 Col b x Sling Add-on	\$2.29	\$2.29							
23	Nursing Home Provider Fee				(Fixed Amount)	\$17.10						\$17.10		
24	Total Quarterly Per Diem Add-on Amounts				Sum of Lns 20 thru 23	\$24.34	\$7.02	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate				Ln 19 + Ln 24	\$185.00	\$83.35	\$0.00	\$20.07	\$26.18	\$0.00	\$40.41	\$3.34	\$10.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days				(Ln 25 - Ln 23) * 0.75	\$125.93								\$1.09

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

FINAL

Provider: Carrollton Manor, Inc. Pvdr ID: 00140852A														
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Line #	Description	Sources / Calculations	Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
5	Base Period Per Diem Allowed Amounts	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	\$0	
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	FY12 C/R Audit Adjstmnts	(\$139,226)	(\$6,955)	\$0	\$0	\$949	\$620	(\$120,974)		(\$49,231)	\$36,365	\$36,365	
7	Audit Adjustments and Reallocations to Cost Center Costs	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	\$36,365	
8	Cost Center Costs After Audit Adjustments	FY12 Audited C/R Days	35,484											
9	Total Nursing Facility Days	FY 18 GL-PL Ins Rpt Days						(with L&H)	\$17.37	34,047	\$6.50	\$1.02	\$1.02	
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$125.74	\$85.56	\$0.00	\$16.85	\$14.84							
11	Base Period Facility Case Mix Index for All Residents	Ln 9 / Ln 10	\$50.17	\$50.17	\$0.00	\$16.85	\$14.84		\$17.37	\$3.60	\$6.50	\$1.02	\$1.02	
12	Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	RS = Ln 11, ALOthr = Ln 9	\$50.17	\$50.17	\$0.00	\$16.85	\$14.84		\$20.56	\$0.00	N/A	\$1.02	\$1.02	
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	per Peer Group Limits	\$71.51	\$71.51	\$0.00	\$18.41	\$23.09		\$17.37	\$3.60	11.05 (FRV)	\$1.02	\$1.02	
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	Lesser of Ln 12 or Ln 13	\$114.90	\$50.17	\$0.00	\$16.85	\$14.84							
15	Base Period Case Mix Adjusted Allowed Per Diem													
Quarterly Per Diem Rate Prior to Add-ons														
16	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allwnc %	\$13.26	\$6.71	\$0.00	\$2.25	\$1.98	\$0.00	\$2.32	N/A	N/A	N/A	N/A	
17	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	\$1.02	
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8832										
19	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17	\$95.74	\$95.74	\$0.00	\$19.10	\$16.82	\$0.00	\$19.69	\$3.60	\$11.05	\$1.02	\$1.02	
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, ALOthr = Ln 16	\$167.02	\$95.74	\$0.00	\$19.10	\$16.82	\$0.00	\$19.69	\$3.60	\$11.05	\$1.02	\$1.02	
Quarterly Per Diem Add-on Amounts														
21	Efficiency Add-on Per Diem (SInd - Alwjd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	
23	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$1.91	\$1.91	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$17.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.93	\$4.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.95	\$100.57	\$0.00	\$19.32	\$17.23	\$0.00	\$37.16	\$3.60	\$11.05	\$1.02	\$1.02	
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.64											

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

FINAL

Provider: Carrollton Nursing and Rehab Center															
Pvdr ID: 00059661A															
Case Mix Per Diem Rate Effective Date: 7/1/2020															
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20															
Nurse Hours per On-Site Day/Quality Incentive: Qlty BIMS score: 29.0% Qltry Mcaid CMI w RUG Wght Options: 3.30															
Line #	Description	Sources / Calculations	Add-on Data and Percentages		Facility		Add-on		Case Mix Index (CMI) Data					Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	h	i				
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	90.0%	85.0%	50.0%						
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.41	\$0.37						
5	Base Period Per Diem Allowed Amounts	As Filed FY 14 CIR - FY 18 GL-PL Rpt	\$3,865,790	\$2,102,841	\$0	\$345,554	\$166,115	\$156,223	\$579,814	\$14,319	\$500,924	\$0	\$0		
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	FY14 CIR Audit Adjstms	(\$25,017)	\$5,938	\$0	\$0	(\$3,597)	(\$1,986)	(\$14,530)		(\$26,320)	\$15,478	\$15,478		
7	Audit Adjustments and Reallocations to Cost Center Costs	FY14 Audited CIR	\$3,840,773	\$2,108,779	\$0	\$345,554	\$162,518	\$154,237	\$565,284	\$14,319	\$474,604	\$15,478	\$15,478		
8	Cost Center Costs After Audit Adjustments	FY14 Audited CIR Days	21,792												
9	Total Nursing Facility Days	FY 18 GL-PL Ins Rpt Days													
10	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,303	Ln 7 / Ln 8 Col a	\$175.96	\$96.77	\$0.00	\$15.86	\$14.54	(with L&H)	\$25.94	\$0.36	\$21.78	\$0.71	\$0.71		
11	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	Ln 9 / Ln 10		\$69.96	\$0.00	\$15.86	\$14.54		\$25.94	\$0.36	\$21.78	\$0.71	\$0.71		
12	Base Period Facility Case Mix Index for All Residents	RS = Ln 11, AllOthr = Ln 9		\$69.96	\$0.00	\$15.86	\$14.54		\$25.94	\$0.36	\$21.78	\$0.71	\$0.71		
13	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	\$0.71	\$0.71		
14	Net Per Diem after Case Mix Adjustmt to Routine Svcs	Lesser of Ln 12 or Ln 13	\$133.45	\$69.96	\$0.00	\$15.86	\$14.54		\$24.02	\$0.36	8.00 (FRV)	\$0.71	\$0.71		
15	Per Diem Standards (After Statewide CMA for Routine Svcs)														
16	Base Period Case Mix Adjusted Allowed Per Diem	Ln 14 x Growth Allownc %		\$9.35	\$0.00	\$2.12	\$1.94		\$3.21	N/A	N/A	N/A	N/A		
17	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 + Ln 15	\$16.62	\$79.31	\$0.00	\$17.98	\$16.48		\$27.23	\$0.36	\$8.00	\$0.71	\$0.71		
18	Growth Allowance Percentage = 13.4%	per Current Qtr End	\$150.07	\$1.6042	\$0.00	\$17.98									
19	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 16 x Ln 17		\$127.23	\$0.00	\$17.98	\$16.48		\$27.23	\$0.36	\$8.00	\$0.71	\$0.71		
20	Only Routine Svcs Case Mix Adjst (CMA) Net Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.99	\$127.23	\$0.00	\$17.98									
21	Quarterly Medicaid CMA Allowed Per Diem	(see Policy Manual)													
22	Efficiency Add-on Per Diem (SInd - Alwd) x .75, up to max, or 0)	Ln 19 Col b x CPS Add-on	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41		\$0.00		\$0.00				
23	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$1.27	\$1.27	\$0.00	\$0.22	\$0.41		\$0.00		\$0.00				
24	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on (Fixed Amount)	\$3.82	\$3.82	\$0.00	\$0.22	\$0.41		\$0.00		\$0.00				
25	Nursing Home Provider Fee	Sum of Lns 20 thru 23	\$17.10	\$5.62	\$0.00	\$0.22	\$0.41		\$17.10		\$0.00				
26	Total Quarterly Per Diem Add-on Amounts	Ln 19 + Ln 24	\$23.35	\$132.85	\$0.00	\$18.20	\$16.89		\$17.10	\$0.00	\$0.00	\$0.00	\$0.00		
27	Quarterly Case Mix Based Per Diem Rate		\$221.34	\$132.85	\$0.00	\$18.20	\$16.89		\$44.33	\$0.36	\$8.00	\$0.71	\$0.71		
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.18												



