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

FINAL

Provider: **Eagle Health**
Prvdr ID: **00143151A**

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	37.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.73	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3784	1.3617
Quarterly Medicaid CMI:	1.5655	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5932	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,453,079	$1,892,596	$0	$325,176	$164,064	$271,199	$508,824	$114,722	$176,498	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($67,575)	($915)	$0	($1,864)	($7,755)	($12,820)	($37,510)		($33,888)	$27,177
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,385,504	$1,891,681	$0	$323,312	$156,309	$258,379	$471,314	$114,722	$142,610	$27,177
8	Total Nursing Facility Days As Filed Days = 20,477	FY12 Audited C/R Days	20,477									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,726	FY 18 GL-PL Ins Rpt Days								27,726		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$163.87	$92.38	$0.00	$15.79	$20.25	*(with L&H)*	$23.02	$4.14	$6.96	$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3784								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$67.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$67.02	$0.00	$15.79	$20.25		$23.02	$4.14	$6.96	$1.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$138.47	$67.02	$0.00	$15.79	$20.25		$20.56	$4.14	9.38 *(FRV)*	$1.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$16.53	$8.96	$0.00	$2.11	$2.71	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$155.00	$75.98	$0.00	$17.90	$22.96	$0.00	$23.31	$4.14	$9.38	$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5932								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$121.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$200.07	$121.05	$0.00	$17.90	$22.96	$0.00	$23.31	$4.14	$9.38	$1.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.03	$3.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.63	$3.63								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.92	$7.19	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$224.99**	**$128.24**	**$0.00**	**$18.12**	**$23.37**	**$0.00**	**$40.41**	**$4.14**	**$9.38**	**$1.33**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$155.92**									

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

FINAL

Provider: **Early Memorial Nursing Home**
Prvdr ID: **00140874A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	19.5%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.09	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2350	1.3617
Quarterly Medicaid CMI:	1.0693	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.0830	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups*	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,864,202	$2,508,700	$0	$569,553	$422,855	$545,988	$1,782,433	$0	$34,673	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	$14,982	($72,500)	$0	($447)	$39,877	$17,103	$30,725		$224	$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,879,184	$2,436,200	$0	$569,106	$462,732	$563,091	$1,813,158	$0	$34,897	$0
8	Total Nursing Facility Days As Filed Days = 32,050	FY12 Audited C/R Days	32,050									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,004	FY 18 GL-PL Ins Rpt Days								33,004		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$183.44	$76.01	$0.00	$17.76	$32.01	*(with L&H)*	$56.57	$0.00	$1.09	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2350								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$61.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$61.55	$0.00	$17.76	$32.01		$56.57	$0.00	$1.09	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$131.70	$61.55	$0.00	$17.76	$23.09		$20.56	$0.00	8.74 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$16.44	$8.23	$0.00	$2.37	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$148.14	$69.78	$0.00	$20.13	$26.18	$0.00	$23.31	$0.00	$8.74	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0830								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$75.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$153.93	$75.57	$0.00	$20.13	$26.18	$0.00	$23.31	$0.00	$8.74	$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.27	$2.27								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$20.12	$2.80	$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	**$174.05**	**$78.37**	**$0.00**	**$20.35**	**$26.18**	**$0.00**	**$40.41**	**$0.00**	**$8.74**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$117.71**									

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

FINAL

Provider: **East Lake Arbor**
Prvdr ID: **00140137A**
Case Mix Per Diem Rate Effective Date: 10/1/2019
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	45.3%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.62	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2163	1.3617
Quarterly Medicaid CMI:	1.5242	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5535	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,536,622	$2,343,652	$0	$517,435	$269,383	$319,818	$686,805	$112,768	$286,761	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($171,960)	$0	$0	$1,371	$0	$0	($173,331)		($50,727)	$50,727
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,364,662	$2,343,652	$0	$518,806	$269,383	$319,818	$513,474	$112,768	$236,034	$50,727
8	Total Nursing Facility Days As Filed Days = 31,750	FY12 Audited C/R Days	31,750									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,504	FY 18 GL-PL Ins Rpt Days								28,504		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$137.88	$73.82	$0.00	$16.34	$18.56	*(with L&H)*	$16.17	$3.96	$7.43	$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.2163**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$60.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$60.69	$0.00	$16.34	$18.56		$16.17	$3.96	$7.43	$1.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$126.93	$60.69	$0.00	$16.34	$18.56		$16.17	$3.96	9.61 *(FRV)*	$1.60
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.93	$8.11	$0.00	$2.18	$2.48	$0.00	$2.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$141.86	$68.80	$0.00	$18.52	$21.04	$0.00	$18.33	$3.96	$9.61	$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5535**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$106.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$179.94	$106.88	$0.00	$18.52	$21.04	$0.00	$18.33	$3.96	$9.61	$1.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.88	$5.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.14	$2.14								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.65	$8.55	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$206.59**	**$115.43**	**$0.00**	**$18.74**	**$21.45**	**$0.00**	**$35.80**	**$3.96**	**$9.61**	**$1.60**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$142.12**									

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

FINAL

Provider: **Eastman Healthcare**
Prvdr ID: **00141974A**
Case Mix Per Diem Rate Effective Date: **10/01/19**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	39.1%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.77	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1568	1.3699
Quarterly Medicaid CMI:	1.4086	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4346	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups*	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	$4,003,070	$1,828,756	$0	$522,255	$219,608	$263,433	$572,820	$33,237	$562,961	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	($58,783)	$287	$0	$0	$0	$0	($54,036)		($21,752)	$16,718
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	$3,944,287	$1,829,043	$0	$522,255	$219,608	$263,433	$518,784	$33,237	$541,209	$16,718
8	Total Nursing Facility Days As Filed Days = 31,945	FY13 Audited C/R Days	31,945									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,353	FY 18 GL-PL Ins Rpt Days								32,353		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$123.46	$57.26	$0.00	$16.35	$15.12	*(with L&H)*	$16.24	$1.03	$16.94	$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		**1.1568**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$49.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$49.50	$0.00	$16.35	$15.12		$16.24	$1.03	$16.94	$0.52
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.90	$0.00	$19.14	$23.27		$23.46	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$106.60	$49.50	$0.00	$16.35	$15.12		$16.24	$1.03	7.84 *(FRV)*	$0.52
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$13.00	$6.62	$0.00	$2.19	$2.02	$0.00	$2.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$119.60	$56.12	$0.00	$18.54	$17.14	$0.00	$18.41	$1.03	$7.84	$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4346**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$80.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$143.99	$80.51	$0.00	$18.54	$17.14	$0.00	$18.41	$1.03	$7.84	$0.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.01	$2.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.61	$1.61								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.25	$4.15	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$166.24**	**$84.66**	**$0.00**	**$18.76**	**$17.55**	**$0.00**	**$35.88**	**$1.03**	**$7.84**	**$0.52**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$111.86**									

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

FINAL

Provider: **Eastview Nursing Home**
Prvdr ID: **00140885A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	43.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.97	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4001	1.3617
Quarterly Medicaid CMI:	1.5071	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5351	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,423,853	$1,789,463	$0	$369,801	$231,565	$313,337	$583,423	$75,881	$60,383	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($82,488)	$0	$0	$0	$0	$0	($83,339)		($26,557)	$27,408
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,341,365	$1,789,463	$0	$369,801	$231,565	$313,337	$500,084	$75,881	$33,826	$27,408
8	Total Nursing Facility Days As Filed Days = 29,341	FY12 Audited C/R Days	29,341									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,662	FY 18 GL-PL Ins Rpt Days								25,662		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$114.24	$60.99	$0.00	$12.60	$18.57	*(with L&H)*	$17.04	$2.96	$1.15	$0.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.4001**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$43.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$43.56	$0.00	$12.60	$18.57		$17.04	$2.96	$1.15	$0.93
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$103.44	$43.56	$0.00	$12.60	$18.57		$17.04	$2.96	7.78 *(FRV)*	$0.93
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.26	$5.82	$0.00	$1.68	$2.48	$0.00	$2.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$115.70	$49.38	$0.00	$14.28	$21.05	$0.00	$19.32	$2.96	$7.78	$0.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5351**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$75.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$142.12	$75.80	$0.00	$14.28	$21.05	$0.00	$19.32	$2.96	$7.78	$0.93
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.90	$1.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.52	$1.52								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.05	$3.95	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$164.17**	**$79.75**	**$0.00**	**$14.50**	**$21.46**	**$0.00**	**$36.79**	**$2.96**	**$7.78**	**$0.93**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$110.30**									

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

FINAL

Provider: **Eatonton Health & Rehabilition Center**
Prvdr ID: **00223473A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	43.5%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.25	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3434	1.3617
Quarterly Medicaid CMI:	1.2020	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2172	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups*	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,078,892	$2,283,700	$0	$430,471	$226,312	$291,229	$524,326	$100,611	$222,243	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($13,281)	($1,926)	$0	($1,812)	$1,457	$1,876	($16,303)		($13,040)	$16,467
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,065,611	$2,281,774	$0	$428,659	$227,769	$293,105	$508,023	$100,611	$209,203	$16,467
8	Total Nursing Facility Days As Filed Days = 28,786	FY12 Audited C/R Days	28,786									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,030	FY 18 GL-PL Ins Rpt Days								28,030		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$141.33	$79.27	$0.00	$14.89	$18.09	*(with L&H)*	$17.65	$3.59	$7.27	$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3434								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$59.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$59.01	$0.00	$14.89	$18.09		$17.65	$3.59	$7.27	$0.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$122.56	$59.01	$0.00	$14.89	$18.09		$17.65	$3.59	8.76 *(FRV)*	$0.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.66	$7.89	$0.00	$1.99	$2.42	$0.00	$2.36	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$137.22	$66.90	$0.00	$16.88	$20.51	$0.00	$20.01	$3.59	$8.76	$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2172								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$81.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$151.75	$81.43	$0.00	$16.88	$20.51	$0.00	$20.01	$3.59	$8.76	$0.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.04	$2.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.63	$1.63								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.30	$4.20	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$174.05**	**$85.63**	**$0.00**	**$17.10**	**$20.92**	**$0.00**	**$37.48**	**$3.59**	**$8.76**	**$0.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$117.71**									

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

FINAL

Provider: **Effingham Extended Care Facility**
Prvdr ID: **00140907A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	44.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.05	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2538	1.3617
Quarterly Medicaid CMI:	1.1874	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2027	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups* *Type of Facility within Peer Group* *Bed Size Range within Peer Group*	(see Policy Manual)		*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *Hosp Based* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$8,499,706	$3,860,186	$0	$1,189,791	$579,868	$493,633	$1,863,313	$106,864	$406,051	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($131,107)	($85,193)	$0	$19,127	$14,898	$12,681	($103,051)		($15,635)	$26,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$8,368,599	$3,774,993	$0	$1,208,918	$594,766	$506,314	$1,760,262	$106,864	$390,416	$26,066
8	Total Nursing Facility Days As Filed Days = 37,034	FY12 Audited C/R Days	37,034									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,424	FY 18 GL-PL Ins Rpt Days								36,424		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$226.00	$101.93	$0.00	$32.64	$29.73	*(with L&H)*	$47.53	$2.93	$10.54	$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2538								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$81.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.30	$0.00	$32.64	$29.73		$47.53	$2.93	$10.54	$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$158.28	$71.51	$0.00	$29.15	$23.09		$20.56	$2.93	10.34 *(FRV)*	$0.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$19.30	$9.56	$0.00	$3.90	$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	$177.58	$81.07	$0.00	$33.05	$26.18	$0.00	$23.31	$2.93	$10.34	$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2027								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$97.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$194.01	$97.50	$0.00	$33.05	$26.18	$0.00	$23.31	$2.93	$10.34	$0.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.44	$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.93	$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.47	$5.37	$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	**$216.48**	**$102.87**	**$0.00**	**$33.05**	**$26.18**	**$0.00**	**$40.41**	**$2.93**	**$10.34**	**$0.70**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$149.54**									

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

FINAL

Provider: **Elberta Health Care**
Prvdr ID: **00140918A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	50.0%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.43	2.0%