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

FINAL

Provider: Cartersville Heights Care and Rehab															
Pvdr ID: 00143085A		Case Mix Per Diem Rate Effective Date: 7/1/2020			Add-on Data and Percentages			Facility		Case Mix Index (CMI) Data			Facility Specific		State-wide
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20			Nurse Hours per On-Site Day/Quality Incentive:			Score		Percent		Base Period Overall CMI: 1.5517			1.3617
								29.1%		13.37%		Quarterly Medicaid CMI: 1.5091			1.4961
								3.00		2.0%		Qtrly Mcald CMI w RUG Wght Options: 1.5354			1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	\$89,044	\$684,879	\$0			
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%						
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	105.0%	105.0%						
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37						
5	Efficiency Measure Maximums (see line 20 for actual)														
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR- 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 CIR Audit Adjmts	(\$446,219)	(\$167,884)	\$0	(\$9,600)	\$21,477	(\$43,246)	(\$248,121)		(\$29,349)	\$29,504			
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$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	FY12 Audited CIR Days	40,662												
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$40.51	\$40.51	\$0.00	\$13.49	\$13.01		\$23.22	\$2.13	\$16.12	\$0.73			
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9	\$40.51	\$40.51	\$0.00	\$13.49	\$13.01		\$23.22	\$2.13	\$16.12	\$0.73			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$0.73			
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 Growth Allownc %	\$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	1.5354												
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$70.52	\$70.52	\$0.00	\$15.29	\$14.75	\$0.00	\$23.31	\$2.13	\$12.25	\$0.73			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$138.98												
Quarterly Per Diem Add-on Amounts															
20	Efficiency Add-on Per Diem ((Sind - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CFS Add-on	\$0.71	\$0.71											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$1.41	\$1.41											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.38	\$2.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$159.36	\$73.17	\$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	\$106.70												

## FINAL

NHRSP2\_FYE2012-13.37%1017-1-2020-KJD-GL-PL (AUDITED) 7/6/2020

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

FINAL

Provider: Cedar Valley Nursing and Rehab Center														
Pndr ID: 007142557A														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive: Qtrly BIMS score														
Add-on Data and Percentages														
Facility Score														
Add-on Percent														
Case Mix Index (CMI) Data														
Base Period Overall CMI: 1.4014														
Quarterly Medicaid CMI: 1.4961														
Qtrly Meaid CMI w RUG Wght Options: 1.5441														
Facility Specific														
Property and Related														
Taxes and Insurance														
State-wide														
i														
h														
g														
f														
e														
d														
c														
b														
a														
Sources / Calculations														
Totals														
Routine Services														
Special Services														
Dietary														
Laundry & Houskpng														
Plant Operatns & Maint														
Admin and General														
A&G- GL-PL Insurance														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														
1														

## FINAL

NHRSP2\_FYE2012-13.37%1017-1-2020-KJD-GL-PL (AUDITED) 7/6/2020

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

FINAL

Provider: Chatsworth Health Care Center Pvd ID: 00209778A													
Case Mix: Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20													
Nurse Hours per On-Site Day/Quality Incentive: Qtrly BIMS score 48.2% Qtrly Mcaid CMI w/ Rug Wght Options: 1.3617 1.2919 1.8342 1.4951 1.8708 1.5223													
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	\$131,033	\$220,209 (\$51,788) \$168,421	\$0 \$51,788 \$51,788	
2	Peer Group Standards & Efficiency Measure Limits												
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CR- FY 2018 GL-PL Rpt	\$4,842,312	\$2,481,858	\$0	\$519,904	\$333,861	\$326,302	\$829,145			\$0	
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CR Audit Adjustmts	(\$202,818)	(\$5,597)	\$0	\$0	\$0	\$0	(\$197,221)			\$51,788	
8	Cost Center Costs After Audit Adjustments	FY12 Audited CR	\$4,639,494	\$2,476,261	\$0	\$519,904	\$333,861	\$326,302	\$631,924	\$131,033	\$168,421	\$51,788	
9	Total Nursing Facility Days	FY12 Audited CR Days	34,749										
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days						(with L&H)	\$18.19	\$3.28	\$4.85	\$1.49	
11	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.03	\$71.26	\$0.00	\$14.96	\$19.00						
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,2919									
13	Routine Svcs Case Mix Adjustd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.16	\$0.00	\$14.96	\$19.00		\$18.19	\$3.28	\$4.85	\$1.49	
14	Net Per Diem after Case Mix Adjustmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.16	\$0.00	\$14.96	\$19.00		\$18.19	\$3.28	\$4.85	\$1.49	
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$1.49	
16	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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
17	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$14.34	\$7.37	\$0.00	\$2.00	\$2.54	\$0.00	\$2.43	N/A	N/A	N/A	
18	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	
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,8708									
20	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$116.98	\$116.98	\$0.00	\$16.96	\$21.54	\$0.00	\$20.62	\$3.28	\$8.66	\$1.49	
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.53	\$116.98	\$0.00	\$16.96	\$21.54	\$0.00	\$20.62	\$3.28	\$8.66	\$1.49	
<b>Quarterly Per Diem Add-on Amounts</b>													
22	Efficiency Add-on Per Diem (Sund - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00	
23	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.43	\$6.43	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00	
24	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.34	\$2.34	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00	
25	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$17.10	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00	
26	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.40	\$9.30	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	
27	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.93	\$126.28	\$0.00	\$17.18	\$21.95	\$0.00	\$38.09	\$3.28	\$8.66	\$1.49	
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.87										

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

FINAL

Provider: <b>Chatuge Regional Nursing Home</b>														
Pvdr ID: <b>00143338A</b>														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Add-on Data and Percentages														
Facility Score														
Add-on Percent														
Case Mix Index (CMI) Data														
Base Period Overall CMI: 1.2855														
Quarterly Medicaid CMI: 1.6710														
Qtrly Mcad CMI w RUG Wght Options: 1.7032														
Facility Specific														
State-wide														
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Percentile (see Policy Manual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - 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 CIR Audit Adjustmts	(\$103,659)	(\$32,041)	\$0	\$4,510	\$0	\$1,581	(\$77,709)		\$0	\$0		
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$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	FY12 Audited CIR Days	40,036											
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days						(with L&H)		39,599		\$0.00		
10	Net Per Diems prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.96	\$96.20	\$0.00	\$27.29	\$23.23		\$14.84	\$2.07	\$5.33	\$0.00		
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.2895											
12	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$66.85		\$0.00	\$27.29	\$23.23		\$14.84	\$2.07	\$5.33	\$0.00		
13	Net Per Diems after Case Mix Adjustmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9	\$66.85		\$0.00	\$27.29	\$23.09		\$20.56	\$0.00	N/A	\$0.00		
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$14.84	\$2.07	10.13 (FRV)	\$0.00		
15	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							
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
16	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allwnc %	\$17.66	\$8.94	\$0.00	\$3.65	\$3.09	\$0.00	\$1.98	N/A	N/A	N/A		
17	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		
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.7032											
19	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$129.09	\$129.09	\$0.00	\$30.94	\$26.18	\$0.00	\$16.82	\$2.07	\$10.13	\$0.00		
<b>Quarterly Medicaid CMA Allowed Per Diem</b>														
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem (SInd - Alwrd x .75, up to max. of 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.23	\$3.23	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.58	\$2.58	\$0.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.03	\$6.34	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.26	\$135.43	\$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	\$166.62											

Quarterly Case Mix Per Diem Calculation

Provider: Chelsey Park H&R Pvdtr ID: 003165720A H/B ? : No Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Nurse Hours per On-Site Day/Quality Incentive:											
Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility			
Growth Allowance:				Base Period Overall CMI:				Score			
BIMS:				Quarterly Medicaid CMI:				Percent			
Nurse Hours per On-Site Day/Quality Incentive:				Qtrly Meaid CMI w RUG Wght Options:				Add-on			
</											

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: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive: Qlty BIMS score 24.6% 3.77														
Add-on Data and Percentages														
Growth Allowance: 13.37% 1.0% 3.0%														
Case Mix Index (CMI) Data														
Base Period Overall CMI: 1.2276														
Qlty Measd CMI w RUG Wght Options: 1.7021 1.7339														
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits													
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
6	Base Period Per Diem Allowed Amounts													
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - 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		
8	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjustmts	(\$14,499)	\$0	\$0	(\$1,442)	\$0	\$0	(\$14,876)		(\$27,862)	\$29,681		
9	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$3,531,302	\$1,920,138	\$0	\$354,700	\$202,257	\$189,822	\$470,906	\$78,889	\$284,909	\$29,681		
10	Total Nursing Facility Days	FY12 Audited CIR Days	24,945											
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days						(with L&H)	\$18.88	25,659	\$11.42	\$1.19		
12	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.47	\$76.97	\$0.00	\$14.22	\$15.72			\$3.07	\$11.42	\$1.19		
13	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.2276											
14	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$62.70	\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	\$11.42	\$1.19		
15	Net Per Diem after Case Mix Adjustmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9	\$62.70	\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	\$11.42	\$1.19		
16	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$1.19		
17	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		
18	Quarterly Per Diem Rate Prior to Add-ons													
19	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allwnc %	\$14.90	\$8.38	\$0.00	\$1.90	\$2.10	\$0.00	\$2.52	N/A	N/A	N/A		
20	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		
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.7339											
22	Qltry Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17	\$123.25	\$123.25	\$0.00	\$16.12	\$17.82	\$0.00	\$21.40	\$3.07	\$10.19	\$1.19		
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.04											
24	Quarterly Per Diem Add-on Amounts													
25	Efficiency Add-on Per Diem ((Snd - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00		
26	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23										
27	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$3.70	\$3.70										
28	Nursing Home Provider Fee	(Fixed Amount)	\$17.10											
29	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.56	\$5.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
30	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.80	\$128.71	\$0.00	\$16.34	\$18.23	\$0.00	\$38.87	\$3.07	\$10.19	\$1.19		
31	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.63											