Case Mix Index (CMI) Data	Facility Specific	Statewide
Base Period Overall CMI:	1.4655	1.3617
Quarterly Medicaid CMI:	1.7461	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.7804	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,760,007	$1,467,566	$0	$301,748	$199,497	$174,194	$529,293	$54,433	$33,276	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($55,354)	$0	$0	$0	$889	$777	($57,169)		($20,231)	$20,380
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,704,653	$1,467,566	$0	$301,748	$200,386	$174,971	$472,124	$54,433	$13,045	$20,380
8	Total Nursing Facility Days As Filed Days = 22,398	FY12 Audited C/R Days	22,398									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,467	FY 18 GL-PL Ins Rpt Days								20,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$120.98	$65.52	$0.00	$13.47	$16.76	*(with L&H)*	$21.08	$2.66	$0.58	$0.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4655								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$44.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$44.71	$0.00	$13.47	$16.76		$21.08	$2.66	$0.58	$0.91
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$107.04	$44.71	$0.00	$13.47	$16.76		$20.56	$2.66	7.97 *(FRV)*	$0.91
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.77	$5.98	$0.00	$1.80	$2.24	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$119.81	$50.69	$0.00	$15.27	$19.00	$0.00	$23.31	$2.66	$7.97	$0.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7804								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$90.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$159.37	$90.25	$0.00	$15.27	$19.00	$0.00	$23.31	$2.66	$7.97	$0.91
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.96	$4.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.81	$1.81								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.03	$7.30	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$184.40**	**$97.55**	**$0.00**	**$15.49**	**$19.41**	**$0.00**	**$40.41**	**$2.66**	**$7.97**	**$0.91**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$125.48**									

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

FINAL

Provider: **Emanuel Medical Center Nursing Home**
Prvdr ID: **00140929A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	46.3%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.48	3.0%

Case Mix Index (CMI) Data	Facility Specific	Statewide
Base Period Overall CMI:	1.1993	1.3617
Quarterly Medicaid CMI:	1.1894	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2073	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups* *Type of Facility within Peer Group* *Bed Size Range within Peer Group*	(see Policy Manual)		*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *Hosp Based* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums* *(see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,357,875	$1,503,493	$0	$530,039	$198,085	$288,482	$670,646	$7,025	$160,105	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($47,935)	$0	$0	$0	$0	$0	($47,935)		($9,028)	$9,028
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,309,940	$1,503,493	$0	$530,039	$198,085	$288,482	$622,711	$7,025	$151,077	$9,028
8	Total Nursing Facility Days As Filed Days = 17,530	FY12 Audited C/R Days	17,530									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,600	FY 18 GL-PL Ins Rpt Days								17,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$188.83	$85.77	$0.00	$30.24	$27.76	*(with L&H)*	$35.52	$0.40	$8.62	$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1993								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$71.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$71.52	$0.00	$30.24	$27.76		$35.52	$0.40	$8.62	$0.52
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$157.72	$71.51	$0.00	$29.15	$23.09		$20.56	$0.40	12.49 *(FRV)*	$0.52
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$19.30	$9.56	$0.00	$3.90	$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	$177.02	$81.07	$0.00	$33.05	$26.18	$0.00	$23.31	$0.40	$12.49	$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2073								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$97.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$193.83	$97.88	$0.00	$33.05	$26.18	$0.00	$23.31	$0.40	$12.49	$0.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.38	$5.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.94	$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.42	$8.32	$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	**$219.25**	**$106.20**	**$0.00**	**$33.05**	**$26.18**	**$0.00**	**$40.41**	**$0.40**	**$12.49**	**$0.52**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$151.61**									

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

FINAL

Provider: **Etowah Landing Care and Rehab**
Prvdr ID: **00142766A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	36.5%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.29	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3514	1.3617
Quarterly Medicaid CMI:	1.4755	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5014	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,805,075	$2,164,497	$0	$420,759	$190,299	$355,916	$1,194,941	$39,577	$439,086	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($440,621)	($77,951)	$0	($2,040)	$1,774	($18,703)	($335,216)		($35,715)	$27,230
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,364,454	$2,086,546	$0	$418,719	$192,073	$337,213	$859,725	$39,577	$403,371	$27,230
8	Total Nursing Facility Days As Filed Days = 32,895	FY12 Audited C/R Days	32,939									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,674	FY 18 GL-PL Ins Rpt Days								24,674		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$132.91	$63.35	$0.00	$12.71	$16.07	*(with L&H)*	$26.10	$1.60	$12.25	$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3514								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$46.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$46.88	$0.00	$12.71	$16.07		$26.10	$1.60	$12.25	$0.83
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$106.65	$46.88	$0.00	$12.71	$16.07		$20.56	$1.60	8.00 *(FRV)*	$0.83
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.87	$6.27	$0.00	$1.70	$2.15	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$119.52	$53.15	$0.00	$14.41	$18.22	$0.00	$23.31	$1.60	$8.00	$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5014								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$79.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$146.17	$79.80	$0.00	$14.41	$18.22	$0.00	$23.31	$1.60	$8.00	$0.83
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.00	$2.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.39	$2.39								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.65	$4.92	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$168.82**	**$84.72**	**$0.00**	**$14.63**	**$18.63**	**$0.00**	**$40.41**	**$1.60**	**$8.00**	**$0.83**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$113.79**									

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

FINAL

Provider: **Evergreen Health and Rehab**
Prvdr ID: **835154999A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	96.0%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	0.00	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4147	1.3617
Quarterly Medicaid CMI:	1.5779	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6082	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,587,311	$2,247,569	$0	$452,219	$389,276	$212,958	$705,784	$48,450	$531,055	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($54,426)	($2,064)	$0	($8,678)	$2,075	($5,832)	($42,622)		($23,120)	$25,815
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,532,885	$2,245,505	$0	$443,541	$391,351	$207,126	$663,162	$48,450	$507,935	$25,815
8	Total Nursing Facility Days As Filed Days = 32,208	FY12 Audited C/R Days	32,208									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,173	FY 18 GL-PL Ins Rpt Days								33,173		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$140.69	$69.72	$0.00	$13.77	$18.58	*(with L&H)*	$20.59	$1.46	$15.77	$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4147								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$49.28	$0.00	$13.77	$18.58		$20.59	$1.46	$15.77	$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$111.30	$49.28	$0.00	$13.77	$18.58		$20.56	$1.46	6.85 *(FRV)*	$0.80
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.66	$6.59	$0.00	$1.84	$2.48	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$124.96	$55.87	$0.00	$15.61	$21.06	$0.00	$23.31	$1.46	$6.85	$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6082								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$89.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$158.94	$89.85	$0.00	$15.61	$21.06	$0.00	$23.31	$1.46	$6.85	$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.94	$4.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.80	$1.80								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.00	$7.27	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$183.94**	**$97.12**	**$0.00**	**$15.83**	**$21.47**	**$0.00**	**$40.41**	**$1.46**	**$6.85**	**$0.80**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$125.13**									

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

FINAL

Provider: **Evergreen Health and Rehab**
Prvdr ID: **835154999A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	96.0%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	0.00	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4147	1.3617
Quarterly Medicaid CMI:	1.5779	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6082	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,587,311	$2,247,569	$0	$452,219	$389,276	$212,958	$705,784	$48,450	$531,055	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($54,426)	($2,064)	$0	($8,678)	$2,075	($5,832)	($42,622)		($23,120)	$25,815
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,532,885	$2,245,505	$0	$443,541	$391,351	$207,126	$663,162	$48,450	$507,935	$25,815
8	Total Nursing Facility Days As Filed Days = 32,208	FY12 Audited C/R Days	32,208									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,173	FY 18 GL-PL Ins Rpt Days								33,173		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$140.69	$69.72	$0.00	$13.77	$18.58	*(with L&H)*	$20.59	$1.46	$15.77	$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4147								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$49.28	$0.00	$13.77	$18.58		$20.59	$1.46	$15.77	$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$111.30	$49.28	$0.00	$13.77	$18.58		$20.56	$1.46	6.85 *(FRV)*	$0.80
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.66	$6.59	$0.00	$1.84	$2.48	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$124.96	$55.87	$0.00	$15.61	$21.06	$0.00	$23.31	$1.46	$6.85	$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6082								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$89.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$158.94	$89.85	$0.00	$15.61	$21.06	$0.00	$23.31	$1.46	$6.85	$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.94	$4.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.80	$1.80								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.00	$7.27	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$183.94**	**$97.12**	**$0.00**	**$15.83**	**$21.47**	**$0.00**	**$40.41**	**$1.46**	**$6.85**	**$0.80**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$125.13**									

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

FINAL

Provider: **Fairburn Health Care Center**
Prvdr ID: **00173071A**

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	23.8%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.33	1.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2420	1.3617
Quarterly Medicaid CMI:	1.3658	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3904	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,376,038	$2,285,794	$0	$431,147	$269,487	$315,406	$762,754	$131,033	$180,417	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($192,745)	($843)	$0	$1,847	$0	($1,191)	($199,980)		($61,554)	$68,976
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,183,293	$2,284,951	$0	$432,994	$269,487	$314,215	$562,774	$131,033	$118,863	$68,976
8	Total Nursing Facility Days As Filed Days = 34,518	FY12 Audited C/R Days	34,518									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,265	FY 18 GL-PL Ins Rpt Days								34,265		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$121.21	$66.20	$0.00	$12.54	$16.91	*(with L&H)*	$16.30	$3.82	$3.44	$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2420								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$53.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$53.30	$0.00	$12.54	$16.91		$16.30	$3.82	$3.44	$2.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$113.55	$53.30	$0.00	$12.54	$16.91		$16.30	$3.82	8.68 *(FRV)*	$2.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.25	$7.13	$0.00	$1.68	$2.26	$0.00	$2.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$126.80	$60.43	$0.00	$14.22	$19.17	$0.00	$18.48	$3.82	$8.68	$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3904								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$84.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$150.39	$84.02	$0.00	$14.22	$19.17	$0.00	$18.48	$3.82	$8.68	$2.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.84	$0.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.84	$0.84								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$20.31	$2.21	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$170.70**	**$86.23**	**$0.00**	**$14.44**	**$19.58**	**$0.00**	**$35.95**	**$3.82**	**$8.68**	**$2.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$115.20**									

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

FINAL

Provider: **Fifth Avenue Health Care**
Prvdr ID: **00140984A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	38.5%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.52	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3973	1.3617
Quarterly Medicaid CMI:	1.4254	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4502	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,048,574	$2,647,153	$0	$457,599	$275,979	$314,879	$649,728	$138,654	$564,582	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($37,896)	($7,167)	$0	$0	$0	($1,149)	($38,246)		($18,768)	$27,434
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,010,678	$2,639,986	$0	$457,599	$275,979	$313,730	$611,482	$138,654	$545,814	$27,434
8	Total Nursing Facility Days As Filed Days = 34,460	FY12 Audited C/R Days	34,460									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,579	FY 18 GL-PL Ins Rpt Days								32,579		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$145.64	$76.61	$0.00	$13.28	$17.11	*(with L&H)*	$17.74	$4.26	$15.84	$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3973								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$54.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$54.83	$0.00	$13.28	$17.11		$17.74	$4.26	$15.84	$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$117.61	$54.83	$0.00	$13.28	$17.11		$17.74	$4.26	9.59 *(FRV)*	$0.80
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.77	$7.33	$0.00	$1.78	$2.29	$0.00	$2.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$131.38	$62.16	$0.00	$15.06	$19.40	$0.00	$20.11	$4.26	$9.59	$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4502								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$90.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$159.36	$90.14	$0.00	$15.06	$19.40	$0.00	$20.11	$4.26	$9.59	$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.25	$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.80	$1.80								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.68	$4.58	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$182.04**	**$94.72**	**$0.00**	**$15.28**	**$19.81**	**$0.00**	**$37.58**	**$4.26**	**$9.59**	**$0.80**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$123.71**									