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

FINAL

Provider: Chestnut Ridge Nursing & Rehabilitation Center													
Pvdr ID: 00228049A													
Case Mix Per Diem Rate Effective Date: 7/1/2020													
MDS & Nurse Hrs Date per Quarter Ending: 03/31/20													
Nurse Hours per On-Site Day/Quality Incentive: 3.30													
Growth Allowance: 13.37%													
Qtrly BIMS score: 17.0%													
Qtrly Mcdad CMI w RUG Wght Options: 3.30													
Base Period Overall CMI: 1.5075													
Quarterly Medicaid CMI: 1.4961													
Qtrly Mcdad CMI w RUG Wght Options: 1.5663													
Add-on Data and Percentages													
Facility Score: N/A													
Add-on Percent: 13.37%													
Case Mix Index (CMI) Data													
Base Period Overall CMI: 1.5075													
Quarterly Medicaid CMI: 1.4961													
Qtrly Mcdad CMI w RUG Wght Options: 1.5663													
Taxes and Insurance													
Property and Related													
A&G-GL-PL Insurance													
Admin and General													
Plant Operatns & Maint													
Laundry & Houskpng													
Dietary													
Special Services													
Routine Services													
Totals													
Sources / Calculations													
Description													
Line #													
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups	(see Policy Manual)	1	1	1	2	1	1	1	1	1	h	i
Type of Facility within Peer Group													
Bed Size Range within Peer Group													
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)	90.0%	90.0%	90.0%	90.0%	90.0%	85.0%	85.0%	50.0%	50.0%		
3	Peer Group Standards: Multiplier	(see Policy Manual)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	105.0%	105.0%		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	\$0.53	\$0.53	\$0.53	\$0.22	\$0.41	\$0.41	\$0.41	\$0.37	\$0.37		
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 CIR - FY 18 GL-PL Rpt	\$3,944,910	\$2,188,570	\$0	\$329,394	\$146,352	\$174,816	\$845,490	\$13,508	\$446,780	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 CIR Audit Adjstmnts	(\$6,405)	(\$16,418)	\$0	\$0	\$3,624	\$89	(\$7,428)	\$664	\$13,064	\$13,064	
7	Cost Center Costs After Audit Adjustments	FY14 Audited CIR	\$3,938,505	\$2,172,152	\$0	\$329,394	\$149,976	\$174,905	\$638,062	\$13,508	\$447,444	\$13,064	
8	Total Nursing Facility Days	FY14 Audited CIR Days	24,050							45,010			
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								\$0.30	\$18.60	\$0.54	
10	Net Per Diems prior to Case Mix Adjust to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.50	\$90.32	\$0.00	\$13.70	\$13.51	(with L&H)	\$26.53				
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1,5075									
12	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.91									
13	Net Per Diems after Case Mix Adjst to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.91									
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31									
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13		\$59.91									
Quarterly Per Diem Rate Prior to Add-ons													
16	Growth Allowance Percentage = 13.4%	Ln 14 x Growth Allownc %		\$8.01									
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15		\$67.92									
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,5663									
19	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.38									
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16		\$106.38									
Quarterly Per Diem Add-on Amounts													
21	Efficiency Add-on Per Diem (SInd - Alwjd x .75, up to max, or 0)	(see Policy Manual)		\$0.53									
22	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on		\$0.00									
23	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on		\$2.13									
24	Nursing Home Provider Fee	(Fixed Amount)		\$17.10									
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23		\$20.39									
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24		\$193.07									
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75		\$131.98									

**Room Rate for Bed Hold and Leave Days**

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

FINAL

Provider: Chulio Hills Health and Rehab Center												
Pvdr ID: 00143437A												
Case Mix Per Diem Rate Effective Date: 7/1/2020												
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												
Nurse Hours per On-Site Day/Quality Incentive:												
Growth Allowance: N/A												
Qtrly BIMS score 32.4%												
Qrtly Meaid CMI w RUG Wght Options: 3.0%												
Base Period Overall CMI: 1.2223												
Quarterly Medicaid CMI: 1.9076												
Qtrly Meaid CMI w RUG Wght Options: 1.9440												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CR -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
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CR Audit Adjstmnts	(\$46,618)	(\$7,968)	\$0	\$0	\$0	(\$1,365)	(\$45,271)		(\$18,485)	\$26,471
8	Cost Center Costs After Audit Adjustments	FY12 Audited CR	\$4,177,677	\$2,396,609	\$0	\$457,998	\$305,687	\$320,149	\$552,613	\$109,714	\$8,436	\$26,471
9	Total Nursing Facility Days	FY12 Audited CR Days	34,110									
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days										
11	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$122.57	\$70.26	\$0.00	\$13.43	\$18.35	(with L&H)	\$16.20	\$3.30	\$0.25	\$0.78
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2223								
13	Routine Svcs Case Mix Adjst'd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3.30	\$0.25	\$0.78
14	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, ALOthr = Ln 9		\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3.30	\$0.25	\$0.78
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$0.78
16	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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
17	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$14.11	\$7.69	\$0.00	\$1.80	\$2.45	\$0.00	\$2.17	N/A	N/A	N/A
18	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
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.9440	\$126.69								
20	Qtrly Routine Svcs Case Mix Adjst'd (CMA) Net Per Diem	Ln 16 x Ln 17	\$195.13	\$126.69	\$0.00	\$15.23	\$20.80	\$0.00	\$18.37	\$3.30	\$9.96	\$0.78
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, ALOthr = Ln 16										
22	Efficiency Add-on Per Diem (Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
23	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CFS Add-on	\$3.17	\$3.17								
24	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$3.80	\$3.80								
25	Nursing Home Provider Fee	(Fixed Amount)	\$17.10									
26	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.60	\$7.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
27	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.73	\$134.19	\$0.00	\$15.45	\$21.21	\$0.00	\$35.84	\$3.30	\$9.96	\$0.78
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.72									

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

FINAL

Provider: Church Home Rehab & Healthcare														
Pvdr ID: 00140467A														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Line #	Description	Sources / Calculations	Add-on Data and Percentages				Facility		Case Mix Index (CMI) Data				Facility Specific	State-wide
			Growth Allowance:		Only BIMS score		Score	Percent	Base Period Overall CMI:		Quarterly Medicaid CMI:			
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1					
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities					
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes					
Peer Group Standards & Efficiency Measure Limits														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - 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 CIR Audit Adjustmts	(\$8,507)	\$0	\$0	\$0	(\$217)	(\$370)	(\$7,920)		(\$13,849)	\$13,849		
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$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	FY12 Audited CIR Days	17,393											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days												
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.27	\$78.74	\$0.00	\$15.34	\$17.33	(with L&H)	\$24.70	\$0.35	\$1.01	\$0.80		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.2835											
11	Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 9 / Ln 10	\$61.35	\$61.35	\$0.00	\$15.34	\$17.33		\$24.70	\$0.35	\$1.01	\$0.80		
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.34	\$17.33		\$24.70	\$0.35	\$1.01	\$0.80		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$0.80		
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 Gwth 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	1.3288											
18	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17	\$92.42	\$92.42	\$0.00	\$17.39	\$19.65	\$0.00	\$23.31	\$0.35	\$27.02	\$0.80		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.94	\$92.42	\$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 ((Sind - Alwjd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00		
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$5.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.34	\$5.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.28	\$98.03	\$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	\$140.39											

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility		Case Mix Index (CMI) Data			Property and Related	Taxes and Insurance	
			Growth Allowance:		Nurse Hours per On-Site Day/Quality Incentive:	Score	Percent	Base Period Overall CMI:					
			Qtrly BIMS score	Qtrly Medicaid CMI:				Qtrly Meaid CMI w RUG Wght Options:	Admin and General	Plant Operans & Maint			Laundry & Houskpg
	Case Mix Per Diem Rate Effective Date: 7/1/2020												
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												
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	1	2	1	1	1			
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
3	Peer Group Standards: Percentile	(see Policy Manual)			90.0%	90.0%	90.0%	85.0%	50.0%	50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)			100.0%	100.0%	100.0%	100.0%	105.0%	105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)			\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37			
6	Base Period Per Diem Allowed Amounts	As Filed FY12 CIR-FY 2018 GL-PL Rpt	\$2,938,880	\$1,460,510	\$0	\$0	\$316,871	\$183,612	\$218,595	\$492,391	\$19,237	\$247,664	\$0
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	FY12 CIR Audit Adjustm	(\$4,062)	\$0	\$0	\$0	\$0	\$0	\$0	(\$37,984)		\$10,841	\$23,081
8	Audit Adjustments and Reallocations to Cost Center Costs	FY12 Audited CIR	\$2,934,818	\$1,460,510	\$0	\$0	\$316,871	\$183,612	\$218,595	\$454,407	\$19,237	\$258,505	\$23,081
9	Cost Center Costs After Audit Adjustments	FY 18 GL-PL Ins Rpt Days	29,010										
10	Total Nursing Facility Days	Ln 7 / Ln 8 Col a	\$101.32						(with L&H)	\$15.66	23.515	\$8.91	\$0.80
11	Net Per Diems prior to Case Mix Adjst to Routine Svcs	from 4 qtrs of FY12											
12	Base Period Facility Case Mix Index for All Residents	Ln 9 / Ln 10											
13	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9								\$15.66	\$0.82	\$8.91	\$0.80
14	Net Per Diems after Case Mix Adjst to Routine Svcs	per Peer Group Limits								\$20.56	\$0.00	N/A	
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	Lesser of Ln 12 or Ln 13	\$86.76							\$15.66	\$0.82	6.81	\$0.80
16	Base Period Case Mix Adjusted Allowed Per Diem	Ln 14 x Growth Allownc %										(FRV)	
17	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 + Ln 15	\$10.47							\$2.09	N/A	N/A	N/A
18	Growth Allowance Percentage = 13.37%	per Current Qtr End	\$97.23							\$17.75	\$0.82	\$6.81	\$0.80
19	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 16 x Ln 17											
20	Quarterly Facility Case Mix Index for Medicaid Residents	RS = Ln 18, AllOthr = Ln 16	\$121.82										
21	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	(see Policy Manual)	\$1.53										
22	Quarterly Medicaid CMA Allowed Per Diem	Ln 19 Col b x CPS Add-on	\$1.69							\$0.37		\$0.00	
23	Efficiency Add-on Per Diem (Sind - Alwd) x .75, up to max, or 0)	Ln 19 Col b x Sling Add-on	\$2.03										
24	BMS Add-on Per Diem = 2.5% (to Routine Svcs)	(Fixed Amount)	\$17.10										
25	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Sum of Lns 20 thru 23	\$22.35							\$0.41		\$0.00	\$0.00
26	Nursing Home Provider Fee	Ln 19 + Ln 24	\$144.17							\$17.10		\$0.00	\$0.00
27	Total Quarterly Per Diem Add-on Amounts	(Ln 25 - Ln 23) * 0.75	\$95.30							\$35.22		\$6.81	\$0.80
28	Quarterly Case Mix Based Per Diem Rate												
29	Quarterly Per Diem Rate for Bed Hold and Leave Days												
30	Minimum Quarterly Case Mix Based Per Diem Rate												
31	Quarterly Per Diem Rate for Bed Hold and Leave Days												

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

FINAL

Provider: Coastal Manor Pvdr ID: 00856028A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
		Growth Allowance:		Qtrly BIMS score				Base Period Overall CMI:					
		7/1/2020		03/31/20				Qtrly Mcaid CMI w RUG Weight Options:					
		Case Mix Per Diem Rate Effective Date:		MDS & Nurse Hrs Data per Quarter Ending:		Nurse Hours per On-Site Day/Quality Incentive:							
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits												
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CR, FY 2018 GL-PL Rpt	\$8,004,109	\$3,214,333	\$0	\$920,655	\$444,875	\$688,322	\$1,418,483	\$117,406	\$1,220,035	\$0	
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CR Audit Adjstmts	(\$69,710)	\$0	\$0	\$0	\$3,632	\$5,465	(\$88,647)		(\$3,213)	\$13,063	
8	Cost Center Costs After Audit Adjustments	FY12 Audited CR	\$7,934,399	\$3,214,333	\$0	\$920,655	\$448,507	\$673,777	\$1,329,836	\$117,406	\$1,216,822	\$13,063	
9	Total Nursing Facility Days	FY12 Audited CR Days	36,013										
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days		\$89.25	\$0.00	\$25.56	\$31.16	(with L&H)	\$36.93	37,331	\$33.79	\$0.36	
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10	\$220.19	\$66.40						\$3.14			
12	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	RS = Ln 11, AIOthr = Ln 9 per Peer Group Limits	\$66.40	\$66.40	\$0.00	\$25.56	\$31.16		\$36.93	\$3.14	\$33.79	\$0.36	
13	Net Per Diem after Case Mix Adjst to Routine Svcs			\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A		
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$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	1.4238										
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$107.18	\$107.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$205.99	\$107.18	\$0.00	\$28.98	\$26.18	\$0.00	\$23.31	\$3.14	\$16.84	\$0.36	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem (\$Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CFS Add-on	\$2.68	\$2.68									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on (Fixed Amount)	\$3.22	\$3.22									
23	Nursing Home Provider Fee		\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.75	\$6.43	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.74	\$113.61	\$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	\$159.48										

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

FINAL

Provider: Cobblestone Rehab and Healthcare Center										Add-on Data and Percentages		Facility		Case Mix Index (CMI) Data		Facility Specific	State-wide
Pvdr ID: 00142711A										Growth Allowance:		Score	Percent	Base Period Overall CMI:		Property and Related	1,3617
MDS & Nurse Hrs Date per Quarter Ending:										Qtrly BIMS score		23.3%	13.37%	Quarterly Medicaid CMI:		1,4590	1,4961
										Nurse Hours per On-Site Day/Quality Incentive:		3.38	3.0%	Qtrly Mcaid CMI w RUG Wght Options:		1,4537	1,4777
														</			

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

FINAL

Provider: College Park Health Care Center														
Pvdr ID: 00140654A														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Growth Allowance: N/A														
Qtrly BIMS score: 34.3%														
Qtrly Mead CMI w/ Rug Wght Options: 2.91														
Base Period Overall CMI: 1.337%														
Quarterly Medicaid CMI: 1.4288														
Qtrly Mead CMI w/ Rug Wght Options: 1.4553														
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin General	A&G-- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)												
5	Base Period Per Diem Allowed Amounts	As Filed FY12 CIR- FY 2018 GL-PL Rpt	\$5,335,885	\$2,566,909	\$0	\$508,923	\$325,800	\$230,266	\$1,020,157	\$17,861	\$664,969	\$0		
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)													
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjustmts (\$246,813)			\$0	(\$4,986)	\$9,885	\$634	(\$362,911)		(\$66,906)	\$46,633		
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$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	FY12 Audited CIR Days	32,452											
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,452												
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	FY 18 GL-PL Ins Rpt Days												
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a	\$145.24	\$71.49	\$0.00	\$15.53	\$17.50	(with L&H)	\$20.25	\$0.60	\$18.43	\$1.44		
11	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	from 4 qtrs of FY12 Ln 9 / Ln 10		1,2906 \$55.39										
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AIOthr = Ln 9		\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	\$18.43	\$1.44		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.35	\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	7.64 (FRV)	\$1.44		
15	Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage =	Ln 14 x Growth Allownc %	\$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		1,4553 \$91.39										
18	Only Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17			\$0.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$161.48	\$91.39	\$0.00	\$17.61	\$19.84	\$0.00	\$22.96	\$0.60	\$7.64	\$1.44		
20	Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem (Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23		\$0.00			
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28										
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sling Add-on	\$0.91	\$0.91										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.68	\$3.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.16	\$95.11	\$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	\$124.55											