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

FINAL

Provider: **Florence Hand Home**
Prvdr ID: **00207083A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	32.4%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.78	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1859	1.3617
Quarterly Medicaid CMI:	1.1397	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.1536	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$12,721,783	$5,532,940	$0	$1,812,718	$826,548	$1,082,209	$2,162,000	$70,890	$1,234,478	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($36,680)	$0	$0	$0	$0	$0	($36,680)		($32,356)	$32,356
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$12,685,103	$5,532,940	$0	$1,812,718	$826,548	$1,082,209	$2,125,320	$70,890	$1,202,122	$32,356
8	Total Nursing Facility Days As Filed Days = 49,987	FY12 Audited C/R Days	49,987									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,766	FY 18 GL-PL Ins Rpt Days								49,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$253.78	$110.69	$0.00	$36.26	$38.19	*(with L&H)*	$42.52	$1.42	$24.05	$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1859								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$93.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$93.34	$0.00	$36.26	$38.19		$42.52	$1.42	$24.05	$0.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$160.46	$71.51	$0.00	$29.15	$23.09		$20.56	$1.42	14.08 *(FRV)*	$0.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$19.30	$9.56	$0.00	$3.90	$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	$179.76	$81.07	$0.00	$33.05	$26.18	$0.00	$23.31	$1.42	$14.08	$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1536								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$93.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$192.21	$93.52	$0.00	$33.05	$26.18	$0.00	$23.31	$1.42	$14.08	$0.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.34	$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.81	$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.25	$5.15	$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	**$214.46**	**$98.67**	**$0.00**	**$33.05**	**$26.18**	**$0.00**	**$40.41**	**$1.42**	**$14.08**	**$0.65**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$148.02**									

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

FINAL

Provider: **Folkston Park Care and Rehab**
Prvdr ID: **00141006A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	36.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.80	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3444	1.3617
Quarterly Medicaid CMI:	1.3955	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4182	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups*	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,950,013	$1,887,048	$0	$402,098	$148,179	$248,504	$872,198	$17,564	$374,422	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($410,109)	($74,049)	$0	($6,453)	$6,158	($13,614)	($325,940)		($16,427)	$20,216
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,539,904	$1,812,999	$0	$395,645	$154,337	$234,890	$546,258	$17,564	$357,995	$20,216
8	Total Nursing Facility Days As Filed Days = 28,686	FY12 Audited C/R Days	28,699									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,433	FY 18 GL-PL Ins Rpt Days								27,433		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$123.36	$63.17	$0.00	$13.79	$13.56	*(with L&H)*	$19.03	$0.64	$12.47	$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3444								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$46.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$46.99	$0.00	$13.79	$13.56		$19.03	$0.64	$12.47	$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$103.00	$46.99	$0.00	$13.79	$13.56		$19.03	$0.64	8.29 *(FRV)*	$0.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.47	$6.28	$0.00	$1.84	$1.81	$0.00	$2.54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$115.47	$53.27	$0.00	$15.63	$15.37	$0.00	$21.57	$0.64	$8.29	$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4182								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$75.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$137.75	$75.55	$0.00	$15.63	$15.37	$0.00	$21.57	$0.64	$8.29	$0.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.89	$1.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.51	$1.51								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.03	$3.93	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$159.78**	**$79.48**	**$0.00**	**$15.85**	**$15.78**	**$0.00**	**$39.04**	**$0.64**	**$8.29**	**$0.70**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$107.01**									

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

FINAL

Provider: **Fort Gaines Healthcare, LLC**
Prvdr ID: **00140599A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	43.6%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.19	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4652	1.3617
Quarterly Medicaid CMI:	1.8082	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.8422	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,803,512	$1,241,089	$0	$300,008	$170,994	$176,340	$443,880	$17,360	$453,841	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($156,302)	($90,555)	$0	($7,170)	($4,452)	$8,396	($33,119)		($66,688)	$37,286
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,647,210	$1,150,534	$0	$292,838	$166,542	$184,736	$410,761	$17,360	$387,153	$37,286
8	Total Nursing Facility Days As Filed Days = 20,637	FY12 Audited C/R Days	20,637									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,990	FY 18 GL-PL Ins Rpt Days								18,990		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$128.34	$55.75	$0.00	$14.19	$17.02	*(with L&H)*	$19.90	$0.91	$18.76	$1.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4652								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$38.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$38.05	$0.00	$14.19	$17.02		$19.90	$0.91	$18.76	$1.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$110.87	$38.05	$0.00	$14.19	$17.02		$19.90	$0.91	18.99 *(FRV)*	$1.81
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$11.93	$5.09	$0.00	$1.90	$2.28	$0.00	$2.66	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$122.80	$43.14	$0.00	$16.09	$19.30	$0.00	$22.56	$0.91	$18.99	$1.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8422								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$79.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$159.13	$79.47	$0.00	$16.09	$19.30	$0.00	$22.56	$0.91	$18.99	$1.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.99	$1.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.38	$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.00	$4.90	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$182.13**	**$84.37**	**$0.00**	**$16.31**	**$19.71**	**$0.00**	**$40.03**	**$0.91**	**$18.99**	**$1.81**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$123.77**									

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

FINAL

Provider: **Fort Valley Nursing Ctr.**
Prvdr ID: **00141028A**

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	49.1%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.49	1.0%

Case Mix Index (CMI) Data	Facility Specific	Statewide
Base Period Overall CMI:	1.5800	1.3617
Quarterly Medicaid CMI:	1.7283	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.7614	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,307,173	$1,561,186	$0	$319,664	$185,942	$191,225	$538,287	$21,740	$489,129	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($180,708)	($115,773)	$0	$1,927	$140	$4,328	($31,738)		($70,637)	$31,045
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,126,465	$1,445,413	$0	$321,591	$186,082	$195,553	$506,549	$21,740	$418,492	$31,045
8	Total Nursing Facility Days As Filed Days = 25,374	FY12 Audited C/R Days	25,374									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,497	FY 18 GL-PL Ins Rpt Days								23,497		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$123.27	$56.96	$0.00	$12.67	$15.04	*(with L&H)*	$19.96	$0.93	$16.49	$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5800								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$36.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$36.05	$0.00	$12.67	$15.04		$19.96	$0.93	$16.49	$1.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$93.94	$36.05	$0.00	$12.67	$15.04		$19.96	$0.93	8.07 *(FRV)*	$1.22
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$11.19	$4.82	$0.00	$1.69	$2.01	$0.00	$2.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$105.13	$40.87	$0.00	$14.36	$17.05	$0.00	$22.63	$0.93	$8.07	$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7614								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$71.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$136.25	$71.99	$0.00	$14.36	$17.05	$0.00	$22.63	$0.93	$8.07	$1.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.96	$3.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.72	$0.72								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.31	$5.21	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$159.56**	**$77.20**	**$0.00**	**$14.58**	**$17.46**	**$0.00**	**$40.10**	**$0.93**	**$8.07**	**$1.22**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$106.85**									

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

FINAL

Provider: **Four County Health Care Center**
Prvdr ID: **00405292A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	30.9%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.84	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4294	1.3617
Quarterly Medicaid CMI:	1.5558	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5846	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,426,946	$1,730,353	$0	$380,321	$199,882	$225,155	$457,422	$81,486	$352,327	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($16,885)	$0	$0	($1,911)	$0	$0	($16,885)		($37,539)	$39,450
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,410,061	$1,730,353	$0	$378,410	$199,882	$225,155	$440,537	$81,486	$314,788	$39,450
8	Total Nursing Facility Days As Filed Days = 26,251	FY12 Audited C/R Days	26,251									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,992	FY 18 GL-PL Ins Rpt Days								27,992		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$129.71	$65.92	$0.00	$14.42	$16.19	*(with L&H)*	$16.78	$2.91	$11.99	$1.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4294								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$46.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$46.12	$0.00	$14.42	$16.19		$16.78	$2.91	$11.99	$1.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$107.61	$46.12	$0.00	$14.42	$16.19		$16.78	$2.91	9.69 *(FRV)*	$1.50
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.50	$6.17	$0.00	$1.93	$2.16	$0.00	$2.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$120.11	$52.29	$0.00	$16.35	$18.35	$0.00	$19.02	$2.91	$9.69	$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5846								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$82.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$150.68	$82.86	$0.00	$16.35	$18.35	$0.00	$19.02	$2.91	$9.69	$1.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.07	$2.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.49	$2.49								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.19	$5.09	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$173.87**	**$87.95**	**$0.00**	**$16.57**	**$18.76**	**$0.00**	**$36.49**	**$2.91**	**$9.69**	**$1.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$117.58**									

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

FINAL

Provider: **Fox Glove Court Care and Rehab**
Prvdr ID: **00143074A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	49.4%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.56	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5814	1.3617
Quarterly Medicaid CMI:	1.5471	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5748	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,028,377	$2,738,111	$0	$508,161	$213,847	$380,194	$1,348,813	$322,292	$516,959	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($477,587)	($176,249)	$0	($19,614)	($353)	($22,839)	($257,168)		($47,242)	$45,878
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,550,790	$2,561,862	$0	$488,547	$213,494	$357,355	$1,091,645	$322,292	$469,717	$45,878
8	Total Nursing Facility Days As Filed Days = 36,744	FY12 Audited C/R Days	36,724									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,957	FY 18 GL-PL Ins Rpt Days								35,957		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$151.33	$69.76	$0.00	$13.30	$15.54	*(with L&H)*	$29.73	$8.96	$12.79	$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5814								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$44.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$44.11	$0.00	$13.30	$15.54		$29.73	$8.96	$12.79	$1.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$111.63	$44.11	$0.00	$13.30	$15.54		$20.56	$8.96	7.91 *(FRV)*	$1.25
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.51	$5.90	$0.00	$1.78	$2.08	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$124.14	$50.01	$0.00	$15.08	$17.62	$0.00	$23.31	$8.96	$7.91	$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5748								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$78.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$152.89	$78.76	$0.00	$15.08	$17.62	$0.00	$23.31	$8.96	$7.91	$1.25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.33	$4.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.36	$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.95	$7.22	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$177.84**	**$85.98**	**$0.00**	**$15.30**	**$18.03**	**$0.00**	**$40.41**	**$8.96**	**$7.91**	**$1.25**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$120.56**									

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

FINAL

Provider: **Friendship Health and Rehab Center**
Prvdr ID: **00141567A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	50.0%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.65	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2454	1.3617
Quarterly Medicaid CMI:	1.3264	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3489	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,733,356	$2,028,953	$0	$411,774	$326,352	$324,682	$528,176	$98,067	$15,352	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($40,141)	($6,289)	$0	$0	$0	($1,161)	($39,524)		($7,984)	$14,817
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,693,215	$2,022,664	$0	$411,774	$326,352	$323,521	$488,652	$98,067	$7,368	$14,817
8	Total Nursing Facility Days As Filed Days = 28,995	FY12 Audited C/R Days	28,995									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,896	FY 18 GL-PL Ins Rpt Days								28,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$127.37	$69.76	$0.00	$14.20	$22.41	*(with L&H)*	$16.85	$3.39	$0.25	$0.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2454								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$56.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$56.01	$0.00	$14.20	$22.41		$16.85	$3.39	$0.25	$0.51
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$121.06	$56.01	$0.00	$14.20	$22.41		$16.85	$3.39	7.69 *(FRV)*	$0.51
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allwnc %	$14.64	$7.49	$0.00	$1.90	$3.00	$0.00	$2.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$135.70	$63.50	$0.00	$16.10	$25.41	$0.00	$19.10	$3.39	$7.69	$0.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3489								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$85.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$157.86	$85.66	$0.00	$16.10	$25.41	$0.00	$19.10	$3.39	$7.69	$0.51
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.71	$4.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.57	$2.57								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.91	$7.81	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$183.77**	**$93.47**	**$0.00**	**$16.32**	**$25.82**	**$0.00**	**$36.57**	**$3.39**	**$7.69**	**$0.51**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$125.00**									

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

FINAL

Provider: **Gateway Health and Rehab Center**
Prvdr ID: **00140786A**
Case Mix Per Diem Rate Effective Date: 10/1/2019
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	25.0%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.21	3.0%