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

FINAL

Comer Health and Rehab												
Provider:	Pvdr ID: 00220448A											
Case Mix Per Diem Rate Effective Date: 7/1/2020												
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												
Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL 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			
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%				
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	105.0%				
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37				
5	Base Period Per Diem Allowed Amounts	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	\$357,235	\$0	
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	12/31/14 C/R Audit Adjtsmts	(\$514,843)	\$0	\$0	\$0	\$0	\$0	(\$514,843)	(\$6,299)	\$6,299	
7	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 Audited CIR	\$4,317,663	\$2,286,566	\$0	\$512,396	\$260,364	\$236,923	\$553,590	\$350,936	\$6,299	
8	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R Days	29,059									
9	Total Nursing Facility Days	As Filed Days = 29,059										
10	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days	\$147.67	\$78.69	\$0.00	\$17.63	\$17.11	(with L&H)	\$19.05	\$12.08	\$0.22	
11	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY10	1.2625	1.2625								
12	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$62.33	\$62.33	\$0.00	\$17.63	\$17.11		\$19.05	\$12.08	\$0.22	
13	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.33	\$0.00	\$19.52	\$23.55		\$24.02	N/A	\$0.22	
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$127.16	\$73.31	\$0.00	\$17.63	\$17.11		\$19.05	7.93 (FRV)	\$0.22	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13		\$62.33	\$0.00							
16	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Gwth Allownc %	\$15.53	\$8.33	\$0.00	\$2.36	\$2.29		\$2.55	N/A	N/A	
17	Growth Allowance Percentage = 13.4%	Ln 14 + Ln 15	\$142.69	\$70.66	\$0.00	\$19.99	\$19.40		\$21.60	\$7.93	\$0.22	
18	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End		1.4960								
19	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17	\$177.74	\$105.71	\$0.00	\$19.99	\$19.40		\$21.60	\$7.93	\$0.22	
20	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	RS = Ln 18, AllOthr = Ln 16		\$105.71								
21	Quarterly Medicaid CMA Allowed Per Diem	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	\$0.00		
22	Efficiency Add-on Per Diem (Stnd - Alwd) x .75, up to max, or 0)	Ln 19 Col b x CPS Add-on	\$5.81	\$5.81								
23	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$3.17	\$3.17								
24	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	(Fixed Amount)	\$17.10	\$9.51	\$0.00	\$0.22	\$0.41		\$17.10	\$0.00	\$0.00	
25	Nursing Home Provider Fee	Sum of Lns 20 thru 23	\$27.61	\$15.22	\$0.00	\$20.21	\$19.81		\$39.07	\$7.93	\$0.22	
26	Total Quarterly Per Diem Add-on Amounts	Ln 19 + Ln 24	\$205.35	\$115.22	\$0.00	\$20.21	\$19.81		\$39.07	\$7.93	\$0.22	
27	Quarterly Case Mix Based Per Diem Rate	(Ln 25 - Ln 23) * 0.75	\$141.19									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days											

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

FINAL

Provider: Comfort Creek NRC of Wadley Pvdr ID: 00141138A													State-wide	
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Add-on Data and Percentages														
Facility Score														
Add-on Percent														
Case Mix Index (CMI) Data														
Base Period Overall CMI: 1.3617 Quarterly Medicaid CMI: 1.5749 Qnrry Mcald CMI w RUG Wght Options: 1.6044														
Facility Specific														
Taxes and Insurance														
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related			
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1	1	2	1	1	1					
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)												
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CR - 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 CR Audit Adjstms	(\$56,048)	\$0	\$0	\$0	\$0	\$0	(\$54,075)		(\$46,994)	\$45,021		
7	Cost Center Costs After Audit Adjustments	FY12 Audited CR	\$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	FY12 Audited CR Days	27,042											
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days												
10	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$119.85	\$60.54	\$0.00	\$14.54	\$19.42	(with L&H)	\$13.33	\$2.80	\$7.56	\$1.66		
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3067										
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	\$46.33	\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	\$7.56	\$1.66		
13	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, ALOthr = Ln 9		\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	\$7.56	\$1.66		
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$1.66		
15	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 Allownc %	\$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		1.6044										
18	Qnrry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$84.26	\$84.26	\$0.00	\$16.48	\$22.02	\$0.00	\$15.11	\$2.80	\$8.30	\$1.66		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, ALOthr = Ln 16	\$150.63	\$84.26	\$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 (Std - Alwd x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.53	\$2.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$5.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.27	\$89.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.90	\$89.43	\$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	\$117.60											

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

FINAL

Provider: Cordele Health & Rehab		Add-on Data and Percentages				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific		State-wide
Pvdr ID: 00059892A		Growth Allowance: Qltry BMS score				N/A		13.37%		Base Period Overall CMI: 1.3699			1.1887		1.3699
Case Mix Per Diem Rate Effective Date: 07/01/20		Nurse Hours per On-Site Day/Quality Incentive: 03/31/20				36.5%		2.5%		Qtrly Medicaid CMI: 1.4961			1.7086		1.4961
MDS & Nurse Hrs Data per Quarter Ending:						5.01		3.0%		Qtrly Mcdald CMI w RUG Wght Options:			1.7407		1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
<b>CASE MIX BASED RATE CALCULATIONS</b>															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
2	Peer Group Standards & Efficiency Measure Limits														
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
6	Base Period Per Diem Allowed Amounts														
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 CIR	\$2,013,144	\$955,965	\$0	\$246,731	\$110,011	\$70,025	\$347,784	\$77,633	\$204,995	\$0			
8	Audit Adjustments and Reallocations to Cost Center Costs	FY13 CIR Audit Adjstms	(\$36,822)	\$0	\$0	\$0	\$343	\$218	(\$37,974)		(\$14,476)	\$15,067			
9	Cost Center Costs After Audit Adjustments	FY13 Audited CIR	\$1,976,322	\$955,965	\$0	\$246,731	\$110,354	\$70,243	\$309,810	\$77,633	\$190,519	\$15,067			
10	Total Nursing Facility Days	FY13 Audited CIR Days	11,808												
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days	\$164.06	\$80.96	\$0.00	\$20.90	\$15.29	(with L&H)	\$25.24	23,836	\$16.13	\$1.28			
12	Net Per Diem prior to Case Mix Adjust to Routine Svcs	Ln 7 / Ln 8 Col a		1.1887											
13	Base Period Facility Case Mix Index for All Residents	Ln 9 / Ln 10		\$68.11	\$0.00	\$20.90	\$15.29		\$26.24	\$3.26	\$16.13	\$1.28			
14	Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$68.11	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	\$1.28			
15	Net Per Diem after Case Mix Adjust to Routine Svcs	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$15.29		\$23.46	\$3.26	8.62 (FRV)	\$1.28			
16	Per Diem Standards (After Statewide CMA for Routine Svcs)	Lesser of Ln 12 or Ln 13	\$139.16												
17	Base Period Case Mix Adjusted Allowed Per Diem														
18	Quarterly Per Diem Rate Prior to Add-ons														
19	Growth Allowance Percentage = 13.4%	Ln 14 x Gwth Allwnc %	\$16.85	\$9.11	\$0.00	\$2.56	\$2.04	\$0.00	\$3.14	N/A	N/A	N/A			
20	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			
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7407											
22	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17	\$213.21	\$134.42	\$0.00	\$21.70	\$17.33	\$0.00	\$26.60	\$3.26	\$8.62	\$1.28			
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16													
24	Quarterly Per Diem Add-on Amounts														
25	Efficiency Add-on Per Diem ([(Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00			
26	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CFS Add-on	\$3.36	\$3.36											
27	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$4.03	\$4.03											
28	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$17.10					\$17.10		\$0.00	\$0.00			
29	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.43	\$7.92	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
30	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.64	\$142.34	\$0.00	\$21.70	\$17.74	\$0.00	\$43.70	\$3.26	\$6.62	\$1.28			
31	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.16												

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

FINAL

Provider: <b>Countryside Health Center</b> Pvd'r ID: <b>00141666A</b> Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b> MDS & Nurse Hrs Date per Quarter Ending: <b>03/31/20</b>										Add-on Data and Percentages		Facility		Case Mix Index (CMI) Data		Facility Specific		State-wide	
Description										Growth Allowance: Qtrly BIMS score		N/A		Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w/ RUG Wght Options:		Property and Related Insurance		1,3617 1,1147 1,5792 1,4961 1,5223	
Sources / Calculations										Nurse Hours per On-Site Day/Quality Incentive:		2.88		Add-on Percent		Laundry & Housekeeping		Plant Operates & Maint	
Totals										a		b		c		d		e	
Case Mix Based Rate Calculations										1		1		1		2		1	
1	Cost Center Peer Groups	(see Policy Manual)																	
2	Type of Facility within Peer Group																		
3	Bed Size Range within Peer Group																		
4	Peer Group Standards & Efficiency Measure Limits																		
5	Peer Group Standards: Percentile																		
6	Peer Group Standards: Multiplier																		
7	Efficiency Measure Maximums (see line 20 for actual)																		
8	Base Period Per Diem Allowed Amounts																		
9	As Filed Cost Center Costs (Routine & Special Svcs Combined)																		
10	Audit Adjustments and Reallocations to Cost Center Costs																		
11	Cost Center Costs After Audit Adjustments																		
12	Total Nursing Facility Days																		
13	As Filed Days = 19,464																		
14	Total Nursing Facility Days GL-PL Ins. Rpt																		
15	Net Per Diem prior to Case Mix Adjust to Routine Svcs																		
16	As Filed Days = 19,564																		
17	Base Period Facility Case Mix Index for All Residents																		
18	Routine Svcs Case Mix Adjtd (CMA) Net Per Diem																		
19	Net Per Diem after Case Mix Adjust to Routine Svcs																		
20	Per Diem Standards (After Statewide CMA for Routine Svcs)																		
21	Base Period Case Mix Adjusted Allowed Per Diem																		
22	Quarterly Per Diem Rate Prior to Add-ons																		
23	Growth Allowance Percentage = 13.37%																		
24	CMA Allowed Per Diem (After Growth Allowance Add-on)																		
25	Quarterly Facility Case Mix Index for Medicaid Residents																		
26	Qtrly Routine Svcs Case Mix Adjtd (CMA) Net Per Diem																		
27	Quarterly Medicaid CMA Allowed Per Diem																		
28	Quarterly Per Diem Add-on Amounts																		
29	Efficiency Add-on Per Diem (Sind - Awd) x .75, up to max, or 0)																		
30	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)																		
31	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)																		
32	Nursing Home Provider Fee																		
33	Total Quarterly Per Diem Add-on Amounts																		
34	Quarterly Case Mix Based Per Diem Rate																		
35	Quarterly Per Diem Rate for Bed Hold and Leave Days																		

Provider: Covenant Dove- Macon		Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Pvdr ID: 00141523A		Growth Allowance: 13.37%			N/A	13.37%	Base Period Overall CMI: 1.4014			1.5027	1.4014	
Case Mix Per Diem Rate Effective Date: 7/1/2020		Qtrly BMS score: 38.2%			38.2%	2.5%	Quarterly Medicaid CMI: 1.4951			1.7449	1.4951	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 2.0%			3.38	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7767			1.7767	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
6	Base Period Per Diem Allowed Amounts											
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 CIR - 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
8	Audit Adjustments and Realocations to Cost Center Costs	12/31/14 CIR Audit Adjstmts	(\$265,777)	\$0	\$0	\$0	\$0	\$0	(\$285,777)		(\$24,077)	\$24,077
9	Cost Center Costs After Audit Adjustments	12/31/14 Audited CIR	\$3,169,396	\$1,731,823	\$0	\$252,767	\$176,345	\$179,943	\$454,615	\$11,958	\$337,868	\$24,077
10	Total Nursing Facility Days	12/31/14 Audited CIR Days	17,788									
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days										
12	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$177.89	\$97.36	\$0.00	\$14.21	\$20.03	(with L&H)	\$25.56	\$0.39	\$18.99	\$1.35
13	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10	1.5027									
14	Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 9 / Ln 10	\$64.79	\$64.79	\$0.00	\$14.21	\$20.03		\$25.56	\$0.39	\$18.99	\$1.35
15	Net Per Diem after Case Mix Adjstld to Routine Svcs	RS = Ln 11, AllOthr = Ln 9	\$73.31	\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.39	N/A	\$1.35
16	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$64.79	\$64.79	\$0.00	\$14.21	\$20.03		\$24.02	\$0.39	8.92 (FRV)	\$1.35
17	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.71									
18	Quarterly Per Diem Rate Prior to Add-ons											
19	Growth Allowance Percentage = 13.4%	Ln 14 x Growth Allwnc %	\$16.45	\$8.66	\$0.00	\$1.90	\$2.68	\$0.00	\$3.21	N/A	N/A	N/A
20	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
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.7767									
22	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17	\$130.50	\$130.50	\$0.00	\$16.11	\$22.71	\$0.00	\$27.23	\$0.39	\$8.92	\$1.35
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.21									
24	Quarterly Per Diem Add-on Amounts											
25	Efficiency Add-on Per Diem (SInd - Alwdf) x 75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00
26	BMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.26	\$3.26								
27	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.61	\$2.61								
28	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
29	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
30	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.34	\$136.90	\$0.00	\$16.33	\$23.12	\$0.00	\$44.33	\$0.39	\$8.92	\$1.35
31	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.68									

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

FINAL

Provider: Crestview Nursing Facility														
Pvdr ID: 00273567A														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive: Qtrly BIMS score 31.7% 2.92														
Add-on Data and Percentages														
Facility Score														
Add-on Percent														
Case Mix Index (CMI) Data														
Base Period Overall CMI: 1.3617														
Quarterly Medicaid CMI: 1.4951														
Qtrly Mcald CMI w RUG Wght Options: 1.0711														
Facility Specific														
State-wide														
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	\$155,956	\$518,911	\$0		
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
5	Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CR - 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 Adjustmts	(\$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 CR	\$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	FY12 Audited CR Days	89,009											
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.14	\$97.34	\$0.00	\$14.29	\$23.26	(with L&H)	\$35.83	101,433	\$2.83	\$0.05		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1823										
11	Routine Svcs Case Mix Adjstjd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.33	\$0.00	\$14.29	\$23.26		\$35.83	\$1.54	\$2.83	\$0.05		
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AIOthr = Ln 9		\$82.33	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	\$0.05		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$14.29	\$23.09		\$20.56	\$1.54	9.83 (FRV)	\$0.05		
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				
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$17.31	\$9.56	\$0.00	\$1.91	\$3.09	\$0.00	\$2.75	N/A	N/A	\$0.05		
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		1.0711										
18	Qtrly Routine Svcs Case Mix Adjstjd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.83	\$0.00	\$16.20	\$26.18	\$0.00	\$23.31	\$1.54	\$9.83	\$0.05		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$163.94	\$86.83	\$0.00	\$16.20	\$26.18	\$0.00	\$23.31	\$1.54				
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((Snd - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.17	\$2.17										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.60	\$2.60										
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$4.99	\$4.77	\$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	\$168.93	\$91.60	\$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	\$126.70											

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

FINAL

Provider: Crisp Regional Nursing and Rehab Ctr														
Pvdr ID: 00274128A														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
			Totals	Routine Services	Special Services			Dietary	Laundry & Houskpg	Plant Operats & Maint			Admin and General	A&G- GL-PL Insurance
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits													
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%					
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	105.0%	105.0%					
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37					
Base Period Per Diem Allowed Amounts														
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CTR - 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		
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CTR Audit Adjustmts	(\$71,154)	\$0	\$0	\$0	\$1,048	\$1,086	(\$74,675)		(\$9,002)	\$10,389		
8	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		
9	Total Nursing Facility Days	FY12 Audited CTR Days	34,794											
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days												
11	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.82	\$85.39	\$0.00	\$20.45	\$23.62	(with L&H)	\$21.90	\$2.81	\$15.35	\$0.30		
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4206										
13	Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.11	\$0.00	\$20.45	\$23.62		\$21.90	\$2.81	\$15.35	\$0.30		
14	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, ALOthr = Ln 9		\$60.11	\$0.00	\$20.45	\$23.62		\$21.90	\$2.81	\$15.35	\$0.30		
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	\$0.30		
16	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														
17	Growth Allowance Percentage =	Ln 14 x Gwth Allwnc %	\$16.61	\$8.04	\$0.00	\$2.73	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A		
18	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		
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8785										
20	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.02	\$0.00	\$23.18	\$26.18	\$0.00	\$23.31	\$2.81	\$9.62	\$0.30		
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, ALOthr = Ln 16	\$213.42	\$128.02	\$0.00	\$23.18	\$26.18	\$0.00	\$23.31	\$2.81	\$9.62	\$0.30		
Quarterly Per Diem Add-on Amounts														
22	Efficiency Add-on Per Diem ((Sind - Awejd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
23	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$7.04	\$7.04	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
24	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sling Add-on	\$3.84	\$3.84	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00			
25	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$11.41	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
26	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.73	\$11.41	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
27	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.15	\$139.43	\$0.00	\$23.40	\$26.18	\$0.00	\$40.41	\$2.81	\$9.62	\$0.30		
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.79											