Case Mix Index (CMI) Data	Facility Specific	Statewide
Base Period Overall CMI:	1.3591	1.3617
Quarterly Medicaid CMI:	1.2978	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3204	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,672,213	$1,449,766	$0	$295,579	$197,632	$192,022	$456,762	$67,243	$13,209	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($25,792)	($4,437)	$0	$0	$0	($197)	($26,122)		($8,245)	$13,209
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,646,421	$1,445,329	$0	$295,579	$197,632	$191,825	$430,640	$67,243	$4,964	$13,209
8	Total Nursing Facility Days As Filed Days = 20,215	FY12 Audited C/R Days	20,215									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,906	FY 18 GL-PL Ins Rpt Days								19,906		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$130.97	$71.50	$0.00	$14.62	$19.27	*(with L&H)*	$21.30	$3.38	$0.25	$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3591								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$52.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$52.61	$0.00	$14.62	$19.27		$21.30	$3.38	$0.25	$0.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$117.71	$52.61	$0.00	$14.62	$19.27		$20.56	$3.38	6.62 *(FRV)*	$0.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.31	$7.03	$0.00	$1.95	$2.58	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$132.02	$59.64	$0.00	$16.57	$21.85	$0.00	$23.31	$3.38	$6.62	$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3204								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$78.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$151.13	$78.75	$0.00	$16.57	$21.85	$0.00	$23.31	$3.38	$6.62	$0.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.79	$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.36	$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.41	$3.68	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$172.54**	**$82.43**	**$0.00**	**$16.79**	**$22.26**	**$0.00**	**$40.41**	**$3.38**	**$6.62**	**$0.65**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$116.58**									

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

FINAL

Provider: **Gibson Health & Rehabilitation Center**
Prvdr ID: **00141116A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	38.4%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.29	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3210	1.3617
Quarterly Medicaid CMI:	1.4771	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5031	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups*	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Mulliplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,366,989	$2,406,999	$0	$463,905	$255,790	$294,003	$579,783	$99,223	$267,286	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($18,499)	$0	$0	($1,960)	$620	$711	($20,399)		($23,380)	$25,909
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,348,490	$2,406,999	$0	$461,945	$256,410	$294,714	$559,384	$99,223	$243,906	$25,909
8	Total Nursing Facility Days As Filed Days = 33,226	FY12 Audited C/R Days	33,226									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,654	FY 18 GL-PL Ins Rpt Days								30,654		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$131.13	$72.44	$0.00	$13.90	$16.59	*(with L&H)*	$16.84	$3.24	$7.34	$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3210								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$54.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$54.84	$0.00	$13.90	$16.59		$16.84	$3.24	$7.34	$0.78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$115.69	$54.84	$0.00	$13.90	$16.59		$16.84	$3.24	9.50 *(FRV)*	$0.78
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.66	$7.33	$0.00	$1.86	$2.22	$0.00	$2.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$129.35	$62.17	$0.00	$15.76	$18.81	$0.00	$19.09	$3.24	$9.50	$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5031								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$93.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$160.63	$93.45	$0.00	$15.76	$18.81	$0.00	$19.09	$3.24	$9.50	$0.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.34	$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.80	$2.80								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.77	$5.67	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$184.40**	**$99.12**	**$0.00**	**$15.98**	**$19.22**	**$0.00**	**$36.56**	**$3.24**	**$9.50**	**$0.78**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$125.48**									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: **Glen Eagle Healthcare and Rehab**
Prvdr ID: **003214231A**
H/B ?: No
Case Mix Per Diem Rate Effective Date: **10/01/19**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
BIMS:	20.7%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.40	1.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	Use Stwd	1.3617
Quarterly Medicaid CMI:	1.8443	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.8803	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Freestanding*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								0		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		$71.51		$18.41	$23.09		$20.56		$38.01	$0.00
	Allowed @ 90% of Std		$158.22	$64.36		$16.57	$20.78		$18.50		$38.01	$0.00
	Growth Allowance 13.37%		$16.07	$8.60		$2.22	$2.78		$2.47			
	CMA Allowed Per Diem (After Growth Alowance)		$148.62	$72.96		$18.79	$23.56		$20.97	$ 3.03	9.31	$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.8803							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$137.20								
	Quarterly Medicaid CMA Allowed Per Diem		$212.85	$137.20		$18.79	$23.56		$20.97	$3.03	$9.31	$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% to Routine Srvs)		$1.37	$1.37								
	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%		$1.37	$1.37								
	Nursing Home Provider Fee		$17.10						17.1			
	Total Quarterly Per Diem Add-On Amounts		$19.84									
	Quarterly Case Mix Based Per Diem Rate		**$232.70**	**$139.94**		**$18.79**	**$23.56**		**$38.07**	**$3.03**	**$9.31**	**$0.00**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$161.70**										

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

FINAL

Provider: **Glenn-Mor Nursing Home**
Prvdr ID: **00141149A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	47.5%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.53	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4211	1.3617
Quarterly Medicaid CMI:	1.2710	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2919	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,369,934	$1,788,739	$0	$812,926	$197,837	$336,653	$786,198	$12,901	$434,680	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($34,753)	$0	$0	$0	($2,626)	($4,469)	($21,977)		($12,352)	$6,671
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,335,181	$1,788,739	$0	$812,926	$195,211	$332,184	$764,221	$12,901	$422,328	$6,671
8	Total Nursing Facility Days As Filed Days = 22,464	FY12 Audited C/R Days	22,464									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,314	FY 18 GL-PL Ins Rpt Days								21,314		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$193.03	$79.63	$0.00	$36.19	$23.48	*(with L&H)*	$34.02	$0.61	$18.80	$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4211								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$56.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$56.04	$0.00	$36.19	$23.48		$34.02	$0.61	$18.80	$0.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$139.92	$56.04	$0.00	$29.15	$23.09		$20.56	$0.61	10.17 *(FRV)*	$0.30
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$17.23	$7.49	$0.00	$3.90	$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	$157.15	$63.53	$0.00	$33.05	$26.18	$0.00	$23.31	$0.61	$10.17	$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2919								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$82.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$175.69	$82.07	$0.00	$33.05	$26.18	$0.00	$23.31	$0.61	$10.17	$0.30
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.53	$0.53	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.51	$4.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.46	$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.60	$7.50	$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	**$200.29**	**$89.57**	**$0.00**	**$33.05**	**$26.18**	**$0.00**	**$40.41**	**$0.61**	**$10.17**	**$0.30**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$137.39**									

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

FINAL

Provider: **Glenvue Nursing Home**
Prvdr ID: **00141171A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	24.8%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.97	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1177	1.3617
Quarterly Medicaid CMI:	1.5305	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5597	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$7,418,732	$3,856,931	$0	$1,166,738	$342,378	$393,106	$936,768	$90,989	$631,822	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($2,096)	$27,282	$0	($418)	$0	$155	($29,115)		($23,365)	$23,365
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$7,416,636	$3,884,213	$0	$1,166,320	$342,378	$393,261	$907,653	$90,989	$608,457	$23,365
8	Total Nursing Facility Days As Filed Days = 39,990	FY12 Audited C/R Days	39,990									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,858	FY 18 GL-PL Ins Rpt Days								40,858		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$185.43	$97.13	$0.00	$29.17	$18.40	*(with L&H)*	$22.70	$2.23	$15.22	$0.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1177								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$86.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$86.90	$0.00	$29.17	$18.40		$22.70	$2.23	$15.22	$0.58
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$151.05	$71.51	$0.00	$29.15	$18.40		$20.56	$2.23	8.62 *(FRV)*	$0.58
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$18.67	$9.56	$0.00	$3.90	$2.46	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$169.72	$81.07	$0.00	$33.05	$20.86	$0.00	$23.31	$2.23	$8.62	$0.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5597								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$126.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$215.09	$126.44	$0.00	$33.05	$20.86	$0.00	$23.31	$2.23	$8.62	$0.58
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.41	$0.00	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.26	$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.53	$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.30	$3.79	$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	**$236.39**	**$130.23**	**$0.00**	**$33.05**	**$21.27**	**$0.00**	**$40.41**	**$2.23**	**$8.62**	**$0.58**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$164.47**									

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

FINAL

Provider: **Glenwood Health and Rehab Center**
Prvdr ID: **00220514A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	37.5%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.36	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4921	1.3617
Quarterly Medicaid CMI:	1.4889	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5150	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housknpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$10,895,177	$6,195,898	$0	$1,007,691	$424,893	$542,118	$2,298,499	$5,843	$420,235	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($629,074)	($83,411)	$0	$0	$0	$21,826	($582,588)		($69,229)	$84,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$10,266,103	$6,112,487	$0	$1,007,691	$424,893	$563,944	$1,715,911	$5,843	$351,006	$84,328
8	Total Nursing Facility Days As Filed Days = 76,649	FY12 Audited C/R Days	76,649									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,164	FY 18 GL-PL Ins Rpt Days								77,164		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$133.95	$79.75	$0.00	$13.15	$12.90	*(with L&H)*	$22.39	$0.08	$4.58	$1.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4921								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$53.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$53.45	$0.00	$13.15	$12.90		$22.39	$0.08	$4.58	$1.10
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$108.39	$53.45	$0.00	$13.15	$12.90		$20.56	$0.08	7.15 *(FRV)*	$1.10
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.38	$7.15	$0.00	$1.76	$1.72	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$121.77	$60.60	$0.00	$14.91	$14.62	$0.00	$23.31	$0.08	$7.15	$1.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5150								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$91.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$152.98	$91.81	$0.00	$14.91	$14.62	$0.00	$23.31	$0.08	$7.15	$1.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.30	$2.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.75	$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.31	$5.58	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$176.29**	**$97.39**	**$0.00**	**$15.13**	**$15.03**	**$0.00**	**$40.41**	**$0.08**	**$7.15**	**$1.10**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$119.39**									

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

FINAL

Provider: **Glenwood Healthcare**
Prvdr ID: **701562744A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	31.0%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.82	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4106	1.3617
Quarterly Medicaid CMI:	1.5147	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5444	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,182,871	$1,010,543	$0	$257,833	$147,342	$126,843	$355,455	$10,455	$274,400	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	$116,046	$0	$0	$0	$0	$0	$69,122		($4,323)	$51,247
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,298,917	$1,010,543	$0	$257,833	$147,342	$126,843	$424,577	$10,455	$270,077	$51,247
8	Total Nursing Facility Days As Filed Days = 17,349	FY12 Audited C/R Days	17,349									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,109	FY 18 GL-PL Ins Rpt Days								16,109		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$132.55	$58.25	$0.00	$14.86	$15.80	*(with L&H)*	$24.47	$0.65	$15.57	$2.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4106								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$41.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$41.29	$0.00	$14.86	$15.80		$24.47	$0.65	$15.57	$2.95
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$110.96	$41.29	$0.00	$14.86	$15.80		$20.56	$0.65	14.85 *(FRV)*	$2.95
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.37	$5.52	$0.00	$1.99	$2.11	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$123.33	$46.81	$0.00	$16.85	$17.91	$0.00	$23.31	$0.65	$14.85	$2.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5444								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$72.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$148.81	$72.29	$0.00	$16.85	$17.91	$0.00	$23.31	$0.65	$14.85	$2.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.81	$1.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.17	$2.17								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.24	$4.51	$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	**$171.05**	**$76.80**	**$0.00**	**$17.07**	**$18.32**	**$0.00**	**$40.41**	**$0.65**	**$14.85**	**$2.95**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$115.46**									

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

FINAL

Provider: **Gold City Health and Rehabilitation Ctr**
Prvdr ID: **00142975A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	30.4%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.44	1.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5030	1.3617
Quarterly Medicaid CMI:	1.6431	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6740	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,352,187	$1,925,940	$0	$316,882	$164,645	$199,723	$521,161	$19,687	$204,149	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($72,395)	$0	$0	$0	$0	$0	($72,395)		($25,679)	$25,679
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,279,792	$1,925,940	$0	$316,882	$164,645	$199,723	$448,766	$19,687	$178,470	$25,679
8	Total Nursing Facility Days As Filed Days = 31,811	FY12 Audited C/R Days	31,811									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,993	FY 18 GL-PL Ins Rpt Days								33,993		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$103.06	$60.54	$0.00	$9.96	$11.45	*(with L&H)*	$14.11	$0.58	$5.61	$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5030								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$40.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$40.28	$0.00	$9.96	$11.45		$14.11	$0.58	$5.61	$0.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$85.88	$40.28	$0.00	$9.96	$11.45		$14.11	$0.58	8.69 *(FRV)*	$0.81
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$10.14	$5.39	$0.00	$1.33	$1.53	$0.00	$1.89	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$96.02	$45.67	$0.00	$11.29	$12.98	$0.00	$16.00	$0.58	$8.69	$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6740								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$76.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$126.80	$76.45	$0.00	$11.29	$12.98	$0.00	$16.00	$0.58	$8.69	$0.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Afwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.91	$1.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.76	$0.76								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.30	$3.20	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$148.10**	**$79.65**	**$0.00**	**$11.51**	**$13.39**	**$0.00**	**$33.47**	**$0.58**	**$8.69**	**$0.81**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$98.25**									