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

FINAL

Provider: Cross View Care Center												
Pvdr ID: 00142502A												
Case Mix Per Diem Rate Effective Date: 07/01/20												
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												
Nurse Hours per On-Site Day/Quality Incentive: 2.71												
Add-on Data and Percentages												
Growth Allowance: 13.37%												
Qtrly BIMS score: 30.4%												
Case Mix Index (CMI) Data												
Base Period Overall CMI: 1.1512												
Quarterly Medicaid CMI: 1.4174												
Qtrly Mcald CMI w RUG Wght Options: 1.4413												
Taxes and Insurance												
Property and Related												
A&G-GL-PL Insurance												
Admin and General												
Plant Operations & Maint												
Laundry & Housekpg												
Dietary												
Special Services												
Routine Services												
Totals												
Sources / Calculations												
Description												
Line #												
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)	1	1	2	1	1	1	1	1	1	1
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)	90.0%	90.0%	90.0%	85.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
3	Peer Group Standards: Multiplier	(see Policy Manual)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 CIR	\$1,899,677	\$760,302	\$281,878	\$267,254	\$198,948	\$303,862	\$18,730	\$68,703	\$0	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 CIR Audit Adjmts	\$693	\$0	\$0	(\$200)	\$0	\$893	\$18,730	(\$32,517)	\$32,517	\$32,517
7	Cost Center Costs After Audit Adjustments	FY13 Audited CIR	\$1,900,370	\$760,302	\$281,878	\$267,054	\$198,948	\$304,755	\$18,730	\$36,186	\$32,517	\$32,517
8	Total Nursing Facility Days	FY13 Audited CIR Days	16,252									
As Filed Days = 16,252												
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,178												
9	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$116.54	\$46.78	\$17.34	\$28.67	(with L&H)	\$18.75	24,178	\$2.23	\$2.00	\$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10	1.1512									
11	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$40.64	\$40.64	\$17.34	\$28.67		\$18.75	\$0.77	\$2.23	\$2.00	\$2.00
12	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9	\$73.90	\$40.64	\$19.14	\$23.27		\$23.46	\$0.00	N/A	N/A	N/A
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$19.14	\$23.27		\$18.75	\$0.77	7.68 (FRV)	\$2.00	\$2.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.45	\$40.64	\$17.34	\$23.27		\$18.75	\$0.77			
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$13.37	\$5.43	\$2.32	\$3.11	\$0.00	\$2.51	N/A	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.82	\$46.07	\$19.66	\$26.38	\$0.00	\$21.26	\$0.77	\$7.68	\$2.00	\$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.4413									
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$66.40	\$66.40	\$19.66	\$26.38	\$0.00	\$21.26	\$0.77	\$7.68	\$2.00	\$2.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.15	\$66.40	\$19.66	\$26.38	\$0.00	\$21.26	\$0.77			
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.22	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.66	\$1.66	\$0.22	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sing Add-on	\$1.33	\$1.33	\$0.22	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$3.52	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.21	\$69.92	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.36	\$69.92	\$19.88	\$26.38	\$0.00	\$38.73	\$0.77	\$7.68	\$2.00	\$2.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.20									



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

FINAL

Provider: Cumming Nursing Center Pvdr ID: 00140302A										Add-on Data and Percentages				Facility Score		Case Mix Index (CMI) Data		Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020										Growth Allowance: N/A				13.37%		Base Period Overall CMI: 1.3016		1.3016	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20										Qtrly BIMS score 62.8%				5.5%		Quarterly Medicaid CMI: 1.4198		1.4198	1.4951
										Nurse Hours per On-Site Day/Quality Incentive: 4.23				3.0%		Qtrly Mcald CMI w RUG Wght Options: 1.4444		1.4444	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance							
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	\$61,923									
Peer Group Standards & Efficiency Measure Limits																			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%	\$21,994		\$0							
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	(\$9,450)		\$29,816							
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37	\$413,557		\$29,816							
Base Period Per Diem Allowed Amounts																			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$5,274,534	\$3,015,528	\$0	\$616,652	\$505,007	\$277,751	\$521,994	\$61,923	\$274,669	\$0							
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjustmts	(\$265,253)	(\$5,834)	\$0	\$57	(\$92,450)	(\$9,653)	(\$40,093)		(\$148,090)								
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$5,009,281	\$3,009,694	\$0	\$616,719	\$413,557	\$268,098	\$481,895	\$61,923	\$126,579								
8	Total Nursing Facility Days	FY12 Audited CIR Days	31,273																
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days																	
9	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159,65	\$96.24	\$0.00	\$19.72	\$21.80	(with L&H)	\$15.41	\$1.48	\$4.05	\$0.95							
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3016															
11	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.94															
12	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.94	\$0.00	\$19.72	\$21.80		\$15.41	\$1.48	\$4.05	\$0.95							
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A								
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.41	\$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 Growth Allownc %	\$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	1.4444																
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$117.10	\$117.10															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.43	\$117.10	\$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 ((Sind - Alwdf) 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 Svcs)	Ln 19 Col b x CFS Add-on	\$6.44	\$6.44															
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$3.51	\$3.51															
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10																
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.83	\$9.95	\$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	\$220.26	\$127.05	\$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	\$152.37																

## FINAL

NHRSP2\_FYE2012-13 37% for 7-1-2020-KJO-GL-PL (AUDITED) 7/6/2020

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

FINAL

Provider: Dade Health and Rehab Center Pvdr ID: 00142865A														
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data Per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
			Growth Allowance: Qtrly BIMS score 40.0% 4.52 13.37% 2.5% 3.0%					Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcad CMI w RUG Wght Options:						
			Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%					
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CR- FY 2018 GL-PL Rpt	\$3,109,775	\$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 CR Audit Adjustmts	(\$29,834)	(\$5,040)	\$0	\$0	\$120	\$166	(\$30,573)		(\$7,624)	\$13,127		
7	Cost Center Costs After Audit Adjustments	FY12 Audited CR	\$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 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,897 As Filed Days = 21,687	FY12 Audited CR Days FY 18 GL-PL Ins Rpt Days	22,897											
9	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.83	\$74.80	\$0.00	\$15.53	\$19.75	(with L&H)	\$17.47	\$6.29	\$0.42	\$0.57		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10	1.2764	\$58.60										
11	Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$58.60	\$0.00	\$15.53	\$19.75		\$17.47	\$6.29	\$0.42	\$0.57		
12	Net Per Diem after Case Mix Adjstmt to Routine Svcs	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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		
14	Base Period Case Mix Adjusted Allowed Per Diem													
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth 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	1.6264											
18	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17	\$108.04	\$108.04	\$0.00	\$17.61	\$22.39	\$0.00	\$19.81	\$6.29	\$8.51	\$0.57		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.22											
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem ([(Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$3.24	\$3.24	\$0.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.57	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.79	\$114.51	\$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	\$143.02											

Dawson Health & Rehab													State-wide
Provider:	Pvdr ID:	Case Mix Per Diem Rate Effective Date:				Add-on Data and Percentages			Facility Score	Add-on Percent	Facility Specific		
	00140808A	MDS & Nurse Hrs Data per Quarter Ending:				Growth Allowance: Qtrly BIMS score			N/A	13.37%	1,2140	1,3617	
						Nurse Hours per On-Site Day/Quality Incentive:			32.7%	2.5%	1,4706	1,4961	
									3.28	3.0%	1,4947	1,5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits			90.0%	90.0%	90.0%	85.0%	50.0%	50.0%				
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)											
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CR - 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 CR 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 CR	\$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	FY12 Audited CR Days	25,645										
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days											
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.25	\$68.70	\$0.00	\$14.99	\$16.65	(with L&H)	\$15.89	\$3.07	\$10.22	\$0.73	
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,2140									
12	Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.59									
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.59	\$0.00	\$14.99	\$16.65	\$14.99	\$15.89	\$3.07	\$10.22	\$0.73	
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	\$18.41	\$20.56	\$0.00	N/A		
15	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	\$14.99	\$15.89	\$3.07	8.22 (FRV)	\$0.73	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage =	Ln 14 x Gwth Allmnc %	\$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	1,4947										
18	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17	\$95.90	\$95.90									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.80	\$95.90	\$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 (ISnd - Awd) x .75, up to max. or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem =	Ln 19 Col b x CFS Add-on	\$2.40	\$2.40									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sling Add-on	\$2.88	\$2.88									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.71	\$101.71	\$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	\$126.46										

Provider: Decatur Health and Rehab Ctr Pvdr ID: 00059452A													Add-on Data and Percentages:			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20													Nurse Hours per On-Site Day/Quality Incentive:			Growth Allowance: Qtrly BIMS score	N/A	13.37%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Weight Options:			1.7909 1.7682 1.8022	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance											
			a	b	c	d	e	f	g	g	h	i											
CASE MIX BASED RATE CALCULATIONS																							
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes														
2	Peer Group Standards & Efficiency Measure Limits			90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	50.0% 100.0% \$0.37															
3	Peer Group Standards: Percentile	(see Policy Manual)																					
4	Peer Group Standards: Multiplier	(see Policy Manual)																					
4	Efficiency Measure Maximums (see line 20 for actual)																						
Base Period Per Diem Allowed Amounts																							
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR- FY 2018 GL-PL Rpt	\$3,560,862	\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$756,329	\$2,645	\$280,715	\$0											
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstmts	(\$33,146)	\$0	\$0	\$0	\$0	\$0	(\$33,468)		(\$36,744)	\$37,066											
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$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	FY12 Audited CIR Days	23,853																				
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days																					
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.65	\$89.97	\$0.00	\$18.05	\$15.28	(with L&H)	\$30.30	\$0.11	\$8.39	\$1.55											
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,7909																			
11	Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24	\$0.00	\$18.05	\$15.28		\$30.30	\$0.11	\$9.39	\$1.55											
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.24	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A												
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.05	\$15.28		\$20.56	\$0.11	13.20 (FRV)	\$1.55											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.99	\$50.24	\$0.00	\$18.05																	
Quarterly Per Diem Rate Prior to Add-ons																							
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth 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		1.8022																			
18	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.65	\$0.00	\$20.46	\$17.32	\$0.00	\$23.31	\$0.11	\$13.20	\$1.55											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.60	\$102.65	\$0.00	\$20.46																	
Quarterly Per Diem Add-on Amounts																							
20	Efficiency Add-on Per Diem (Smd - Awd) x .75, up to max. of 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00											
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57																			
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$3.08	\$3.08																			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10																				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$6.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00											
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.51	\$108.83	\$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	\$139.06																				

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

FINAL

Provider: Delmar Gardens of Gwinnett, Inc.														
Pvdr ID: 00395161A														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Add-on Data and Percentages														
Growth Allowance: N/A														
Qtrly BIMS score: 21.6%														
Qtrly Medicaid CMI w/ RUG Wght Options: 3.43														
Case Mix Index (CMI) Data														
Base Period Overall CMI: 1.2576														
Quarterly Medicaid CMI: 1.1036														
Qtrly Medicaid CMI w/ RUG Wght Options: 1.1153														
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%							
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%							
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41							
5	Efficiency Measure Maximums (see line 20 for actual)													
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - 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 CIR Audit Adjstm	(\$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 CIR	\$4,020,398	\$1,979,557	\$0	\$557,581	\$319,001	\$328,454	\$630,278	\$29,732	\$156,276	\$21,519		
8	Total Nursing Facility Days	FY12 Audited CIR Days	23,172											
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days						(with L&H)	\$27.20	21,614	\$6.74	\$0.93		
10	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.59	\$85.43	\$0.00	\$24.06	\$27.85			\$1.38				
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10		\$67.93										
12	Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	RS = Ln 11, AIOthr = Ln 9		\$67.93	\$0.00	\$24.06	\$27.85		\$27.20	\$1.38	\$6.74	\$0.93		
13	Net Per Diem after Case Mix Adjstmt to Routine Svcs	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A			
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	Lesser of Ln 12 or Ln 13		\$67.93	\$0.00	\$18.41	\$23.09		\$20.56	\$1.38	9.39	\$0.93		
15	Base Period Case Mix Adjusted Allowed Per Diem		\$141.69								(FRV)			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allownc %	\$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		1.1153										
18	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.89										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$167.95	\$65.89	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$1.38	\$9.39	\$0.93		
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem (Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$1.72	\$1.72										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.21	\$3.11	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.16	\$89.00	\$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	\$128.30											

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

FINAL

Provider: Delmar Gardens of Smyrna													
Pvdr ID: 00296271A													
Case Mix, Per Diem Rate Effective Date: 7/1/2020													
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20													
Nurse Hours per On-Site Day/Quality Incentive:													
Qtrly BIMS score													
Qtrly Mcaid CMI w RUG Weight Options:													
Base Period Overall CMI:													
Quarterly Medicaid CMI:													
Facility Score													
Add-on Percent													
Case Mix Index (CMI) Data													
Facility Specific													
State-wide													
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
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				
2	Peer Group Standards & Efficiency Measure Limits												
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$6,223,800	\$3,281,705	\$0	\$698,667	\$362,465	\$490,326	\$880,619	\$54,596	\$461,422	\$0	
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjmts	(\$262,391)	(\$4,960)	\$0	\$0	(\$431)	(\$582)	(\$105,246)		(\$192,666)	\$41,494	
8	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,961,409	\$3,276,745	\$0	\$698,667	\$362,034	\$489,744	\$775,373	\$54,596	\$268,756	\$41,494	
9	Total Nursing Facility Days	FY12 Audited C/R Days	41,854										
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days						(with L&H)	\$18.53	38,265	\$6.42	\$0.99	
11	Net Per Diem prior to Case Mix Adjust to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.70	\$78.29	\$0.00	\$16.69	\$20.35			\$1.43			
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.2475										
13	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	\$62.76	\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	\$6.42	\$0.99	
14	Net Per Diem after Case Mix Adjust to Routine Svcs	RS = Ln 11, AUIOthr = Ln 9	\$62.76	\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	10.16 (FRV)	\$0.99	
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
16	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			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
17	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$15.82	\$8.39	\$0.00	\$2.23	\$2.72	\$0.00	\$2.48	N/A	N/A		
18	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	
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.3448										
20	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$95.68	\$95.68	\$0.00	\$18.92	\$23.07	\$0.00	\$21.01	\$1.43	\$10.16	\$0.99	
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AUIOthr = Ln 16	\$171.26										
22	Quarterly Per Diem Add-on Amounts												
23	Efficiency Add-on Per Diem (Bstd - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
24	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39									
25	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.87	\$2.87									
26	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
27	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$5.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
28	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.15	\$101.47	\$0.00	\$19.14	\$23.48	\$0.00	\$38.48	\$1.43	\$10.16	\$0.99	
29	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.54										

## FINAL

Institutional Reimbursement - DCH/DFS



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

FINAL

Provider: <b>Dublinair Health &amp; Rehab Center</b>														
Pvdr ID: <b>00059947A</b>														
Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>														
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>														
Nurse Hours per On-Site Day/Quality Incentive:														
Line #	Description	Sources / Calculations	Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	a	b	c	d	e	f	g	h	i		
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)			1	1	2	1	1	1				
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)			90.0%	90.0%	90.0%	85.0%	90.0%	50.0%				
3	Peer Group Standards: Percentile	(see Policy Manual)			100.0%	100.0%	100.0%	100.0%	100.0%	105.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)			\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37				
5	Efficiency Measure Maximums (see line 20 for actual)													
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt			\$5,803,623	\$0	\$767,037	\$393,998	\$396,702	\$679,435	\$191,204	\$54,056	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstm'ts			(\$157,175)	(\$18,037)	\$0	\$565	(\$11,507)	(\$120,426)		(\$52,995)	\$47,431	
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR			\$5,646,448	\$3,293,154	\$0	\$767,602	\$385,195	\$559,009	\$191,204	\$11,061	\$47,431	
8	Total Nursing Facility Days	FY12 Audited CIR Days			48,499									
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days							(with L&H)	\$11.53	44,985	\$0.23	\$0.98	
10	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 C'd a			\$116.74	\$67.90	\$0.00	\$15.83						
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12			1.2467									
12	Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 9 / Ln 10			\$54.46	\$54.46	\$0.00	\$15.83						
13	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9			\$71.51	\$71.51	\$0.00	\$18.41						
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits			\$54.46	\$54.46	\$0.00	\$15.83						
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13			\$111.06	\$111.06	\$0.00	\$15.83						
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allowanc %			\$13.08	\$7.28	\$0.00	\$2.12						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15			\$124.14	\$61.74	\$0.00	\$17.95						
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr Enrd			1.5192									
18	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17			\$93.73	\$93.73	\$0.00	\$17.95						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16			\$156.13	\$156.13	\$0.00	\$17.95						
<b>Quarterly Per Diem Add-on Amounts</b>														
20	Efficiency Add-on Per Diem (fSnd - Alw'd) x .75, up to max, or 0)	(see Policy Manual)			\$1.53	\$0.53	\$0.00	\$0.22						
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CFS Add-on			\$0.94	\$0.94	\$0.00	\$0.41						
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on			\$2.81	\$2.81	\$0.00	\$0.41						
23	Nursing Home Provider Fee	(Fixed Amount)			\$17.10	\$17.10	\$0.00	\$0.41						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23			\$22.38	\$22.38	\$0.00	\$0.22						
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24			\$178.51	\$98.01	\$0.00	\$18.17						
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75			\$121.06	\$121.06	\$0.00	\$18.17						

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

FINAL

Provider: Dunwoody Health and Rehab Ctr														
Pvdr ID: 00815295A														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Facility Score: N/A														
Add-on Data and Percentages:														
Growth Allowance: 13.37%														
Qltry BIMS score: 23.3%														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Case Mix Index (CMI) Data														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														
Qltry Meaid CMI w RUG Wght Options: 1.7762														
Base Period Overall CMI: 1.3617														
Qltry Meaid CMI w RUG Wght Options: 1.4961														