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

FINAL

Provider: **Gordon Health Care Center**
Prvdr ID: **00202848A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	39.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.24	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3364	1.3617
Quarterly Medicaid CMI:	1.4285	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4538	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,100,809	$3,284,919	$0	$635,668	$334,242	$331,994	$726,760	$111,666	$675,560	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($27,871)	($691)	$0	$0	$0	$0	($27,180)		($28,457)	$28,457
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$6,072,938	$3,284,228	$0	$635,668	$334,242	$331,994	$699,580	$111,666	$647,103	$28,457
8	Total Nursing Facility Days As Filed Days = 41,699	FY12 Audited C/R Days	41,699									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,095	FY 18 GL-PL Ins Rpt Days								40,095		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$145.75	$78.76	$0.00	$15.24	$15.98	*(with L&H)*	$16.78	$2.79	$15.52	$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3364								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$58.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$58.94	$0.00	$15.24	$15.98		$16.78	$2.79	$15.52	$0.68
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$119.53	$58.94	$0.00	$15.24	$15.98		$16.78	$2.79	9.12 *(FRV)*	$0.68
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.30	$7.88	$0.00	$2.04	$2.14	$0.00	$2.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$133.83	$66.82	$0.00	$17.28	$18.12	$0.00	$19.02	$2.79	$9.12	$0.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4538								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$97.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$164.15	$97.14	$0.00	$17.28	$18.12	$0.00	$19.02	$2.79	$9.12	$0.68
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.43	$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.94	$1.94								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.00	$4.90	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$187.15**	**$102.04**	**$0.00**	**$17.50**	**$18.53**	**$0.00**	**$36.49**	**$2.79**	**$9.12**	**$0.68**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$127.54**									

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

FINAL

Provider: **Grace Health Care of Tucker**
Prvdr ID: **00083267A**
Case Mix Per Diem Rate Effective Date: 10/1/2019
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	33.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.74	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5096	1.3617
Quarterly Medicaid CMI:	1.5288	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5533	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups*	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,549,909	$3,263,393	$0	$664,916	$427,723	$331,978	$1,156,191	$91,936	$613,772	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($60,625)	($782)	$0	($183)	$9,124	$5,837	($88,759)		($45,919)	$60,057
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$6,489,284	$3,262,611	$0	$664,733	$436,847	$337,815	$1,067,432	$91,936	$567,853	$60,057
8	Total Nursing Facility Days As Filed Days = 43,235	FY12 Audited C/R Days	43,235									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,467	FY 18 GL-PL Ins Rpt Days								40,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$150.23	$75.46	$0.00	$15.37	$17.92	*(with L&H)*	$24.69	$2.27	$13.13	$1.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5096								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$49.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$49.99	$0.00	$15.37	$17.92		$24.69	$2.27	$13.13	$1.39
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$117.67	$49.99	$0.00	$15.37	$17.92		$20.56	$2.27	10.17 *(FRV)*	$1.39
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.88	$6.68	$0.00	$2.05	$2.40	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$131.55	$56.67	$0.00	$17.42	$20.32	$0.00	$23.31	$2.27	$10.17	$1.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5533								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$88.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$162.91	$88.03	$0.00	$17.42	$20.32	$0.00	$23.31	$2.27	$10.17	$1.39
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.20	$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.64	$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.10	$5.37	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$186.01**	**$93.40**	**$0.00**	**$17.64**	**$20.73**	**$0.00**	**$40.41**	**$2.27**	**$10.17**	**$1.39**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$126.68**									

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

FINAL

Provider: **Gracemore Nursing Center**
Prvdr ID: **00141182A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	37.1%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.30	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1896	1.3617
Quarterly Medicaid CMI:	1.2543	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2709	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,277,350	$1,215,491	$0	$340,908	$140,736	$148,874	$323,363	$38,187	$69,791	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($34,124)	$0	$0	$0	$0	$560	($34,137)		($24,197)	$23,650
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,243,226	$1,215,491	$0	$340,908	$140,736	$149,434	$289,226	$38,187	$45,594	$23,650
8	Total Nursing Facility Days As Filed Days = 17,282	FY12 Audited C/R Days	17,282									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,700	FY 18 GL-PL Ins Rpt Days								15,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$130.03	$70.33	$0.00	$19.73	$16.79	*(with L&H)*	$16.74	$2.43	$2.64	$1.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1896								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$59.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$59.12	$0.00	$19.73	$16.79		$16.74	$2.43	$2.64	$1.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$122.43	$59.12	$0.00	$18.41	$16.79		$16.74	$2.43	7.57 *(FRV)*	$1.37
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.84	$7.90	$0.00	$2.46	$2.24	$0.00	$2.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$137.27	$67.02	$0.00	$20.87	$19.03	$0.00	$18.98	$2.43	$7.57	$1.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2709								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$85.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$155.43	$85.18	$0.00	$20.87	$19.03	$0.00	$18.98	$2.43	$7.57	$1.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.31	$0.53	$0.00	$0.00	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.13	$2.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.56	$2.56								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.10	$5.22	$0.00	$0.00	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$178.53**	**$90.40**	**$0.00**	**$20.87**	**$19.44**	**$0.00**	**$36.45**	**$2.43**	**$7.57**	**$1.37**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$121.07**									

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

FINAL

Provider: **Grandview Health Care Center**
Prvdr ID: **00141226A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	43.9%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.49	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2061	1.3617
Quarterly Medicaid CMI:	1.4650	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4892	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,271,753	$1,692,297	$0	$412,181	$166,691	$227,537	$518,071	$65,910	$189,066	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($56,977)	$129	$0	$0	$0	($2,824)	($100,713)		$10,190	$36,241
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,214,776	$1,692,426	$0	$412,181	$166,691	$224,713	$417,358	$65,910	$199,256	$36,241
8	Total Nursing Facility Days As Filed Days = 21,651	FY12 Audited C/R Days	21,651									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,923	FY 18 GL-PL Ins Rpt Days								20,923		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$148.59	$78.17	$0.00	$19.04	$18.08	*(with L&H)*	$19.28	$3.15	$9.20	$1.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2061								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$64.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$64.81	$0.00	$19.04	$18.08		$19.28	$3.15	$9.20	$1.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$135.30	$64.81	$0.00	$18.41	$18.08		$19.28	$3.15	9.90 *(FRV)*	$1.67
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$16.13	$8.67	$0.00	$2.46	$2.42	$0.00	$2.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$151.43	$73.48	$0.00	$20.87	$20.50	$0.00	$21.86	$3.15	$9.90	$1.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4892								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$109.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$187.38	$109.43	$0.00	$20.87	$20.50	$0.00	$21.86	$3.15	$9.90	$1.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.31	$0.53	$0.00	$0.00	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.74	$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.19	$2.19								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.34	$5.46	$0.00	$0.00	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$210.72**	**$114.89**	**$0.00**	**$20.87**	**$20.91**	**$0.00**	**$39.33**	**$3.15**	**$9.90**	**$1.67**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$145.22**									

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

FINAL

Provider: **Green Acres Health & Rehab**
Prvdr ID: **00083014A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	42.4%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.35	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1607	1.3617
Quarterly Medicaid CMI:	1.4557	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4793	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,732,591	$2,447,155	$0	$499,497	$276,128	$300,060	$614,138	$93,995	$501,618	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($24,372)	$0	$0	($1,736)	$0	$0	($24,372)		($23,606)	$25,342
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,708,219	$2,447,155	$0	$497,761	$276,128	$300,060	$589,766	$93,995	$478,012	$25,342
8	Total Nursing Facility Days As Filed Days = 34,016	FY12 Audited C/R Days	34,016									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,313	FY 18 GL-PL Ins Rpt Days								33,313		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$138.47	$71.94	$0.00	$14.63	$16.94	*(with L&H)*	$17.34	$2.82	$14.05	$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.1607**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$61.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$61.98	$0.00	$14.63	$16.94		$17.34	$2.82	$14.05	$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$123.48	$61.98	$0.00	$14.63	$16.94		$17.34	$2.82	9.02 *(FRV)*	$0.75
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.83	$8.29	$0.00	$1.96	$2.26	$0.00	$2.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$138.31	$70.27	$0.00	$16.59	$19.20	$0.00	$19.66	$2.82	$9.02	$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.4793**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$103.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$171.99	$103.95	$0.00	$16.59	$19.20	$0.00	$19.66	$2.82	$9.02	$0.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.60	$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.08	$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.31	$5.21	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$195.30**	**$109.16**	**$0.00**	**$16.81**	**$19.61**	**$0.00**	**$37.13**	**$2.82**	**$9.02**	**$0.75**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$133.65**									

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

FINAL

Provider: **Greene Point Healthcare**
Prvdr ID: **00142634A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	43.6%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.59	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2987	1.3617
Quarterly Medicaid CMI:	1.3797	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4007	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,236,306	$1,726,719	$0	$362,291	$192,080	$227,744	$421,381	$60,880	$245,211	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($13,461)	$0	$0	($1,819)	$168	$0	($13,629)		($11,992)	$13,811
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,222,845	$1,726,719	$0	$360,472	$192,248	$227,744	$407,752	$60,880	$233,219	$13,811
8	Total Nursing Facility Days As Filed Days = 22,060	FY12 Audited C/R Days	22,060									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,118	FY 18 GL-PL Ins Rpt Days								21,118		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$146.21	$78.27	$0.00	$16.34	$19.04	*(with L&H)*	$18.48	$2.88	$10.57	$0.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$60.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$60.27	$0.00	$16.34	$19.04		$18.48	$2.88	$10.57	$0.63
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$126.38	$60.27	$0.00	$16.34	$19.04		$18.48	$2.88	8.74 *(FRV)*	$0.63
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.26	$8.06	$0.00	$2.18	$2.55	$0.00	$2.47	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$141.64	$68.33	$0.00	$18.52	$21.59	$0.00	$20.95	$2.88	$8.74	$0.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4007								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$95.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$169.02	$95.71	$0.00	$18.52	$21.59	$0.00	$20.95	$2.88	$8.74	$0.63
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.39	$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.91	$1.91								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.93	$4.83	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$191.95**	**$100.54**	**$0.00**	**$18.74**	**$22.00**	**$0.00**	**$38.42**	**$2.88**	**$8.74**	**$0.63**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$131.14**									

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

FINAL

Provider: **Gwinnett Extended Care Center**
Prvdr ID: **00781382A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	34.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.91	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4525	1.3617
Quarterly Medicaid CMI:	1.3707	1.4446
Qtrly Mcaid CMI w RUG Wght Options:	1.3951	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$9,066,530	$4,469,050	$0	$1,039,911	$429,533	$796,742	$1,142,544	$9,921	$1,178,829	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($9,017)	$0	$0	$0	$997	$1,850	($14,601)		$2,737	$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$9,057,514	$4,469,050	$0	$1,039,911	$430,530	$798,592	$1,127,943	$9,921	$1,181,566	$0
8	Total Nursing Facility Days As Filed Days = 31,822	FY12 Audited C/R Days	31,822									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,727	FY 18 GL-PL Ins Rpt Days								29,727		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$284.65	$140.44	$0.00	$32.68	$38.62	*(with L&H)*	$35.45	$0.33	$37.13	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4525								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$96.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$96.69	$0.00	$32.68	$38.62		$35.45	$0.33	$37.13	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$158.30	$71.51	$0.00	$29.15	$23.09		$20.56	$0.33	13.66 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$19.30	$9.56	$0.00	$3.90	$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	$177.60	$81.07	$0.00	$33.05	$26.18	$0.00	$23.31	$0.33	$13.66	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3951								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$113.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$209.63	$113.10	$0.00	$33.05	$26.18	$0.00	$23.31	$0.33	$13.66	$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.83	$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.39	$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.32	$6.22	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$232.95**	**$119.32**	**$0.00**	**$33.05**	**$26.18**	**$0.00**	**$40.41**	**$0.33**	**$13.66**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$161.89**									

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

FINAL

Provider: **Habersham Home**
Prvdr ID: **00141292A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	47.6%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.86	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1936	1.3617
Quarterly Medicaid CMI:	1.3714	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3938	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,494,717	$3,058,555	$0	$368,081	$580,732	$410,151	$505,120	$78,219	$493,859	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($440,211)	($480,948)	$0	$0	$0	$60	$40,677		$0	$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,054,506	$2,577,607	$0	$368,081	$580,732	$410,211	$545,797	$78,219	$493,859	$0
8	Total Nursing Facility Days As Filed Days = 30,201	FY12 Audited C/R Days	30,201									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,884	FY 18 GL-PL Ins Rpt Days								27,884		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$167.58	$85.35	$0.00	$12.19	$32.81	*(with L&H)*	$18.07	$2.81	$16.35	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1936								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$71.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$71.51	$0.00	$12.19	$32.81		$18.07	$2.81	$16.35	$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$135.72	$71.51	$0.00	$12.19	$23.09		$18.07	$2.81	8.05 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$16.70	$9.56	$0.00	$1.63	$3.09	$0.00	$2.42	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$152.42	$81.07	$0.00	$13.82	$26.18	$0.00	$20.49	$2.81	$8.05	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3938								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$113.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$184.35	$113.00	$0.00	$13.82	$26.18	$0.00	$20.49	$2.81	$8.05	$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.59	$0.00	$0.00	$0.22	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$6.22	$6.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.26	$2.26								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.17	$8.48	$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	**$210.52**	**$121.48**	**$0.00**	**$14.04**	**$26.18**	**$0.00**	**$37.96**	**$2.81**	**$8.05**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$145.07**									

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

FINAL

Provider: **Haralson Nursing and Rehab Center**
Prvdr ID: **00141325A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	28.1%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.22	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5429	1.4014
Quarterly Medicaid CMI:	1.5540	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5813	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups* *Type of Facility within Peer Group* *Bed Size Range within Peer Group*	(see Policy Manual)		*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*2* *Free Standing* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums* *(see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	$2,857,633	$1,304,386	$0	$245,183	$123,691	$120,759	$458,508	$210,807	$394,299	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	$43,057	$0	$0	$0	$274	($6,813)	$48,762		($15,211)	$16,045
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	$2,900,690	$1,304,386	$0	$245,183	$123,965	$113,946	$507,270	$210,807	$379,088	$16,045
8	Total Nursing Facility Days As Filed Days = 19,418	FY14 Audited C/R Days	19,418									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,231	FY 18 GL-PL Ins Rpt Days								36,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$144.34	$67.17	$0.00	$12.63	$12.25	*(with L&H)*	$26.12	$5.82	$19.52	$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5429								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$43.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$43.53	$0.00	$12.63	$12.25		$26.12	$5.82	$19.52	$0.83
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.31	$0.00	$19.52	$23.55		$24.02	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$107.24	$43.53	$0.00	$12.63	$12.25		$24.02	$5.82	8.16 *(FRV)*	$0.83
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$12.36	$5.82	$0.00	$1.69	$1.64	$0.00	$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$119.60	$49.35	$0.00	$14.32	$13.89	$0.00	$27.23	$5.82	$8.16	$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5813								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$78.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$148.29	$78.04	$0.00	$14.32	$13.89	$0.00	$27.23	$5.82	$8.16	$0.83
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.78	$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.56	$1.56								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$20.60	$2.87	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$168.89**	**$80.91**	**$0.00**	**$14.54**	**$14.30**	**$0.00**	**$44.33**	**$5.82**	**$8.16**	**$0.83**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$113.84**									

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

FINAL

Provider: **Harborview Health Systems of Jesup**
Prvdr ID: **00141611A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	17.9%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.67	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4862	1.3617
Quarterly Medicaid CMI:	1.5493	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5777	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,601,458	$2,276,415	$0	$459,292	$156,672	$212,178	$776,363	$45,181	$675,357	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($36,467)	$0	$0	$0	$0	$0	($36,467)		($31,133)	$31,133
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,564,991	$2,276,415	$0	$459,292	$156,672	$212,178	$739,896	$45,181	$644,224	$31,133
8	Total Nursing Facility Days As Filed Days = 32,014	FY12 Audited C/R Days	32,014									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,579	FY 18 GL-PL Ins Rpt Days								30,579		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$142.66	$71.11	$0.00	$14.35	$11.52	*(with L&H)*	$23.11	$1.48	$20.12	$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4862								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$47.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$47.85	$0.00	$14.35	$11.52		$23.11	$1.48	$20.12	$0.97
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$103.91	$47.85	$0.00	$14.35	$11.52		$20.56	$1.48	7.18 *(FRV)*	$0.97
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.61	$6.40	$0.00	$1.92	$1.54	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$116.52	$54.25	$0.00	$16.27	$13.06	$0.00	$23.31	$1.48	$7.18	$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5777								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$85.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$147.86	$85.59	$0.00	$16.27	$13.06	$0.00	$23.31	$1.48	$7.18	$0.97
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.57	$2.57								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$20.83	$3.10	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$168.69**	**$88.69**	**$0.00**	**$16.49**	**$13.47**	**$0.00**	**$40.41**	**$1.48**	**$7.18**	**$0.97**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$113.69**									

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

FINAL

Provider: **Harborview Health Systems - Pierce**
Prvdr ID: **00142447A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	22.8%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.73	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2039	1.3617
Quarterly Medicaid CMI:	1.4779	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5034	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,088,551	$3,155,485	$0	$784,196	$36,621	$528,430	$1,268,859	$45,310	$269,650	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($156,005)	($186,194)	$0	$56,684	$30,740	$12,924	($70,159)		($16,096)	$16,096
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,932,546	$2,969,291	$0	$840,880	$67,361	$541,354	$1,198,700	$45,310	$253,554	$16,096
8	Total Nursing Facility Days As Filed Days = 26,836	FY12 Audited C/R Days	26,836									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,258	FY 18 GL-PL Ins Rpt Days								17,258		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$222.01	$110.65	$0.00	$31.33	$22.68	*(with L&H)*	$44.67	$2.63	$9.45	$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2039								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$91.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.91	$0.00	$31.33	$22.68		$44.67	$2.63	$9.45	$0.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$161.74	$71.51	$0.00	$29.15	$22.68		$20.56	$2.63	14.61 *(FRV)*	$0.60
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$19.24	$9.56	$0.00	$3.90	$3.03	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$180.98	$81.07	$0.00	$33.05	$25.71	$0.00	$23.31	$2.63	$14.61	$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5034								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$121.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$221.79	$121.88	$0.00	$33.05	$25.71	$0.00	$23.31	$2.63	$14.61	$0.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.31	$0.00	$0.00	$0.00	$0.31	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.22	$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.66	$3.66								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.29	$4.88	$0.00	$0.00	$0.31	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$244.08**	**$126.76**	**$0.00**	**$33.05**	**$26.02**	**$0.00**	**$40.41**	**$2.63**	**$14.61**	**$0.60**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$170.24**									

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

FINAL

Provider: **Harborview Health Systems - Satilla**
Prvdr ID: **00142755A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	14.3%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.05	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3231	1.3617
Quarterly Medicaid CMI:	1.5448	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5720	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups* *Type of Facility within Peer Group* *Bed Size Range within Peer Group*	(see Policy Manual)		*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *Hosp Based* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$7,325,269	$4,064,367	$0	$876,299	$26,317	$611,920	$1,498,239	$47,490	$200,637	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($243,571)	($268,365)	$0	$59,048	$40,146	$18,277	($92,677)		($16,117)	$16,117
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$7,081,698	$3,796,002	$0	$935,347	$66,463	$630,197	$1,405,562	$47,490	$184,520	$16,117
8	Total Nursing Facility Days As Filed Days = 32,718	FY12 Audited C/R Days	32,718									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,515	FY 18 GL-PL Ins Rpt Days								22,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$217.10	$116.02	$0.00	$28.59	$21.29	*(with L&H)*	$42.96	$2.11	$5.64	$0.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3231								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$87.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$87.69	$0.00	$28.59	$21.29		$42.96	$2.11	$5.64	$0.49
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$155.76	$71.51	$0.00	$28.59	$21.29		$20.56	$2.11	11.21 *(FRV)*	$0.49
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$18.98	$9.56	$0.00	$3.82	$2.85	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$174.74	$81.07	$0.00	$32.41	$24.14	$0.00	$23.31	$2.11	$11.21	$0.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5720								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$127.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$221.11	$127.44	$0.00	$32.41	$24.14	$0.00	$23.31	$2.11	$11.21	$0.49
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.63	$0.00	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.82	$3.82								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.55	$3.82	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$242.66**	**$131.26**	**$0.00**	**$32.63**	**$24.55**	**$0.00**	**$40.41**	**$2.11**	**$11.21**	**$0.49**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$169.17**									

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

FINAL

Provider: **Harborview Health Systems - Thomaston**
Prvdr ID: **00140621A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	48.6%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.50	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2365	1.3617
Quarterly Medicaid CMI:	1.5486	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5773	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,879,521	$2,542,032	$0	$548,554	$198,378	$213,772	$895,255	$59,739	$421,791	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($51,686)	$0	$0	$0	$0	$0	($51,686)		($33,092)	$33,092
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,827,835	$2,542,032	$0	$548,554	$198,378	$213,772	$843,569	$59,739	$388,699	$33,092
8	Total Nursing Facility Days As Filed Days = 36,047	FY12 Audited C/R Days	36,047									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,871	FY 18 GL-PL Ins Rpt Days								39,871		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$133.77	$70.52	$0.00	$15.22	$11.43	*(with L&H)*	$23.40	$1.50	$10.78	$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2365								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$57.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$57.03	$0.00	$15.22	$11.43		$23.40	$1.50	$10.78	$0.92
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$115.39	$57.03	$0.00	$15.22	$11.43		$20.56	$1.50	8.73 *(FRV)*	$0.92
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.93	$7.62	$0.00	$2.03	$1.53	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$129.32	$64.65	$0.00	$17.25	$12.96	$0.00	$23.31	$1.50	$8.73	$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5773								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$101.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$166.64	$101.97	$0.00	$17.25	$12.96	$0.00	$23.31	$1.50	$8.73	$0.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.61	$5.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.04	$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.91	$8.18	$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	**$192.55**	**$110.15**	**$0.00**	**$17.47**	**$13.37**	**$0.00**	**$40.41**	**$1.50**	**$8.73**	**$0.92**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$131.59**									

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

FINAL

Provider: **Hart Care Center**
Prvdr ID: **00167857A**

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	38.2%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.44	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5289	1.3699
Quarterly Medicaid CMI:	1.7151	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.7481	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups*	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	$5,017,280	$3,091,262	$0	$557,136	$241,091	$236,482	$820,320	$48,943	$22,046	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	($78,118)	$0	$0	$0	$0	$0	($78,118)		($20,545)	$20,545
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	$4,939,162	$3,091,262	$0	$557,136	$241,091	$236,482	$742,202	$48,943	$1,501	$20,545
8	Total Nursing Facility Days As Filed Days = 40,897	FY13 Audited C/R Days	40,897									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,122	FY 18 GL-PL Ins Rpt Days								37,122		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$120.90	$75.59	$0.00	$13.62	$11.68	*(with L&H)*	$18.15	$1.32	$0.04	$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		**1.5289**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$49.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$49.44	$0.00	$13.62	$11.68		$18.15	$1.32	$0.04	$0.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.90	$0.00	$19.14	$23.27		$23.46	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$101.84	$49.44	$0.00	$13.62	$11.68		$18.15	$1.32	7.13 *(FRV)*	$0.50
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$12.42	$6.61	$0.00	$1.82	$1.56	$0.00	$2.43	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$114.26	$56.05	$0.00	$15.44	$13.24	$0.00	$20.58	$1.32	$7.13	$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.7481**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$97.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$156.19	$97.98	$0.00	$15.44	$13.24	$0.00	$20.58	$1.32	$7.13	$0.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.45	$2.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	$2.94	$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.02	$5.92	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$180.21**	**$103.90**	**$0.00**	**$15.66**	**$13.65**	**$0.00**	**$38.05**	**$1.32**	**$7.13**	**$0.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$122.33**									

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

FINAL

Provider: **Hartwell Health and Rehabilitation**
Prvdr ID: **00141413A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	18.0%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.55	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3222	1.3617
Quarterly Medicaid CMI:	1.3967	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4177	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,839,275	$2,588,661	$0	$974,560	$281,348	$169,446	$1,374,106	$87,921	$363,233	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	$0	$0	$0	$0	$0	$0	$0		($2,229)	$2,229
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,839,275	$2,588,661	$0	$974,560	$281,348	$169,446	$1,374,106	$87,921	$361,004	$2,229
8	Total Nursing Facility Days As Filed Days = 32,055	FY12 Audited C/R Days	32,055									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,303	FY 18 GL-PL Ins Rpt Days								31,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$182.23	$80.76	$0.00	$30.40	$14.06	*(with L&H)*	$42.87	$2.81	$11.26	$0.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3222								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$61.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$61.08	$0.00	$30.40	$14.06		$42.87	$2.81	$11.26	$0.07
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$29.15	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$135.91	$61.08	$0.00	$29.15	$14.06		$20.56	$2.81	8.18 *(FRV)*	$0.07
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$16.70	$8.17	$0.00	$3.90	$1.88	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$152.61	$69.25	$0.00	$33.05	$15.94	$0.00	$23.31	$2.81	$8.18	$0.07
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4177								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$98.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$181.54	$98.18	$0.00	$33.05	$15.94	$0.00	$23.31	$2.81	$8.18	$0.07
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.94	$0.53	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.95	$2.95								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$20.99	$3.48	$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	**$202.53**	**$101.66**	**$0.00**	**$33.05**	**$16.35**	**$0.00**	**$40.41**	**$2.81**	**$8.18**	**$0.07**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$139.07**									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: **Harrington Park**		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Prvdr ID: **003165726A**		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	Use Stwd	1.3617
H/B ?: No	Case Mix Per Diem Rate Effective Date: **10/01/19**	BIMS:	16.7%	0.0%	Quarterly Medicaid CMI:	1.4335	1.4446
	MDS & Nurse Hrs Data per Quarter Ending: 06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	5.10	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.4572	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Freestanding*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 47,854		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								17,334		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		$71.51		$18.41	$23.09		$20.56		$37.80	$7.37
	Allowed @ 95% of Std		$172.06	$67.93		$17.49	$21.94		$19.53		$37.80	$7.37
	Growth Allowance 13.4%		$16.97	$9.08		$2.34	$2.93		$2.61			
	CMA Allowed Per Diem (After Growth Alowance)		$191.79	$77.01		$19.83	$24.87		$22.14	$ 2.76	$37.80	$7.37
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4572							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$112.22								
	Quarterly Medicaid CMA Allowed Per Diem		$227.00	$112.22		$19.83	$24.87		$22.14	$2.76	$37.80	$7.37
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% to Routine Srvs)		$0.00	$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.37	$3.37								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$20.47									
	Quarterly Case Mix Based Per Diem Rate		**$247.46**	**$115.59**		**$19.83**	**$24.87**		**$39.24**	**$2.76**	**$37.80**	**$7.37**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$172.77**										

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

FINAL

Provider: **Hazlehurst Court Care and Rehab**
Prvdr ID: **00059705A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	20.7%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.62	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4494	1.3617
Quarterly Medicaid CMI:	1.3384	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3616	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,073,423	$1,404,920	$0	$314,016	$112,585	$178,967	$808,389	$15,264	$239,282	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	$20,163	($30,996)	$0	$2,299	$7,959	($18,391)	$56,501		($8,960)	$11,751
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,093,586	$1,373,924	$0	$316,315	$120,544	$160,576	$864,890	$15,264	$230,322	$11,751
8	Total Nursing Facility Days As Filed Days = 21,818	FY12 Audited C/R Days	21,818									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,682	FY 18 GL-PL Ins Rpt Days								24,682		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$141.71	$62.97	$0.00	$14.50	$12.88	*(with L&H)*	$39.64	$0.62	$10.56	$0.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4494								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$43.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$43.45	$0.00	$14.50	$12.88		$39.64	$0.62	$10.56	$0.54
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$99.33	$43.45	$0.00	$14.50	$12.88		$20.56	$0.62	6.78 *(FRV)*	$0.54
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.22	$5.81	$0.00	$1.94	$1.72	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$111.55	$49.26	$0.00	$16.44	$14.60	$0.00	$23.31	$0.62	$6.78	$0.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3616								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$67.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$129.36	$67.07	$0.00	$16.44	$14.60	$0.00	$23.31	$0.62	$6.78	$0.54
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.67	$0.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.01	$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$20.94	$3.21	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$150.30**	**$70.28**	**$0.00**	**$16.66**	**$15.01**	**$0.00**	**$40.41**	**$0.62**	**$6.78**	**$0.54**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$99.90**									

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

FINAL

Provider: **Heardmont Nursing Home**
Prvdr ID: **00082981A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	26.9%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.02	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1433	1.3617
Quarterly Medicaid CMI:	1.5139	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5423	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,723,340	$1,179,431	$0	$331,227	$218,788	$290,998	$441,425	$51,622	$209,849	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($63,465)	$0	$0	$486	($3,199)	($17,639)	($37,473)		($33,466)	$27,826
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,659,875	$1,179,431	$0	$331,713	$215,589	$273,359	$403,952	$51,622	$176,383	$27,826
8	Total Nursing Facility Days As Filed Days = 20,589	FY12 Audited C/R Days	20,589									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,740	FY 18 GL-PL Ins Rpt Days								14,740		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$130.18	$57.28	$0.00	$16.11	$23.75	*(with L&H)*	$19.62	$3.50	$8.57	$1.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1433								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$50.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$50.10	$0.00	$16.11	$23.75		$19.62	$3.50	$8.57	$1.35
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$121.33	$50.10	$0.00	$16.11	$23.09		$19.62	$3.50	7.56 *(FRV)*	$1.35
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.56	$6.70	$0.00	$2.15	$3.09	$0.00	$2.62	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$135.89	$56.80	$0.00	$18.26	$26.18	$0.00	$22.24	$3.50	$7.56	$1.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5423								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$87.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$166.69	$87.60	$0.00	$18.26	$26.18	$0.00	$22.24	$3.50	$7.56	$1.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.12	$0.53	$0.00	$0.22	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.88	$0.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.63	$2.63								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.73	$4.04	$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	**$188.42**	**$91.64**	**$0.00**	**$18.48**	**$26.18**	**$0.00**	**$39.71**	**$3.50**	**$7.56**	**$1.35**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$128.49**									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: **Heart of Georgia**
Prvdr ID: **00141358A**
H/B ?: No
Case Mix Per Diem Rate Effective Date: **10/01/19**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
BIMS:	25.0%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.30	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2133	1.3617
Quarterly Medicaid CMI:	1.5886	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6173	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Freestanding*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 26,069		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								33,100		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		$71.51		$18.41	$23.09		$20.56		$13.41	$0.1
	Allowed @ 95% of Std		$140.45	$67.93		$17.49	$21.94		$19.53		$13.41	$0.1
	Growth Allowance 13.4%		$16.97	$9.08		$2.34	$2.93		$2.61			
	CMA Allowed Per Diem (After Growth Alowance)		$158.21	$77.01		$19.83	$24.87		$22.14	$ 0.79	$13.41	$0.15
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6173							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$124.55								
	Quarterly Medicaid CMA Allowed Per Diem		$205.74	$124.55		$19.83	$24.87		$22.14	$0.79	$13.41	$0.15
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% to Routine Srvs)		$1.25	$1.25								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.74	$3.74								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$22.08									
	Quarterly Case Mix Based Per Diem Rate		**$227.83**	**$129.53**		**$19.83**	**$24.87**		**$39.24**	**$0.79**	**$13.41**	**$0.15**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$158.05**										

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

FINAL

Provider: **Heritage Healthcare -Forsyth, LLC**
Prvdr ID: **00141017A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	46.6%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.22	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3861	1.3617
Quarterly Medicaid CMI:	1.4042	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4280	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,583,363	$1,946,823	$0	$323,156	$284,356	$217,553	$503,832	$173,285	$134,358	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($72,535)	($8,653)	$0	$0	($324)	($893)	($62,665)		($31,328)	$31,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,510,828	$1,938,170	$0	$323,156	$284,032	$216,660	$441,167	$173,285	$103,030	$31,328
8	Total Nursing Facility Days As Filed Days = 25,359	FY12 Audited C/R Days	25,359									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,586	FY 18 GL-PL Ins Rpt Days								24,586		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$138.66	$76.43	$0.00	$12.74	$19.74	*(with L&H)*	$17.40	$7.05	$4.06	$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3861								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$55.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$55.14	$0.00	$12.74	$19.74		$17.40	$7.05	$4.06	$1.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$120.56	$55.14	$0.00	$12.74	$19.74		$17.40	$7.05	7.25 *(FRV)*	$1.24
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.04	$7.37	$0.00	$1.70	$2.64	$0.00	$2.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$134.60	$62.51	$0.00	$14.44	$22.38	$0.00	$19.73	$7.05	$7.25	$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4280								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$89.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$161.35	$89.26	$0.00	$14.44	$22.38	$0.00	$19.73	$7.05	$7.25	$1.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.91	$4.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.79	$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.33	$7.23	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$186.68**	**$96.49**	**$0.00**	**$14.66**	**$22.79**	**$0.00**	**$37.20**	**$7.05**	**$7.25**	**$1.24**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$127.19**									

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

FINAL

Provider: **Heritage Healthcare -Grandview, LLC**
Prvdr ID: **00141215A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	37.1%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.27	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4300	1.3617
Quarterly Medicaid CMI:	1.3958	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4200	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,985,099	$2,702,048	$0	$472,068	$338,666	$329,325	$719,325	$173,230	$250,437	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($96,625)	($3,061)	$0	($233)	$0	($491)	($92,840)		($43,856)	$43,856
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,888,474	$2,698,987	$0	$471,835	$338,666	$328,834	$626,485	$173,230	$206,581	$43,856
8	Total Nursing Facility Days As Filed Days = 32,702	FY12 Audited C/R Days	32,702									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,441	FY 18 GL-PL Ins Rpt Days								24,441		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$151.28	$82.53	$0.00	$14.43	$20.41	*(with L&H)*	$19.16	$7.09	$6.32	$1.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4300								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$57.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$57.72	$0.00	$14.43	$20.41		$19.16	$7.09	$6.32	$1.34
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$130.32	$57.72	$0.00	$14.43	$20.41		$19.16	$7.09	10.17 *(FRV)*	$1.34
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.94	$7.72	$0.00	$1.93	$2.73	$0.00	$2.56	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$145.26	$65.44	$0.00	$16.36	$23.14	$0.00	$21.72	$7.09	$10.17	$1.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4200								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$92.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$172.74	$92.92	$0.00	$16.36	$23.14	$0.00	$21.72	$7.09	$10.17	$1.34
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.32	$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.79	$2.79								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.74	$5.64	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$196.48**	**$98.56**	**$0.00**	**$16.58**	**$23.55**	**$0.00**	**$39.19**	**$7.09**	**$10.17**	**$1.34**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$134.54**									

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

FINAL

Provider: **Heritage Inn of Barnesville**
Prvdr ID: **00143613A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	45.6%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.62	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3499	1.3617
Quarterly Medicaid CMI:	1.6161	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6440	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,953,065	$2,698,086	$0	$540,262	$316,196	$272,627	$637,292	$112,121	$376,481	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($24,917)	$0	$0	$0	$0	$0	($25,520)		($23,865)	$24,468
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,928,149	$2,698,086	$0	$540,262	$316,196	$272,627	$611,773	$112,121	$352,616	$24,468
8	Total Nursing Facility Days As Filed Days = 39,325	FY12 Audited C/R Days	39,325									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,775	FY 18 GL-PL Ins Rpt Days								39,775		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$125.29	$68.61	$0.00	$13.74	$14.97	*(with L&H)*	$15.56	$2.82	$8.97	$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3499								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$50.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$50.83	$0.00	$13.74	$14.97		$15.56	$2.82	$8.97	$0.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$105.59	$50.83	$0.00	$13.74	$14.97		$15.56	$2.82	7.05 *(FRV)*	$0.62
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.72	$6.80	$0.00	$1.84	$2.00	$0.00	$2.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$118.31	$57.63	$0.00	$15.58	$16.97	$0.00	$17.64	$2.82	$7.05	$0.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6440								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$94.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$155.42	$94.74	$0.00	$15.58	$16.97	$0.00	$17.64	$2.82	$7.05	$0.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.21	$5.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.84	$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.68	$8.58	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$182.10**	**$103.32**	**$0.00**	**$15.80**	**$17.38**	**$0.00**	**$35.11**	**$2.82**	**$7.05**	**$0.62**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$123.75**									

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

FINAL

Provider: **Heritage Inn of Sandersville**
Prvdr ID: **00142678A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	47.3%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.41	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3183	1.3617
Quarterly Medicaid CMI:	1.5128	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5403	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,922,685	$1,514,491	$0	$318,355	$150,840	$218,788	$374,361	$57,351	$288,499	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($11,961)	$0	$0	$0	$457	$663	($13,956)		($21,030)	$21,905
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,910,724	$1,514,491	$0	$318,355	$151,297	$219,451	$360,405	$57,351	$267,469	$21,905
8	Total Nursing Facility Days As Filed Days = 21,700	FY12 Audited C/R Days	21,700									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,510	FY 18 GL-PL Ins Rpt Days								21,510		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$134.17	$69.79	$0.00	$14.67	$17.09	*(with L&H)*	$16.61	$2.67	$12.33	$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3183								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$52.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$52.94	$0.00	$14.67	$17.09		$16.61	$2.67	$12.33	$1.01
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$115.11	$52.94	$0.00	$14.67	$17.09		$16.61	$2.67	10.12 *(FRV)*	$1.01
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.54	$7.08	$0.00	$1.96	$2.28	$0.00	$2.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$128.65	$60.02	$0.00	$16.63	$19.37	$0.00	$18.83	$2.67	$10.12	$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5403								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$92.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$161.08	$92.45	$0.00	$16.63	$19.37	$0.00	$18.83	$2.67	$10.12	$1.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.08	$5.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.77	$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.48	$8.38	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$187.56**	**$100.83**	**$0.00**	**$16.85**	**$19.78**	**$0.00**	**$36.30**	**$2.67**	**$10.12**	**$1.01**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$127.85**									

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

FINAL

Provider: **Heritage Inn of Statesboro**
Prvdr ID: **00142161A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	34.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.75	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2962	1.3617
Quarterly Medicaid CMI:	1.6197	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6489	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,625,557	$1,942,671	$0	$400,417	$189,018	$260,754	$492,323	$88,441	$251,933	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($17,099)	$0	$0	($1,779)	$0	($187)	($16,912)		($27,410)	$29,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,608,458	$1,942,671	$0	$398,638	$189,018	$260,567	$475,411	$88,441	$224,523	$29,189
8	Total Nursing Facility Days As Filed Days = 28,133	FY12 Audited C/R Days	28,133									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,694	FY 18 GL-PL Ins Rpt Days								28,694		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$128.20	$69.05	$0.00	$14.17	$15.98	*(with L&H)*	$16.90	$3.08	$7.98	$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2962								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$53.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$53.27	$0.00	$14.17	$15.98		$16.90	$3.08	$7.98	$1.04
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$111.50	$53.27	$0.00	$14.17	$15.98		$16.90	$3.08	7.06 *(FRV)*	$1.04
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.41	$7.12	$0.00	$1.89	$2.14	$0.00	$2.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$124.91	$60.39	$0.00	$16.06	$18.12	$0.00	$19.16	$3.08	$7.06	$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6489								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$99.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$164.10	$99.58	$0.00	$16.06	$18.12	$0.00	$19.16	$3.08	$7.06	$1.04
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.49	$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.99	$1.99								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.11	$5.01	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$187.21**	**$104.59**	**$0.00**	**$16.28**	**$18.53**	**$0.00**	**$36.63**	**$3.08**	**$7.06**	**$1.04**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$127.58**									

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

FINAL

Provider: **High Shoals Health & Rehabilitation**
Prvdr ID: **00212814A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	38.1%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.67	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3425	1.3617
Quarterly Medicaid CMI:	1.2170	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2336	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,303,039	$2,934,713	$0	$634,606	$343,241	$445,290	$754,291	$98,431	$92,467	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($161,189)	($13,942)	$0	($33,409)	($2,717)	($15,898)	($83,346)		($27,601)	$15,724
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,141,850	$2,920,771	$0	$601,197	$340,524	$429,392	$670,945	$98,431	$64,866	$15,724
8	Total Nursing Facility Days As Filed Days = 27,611	FY12 Audited C/R Days	27,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,700	FY 18 GL-PL Ins Rpt Days								33,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$185.57	$105.78	$0.00	$21.77	$27.88	*(with L&H)*	$24.30	$2.92	$2.35	$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3425								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$78.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.79	$0.00	$21.77	$27.88		$24.30	$2.92	$2.35	$0.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$152.55	$71.51	$0.00	$18.41	$23.09		$20.56	$2.92	15.49 *(FRV)*	$0.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$17.86	$9.56	$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	$170.41	$81.07	$0.00	$20.87	$26.18	$0.00	$23.31	$2.92	$15.49	$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2336								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$100.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$189.35	$100.01	$0.00	$20.87	$26.18	$0.00	$23.31	$2.92	$15.49	$0.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.50	$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.00	$3.00								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.60	$5.50	$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	**$211.95**	**$105.51**	**$0.00**	**$20.87**	**$26.18**	**$0.00**	**$40.41**	**$2.92**	**$15.49**	**$0.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$146.14**									

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

FINAL

Provider: **Hill Haven Nursing Home**
Prvdr ID: **00448456A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	41.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.14	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2298	1.3617
Quarterly Medicaid CMI:	1.3822	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4077	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,142,256	$1,574,830	$0	$317,366	$217,202	$200,111	$532,862	$62,431	$237,454	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($55,257)	($7,300)	$0	$1,036	($2,265)	($2,086)	($42,166)		($40,283)	$37,807
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,086,999	$1,567,530	$0	$318,402	$214,937	$198,025	$490,696	$62,431	$197,171	$37,807
8	Total Nursing Facility Days As Filed Days = 22,914	FY12 Audited C/R Days	22,914									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,824	FY 18 GL-PL Ins Rpt Days								23,824		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$134.61	$68.41	$0.00	$13.90	$18.02	*(with L&H)*	$21.41	$2.62	$8.60	$1.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2298								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$55.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$55.63	$0.00	$13.90	$18.02		$21.41	$2.62	$8.60	$1.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$122.15	$55.63	$0.00	$13.90	$18.02		$20.56	$2.62	9.77 *(FRV)*	$1.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.46	$7.44	$0.00	$1.86	$2.41	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$136.61	$63.07	$0.00	$15.76	$20.43	$0.00	$23.31	$2.62	$9.77	$1.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4077								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$88.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$162.32	$88.78	$0.00	$15.76	$20.43	$0.00	$23.31	$2.62	$9.77	$1.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.22	$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.66	$2.66								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.14	$5.41	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$185.46**	**$94.19**	**$0.00**	**$15.98**	**$20.84**	**$0.00**	**$40.41**	**$2.62**	**$9.77**	**$1.65**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$126.27**									

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

FINAL

Provider: **Jesup Health Care**
Prvdr ID: **00142689A**

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	38.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.53	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4500	1.3617
Quarterly Medicaid CMI:	1.7961	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.8303	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,416,686	$1,923,963	$0	$308,759	$228,458	$194,173	$531,481	$20,609	$209,243	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($374,073)	($314,489)	$0	$429	($2,281)	$7,477	($42,462)		($35,529)	$12,782
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,042,613	$1,609,474	$0	$309,188	$226,177	$201,650	$489,019	$20,609	$173,714	$12,782
8	Total Nursing Facility Days As Filed Days = 24,507	FY12 Audited C/R Days	24,507									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,290	FY 18 GL-PL Ins Rpt Days								21,290		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$124.28	$65.67	$0.00	$12.62	$17.46	*(with L&H)*	$19.95	$0.97	$7.09	$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.4500**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$45.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$45.29	$0.00	$12.62	$17.46		$19.95	$0.97	$7.09	$0.52
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$103.39	$45.29	$0.00	$12.62	$17.46		$19.95	$0.97	6.58 *(FRV)*	$0.52
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.75	$6.06	$0.00	$1.69	$2.33	$0.00	$2.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$116.14	$51.35	$0.00	$14.31	$19.79	$0.00	$22.62	$0.97	$6.58	$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.8303**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$93.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$158.78	$93.99	$0.00	$14.31	$19.79	$0.00	$22.62	$0.97	$6.58	$0.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.35	$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.88	$1.88								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.86	$4.76	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$181.64**	**$98.75**	**$0.00**	**$14.53**	**$20.20**	**$0.00**	**$40.09**	**$0.97**	**$6.58**	**$0.52**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$123.41**									

FINAL

Provider: **Joe-Ann Burgin Nursing Center**
Prvdr ID: **00141633A**
H/B ?: Yes

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
BIMS	34.4%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.88	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2689	1.3617
Quarterly Medicaid CMI:	1.1901	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2060	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost **2010**	FY2010 C/R -FY 2018 GL-PL Rpt		2,218,749		659,341	196,091	287,566	544,060	33,164	125,937	8,186
	Inflation (July 2012) @ 2.06%			45,706		13,582	9,963		11,208			169
	Patient Days	FY 2010 Cost Rpt		28,754		28,754	28,754		28,754		28,754	28,754
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								24,337		
	Inflated NHC/ Patient Days			78.75		23.40	17.17		19.31	1.36	4.38	0.29
	Base Period Facility CMI for all Residents			1.2689								
	Routine Services Case Mix Adjusted Net Per Diem			$62.06								
	Net Per Diems After Case Mix Adjustments		$127.97	$62.06		$23.40	$17.17		$19.31	$1.36	$4.38	0.29
	Per Diem Standards			$72.49		$25.97	$23.20		$21.80			
	Base Period Case Mix Adjusted Allowed Per Diem		$136.00	$62.06		$23.40	$17.17		$19.31	$1.36	12.40 *(FRV Rate)*	0.29
	Quarterly Per Diem Rate Prior to Add-Ons											
	Growth Allowance 13.37%		$16.30	$8.30		$3.13	$2.30		$2.58			
	CMA Allowed Per Diem After Growth Allowance		$152.29	$70.36		$26.53	$19.46		$21.89	$1.36	$12.40	$0.29
	Quarterly Facility Case Mix Index for Medicaid Residents			1.2060								
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$84.85								
	Quarterly Medicaid CMA Allowed Per Diem		$166.78	$84.85		$26.53	$19.46		$21.89	$1.36	$12.40	$0.29
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.53	$0.53		$0.22	$0.41		$0.37			
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		$2.12	2.12								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$2.55	2.55								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$23.30									
	Quarterly Case Mix Based Per Diem Rate		$190.08	$90.05		$26.75	$19.87		$39.36	$1.36	$12.40	$0.29
	Leave/Bed Hold Per.Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	$129.74										

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

FINAL

Provider: **Jonesboro Nurs. & Rehab Ctr.**
Prvdr ID: **00531033A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	24.1%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.55	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.7250	1.3617
Quarterly Medicaid CMI:	1.5465	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5727	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,954,862	$3,427,719	$0	$718,503	$260,899	$401,350	$974,956	$162,252	$1,009,183	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($69,443)	($110,724)	$0	($1,901)	$0	$39,198	$29,290		($110,344)	$85,038
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$6,885,419	$3,316,995	$0	$716,602	$260,899	$440,548	$1,004,246	$162,252	$898,839	$85,038
8	Total Nursing Facility Days As Filed Days = 43,009	FY12 Audited C/R Days	43,009									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,852	FY 18 GL-PL Ins Rpt Days								43,852		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$160.02	$77.12	$0.00	$16.66	$16.31	*(with L&H)*	$23.35	$3.70	$20.90	$1.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7250								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$44.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$44.71	$0.00	$16.66	$16.31		$23.35	$3.70	$20.90	$1.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$71.51	$0.00	$18.41	$23.09		$20.56	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$117.78	$44.71	$0.00	$16.66	$16.31		$20.56	$3.70	13.86 *(FRV)*	$1.98
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.14	$5.98	$0.00	$2.23	$2.18	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$130.92	$50.69	$0.00	$18.89	$18.49	$0.00	$23.31	$3.70	$13.86	$1.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5727								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$79.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$159.95	$79.72	$0.00	$18.89	$18.49	$0.00	$23.31	$3.70	$13.86	$1.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.80	$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.39	$2.39								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.45	$3.72	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$181.40**	**$83.44**	**$0.00**	**$19.11**	**$18.90**	**$0.00**	**$40.41**	**$3.70**	**$13.86**	**$1.98**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$123.23**									