

FINAL

NHRSP2_FYE2012-13.37%for7-1-2020-KJD-GL-PL (AUDITED) 7/6/2020

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

FINAL

Provider: Early Memorial Nursing Home														
Pvdr ID: 00140874A														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Growth Allowance: Qtrly BIMS score														
Add-on Data and Percentages														
Facility Score														
Add-on Percent														
Case Mix Index (CMI) Data														
Base Period Overall CMI: 1.2350														
Quarterly Medicaid CMI: 1.0731														
Qtrly Mcaid CMI w RUG Wght Options: 1.0872														
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hoop Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits													
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%					
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	105.0%	105.0%					
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37					
Base Period Per Diem Allowed Amounts														
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR- 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		
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstmts	\$14,982	(\$72,500)	\$0	(\$447)	\$39,677	\$17,103	\$30,725	\$0	\$224	\$0		
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$5,879,184	\$2,436,200	\$0	\$569,106	\$462,732	\$563,091	\$1,813,158	\$0	\$34,897	\$0		
9	Total Nursing Facility Days	FY12 Audited CIR Days	32,050											
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days						(with L&H)		33,004				
11	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.44	\$76.01	\$0.00	\$17.76	\$32.01		\$56.57	\$0.00	\$1.09	\$0.00		
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.2350											
13	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$61.55		\$0.00	\$17.76	\$32.01		\$56.57	\$0.00	\$1.09	\$0.00		
14	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9	\$61.55		\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	\$0.00		
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51		\$0.00	\$17.76	\$23.09		\$20.56	\$0.00	8.74 (FRV)	\$0.00		
16	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.70		\$0.00									
Quarterly Per Diem Rate Prior to Add-ons														
17	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allwnc %	\$16.44	\$8.23	\$0.00	\$2.37	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A		
18	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.14	\$69.78	\$0.00	\$20.13	\$26.18	\$0.00	\$23.31	\$0.00	\$8.74	\$0.00		
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.0872											
20	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$75.86		\$0.00									
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.22		\$0.00	\$20.13	\$26.18	\$0.00	\$23.31	\$0.00	\$8.74	\$0.00		
Quarterly Per Diem Add-on Amounts														
22	Efficiency Add-on Per Diem (ISnd - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00		
23	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.76	\$0.76										
24	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.28	\$2.28										
25	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
26	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.89	\$3.57	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
27	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.11	\$79.43	\$0.00	\$20.35	\$26.18	\$0.00	\$40.41	\$0.00	\$8.74	\$0.00		
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.51											

[illegible]

FINAL

NHRSP2_FYE2013-13 37%for7-1-2020-KJD (with adjs)-GL-PL (AUDITED) 7/6/2020

FINAL

NHRSP2_FYE2012-13 37% (07-1-2020-KJD-GL-PL (AUDITED) 7/6/2020)

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

FINAL

Provider: Eatonton Health & Rehabilitation Center													
Pvdr ID: 00223473A													
Case Mix Per Diem Rate Effective Date: 7/1/2020													
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20													
Nurse Hours per On-Site Day/Quality Incentive:													
Qtrly BIMS score													
Qtrly Mcoad CMI w/ Rug Wght Options:													
Base Period Overall CMI:													
Quarterly Medicaid CMI:													
Case Mix Index (CMI) Data													
Add-on													
Facility Score													
Percent													
Add-on													
Facility Specific													
State-wide													
Taxes and Insurance													
Property and Related													
A&G-GL-PL Insurance													
Admin and General													
Plant Operatins & Maint													
Laundry & Housekpg													
Dietary													
Special Services													
Routine Services													
Totals													
Sources / Calculations													
Description													
Line #													
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group												
2	Peer Group Standards & Efficiency Measure Limits												
3	Peer Group Standards: Percentile												
4	Peer Group Standards: Multiplier												
5	Efficiency Measure Maximums (see line 20 for actual)												
6	Base Period Per Diem Allowed Amounts												
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)												
8	Audit Adjustments and Reallocations to Cost Center Costs												
9	Cost Center Costs After Audit Adjustments												
10	Total Nursing Facility Days												
11	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,786												
12	Net Per Diem prior to Case Mix Adjstnt to Routine Svcs												
13	Base Period Facility Case Mix Index for All Residents												
14	Routine Svcs Case Mix Adjstnt (CMA) Net Per Diem												
15	Net Per Diem after Case Mix Adjstnt to Routine Svcs												
16	Per Diem Standards (After Statewide CMA for Routine Svcs)												
17	Base Period Case Mix Adjusted Allowed Per Diem												
18	Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 13.37%												
20	CMA Allowed Per Diem (After Growth Allowance Add-on)												
21	Quarterly Facility Case Mix Index for Medicaid Residents												
22	Qtrly Routine Svcs Case Mix Adjstnt (CMA) Net Per Diem												
23	Quarterly Medicaid CMA Allowed Per Diem												
24	Quarterly Per Diem Add-on Amounts												
25	Efficiency Add-on Per Diem ((Sind - Awd) x .75, up to max, or 0)												
26	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)												
27	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)												
28	Nursing Home Provider Fee												
29	Total Quarterly Per Diem Add-on Amounts												
30	Quarterly Case Mix Based Per Diem Rate												
31	Quarterly Per Diem Rate for Bed Hold and Leave Days												

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

FINAL

Provider: Effingham Extended Care Facility																
Pvdr ID: 00140907A																
Case Mix Per Diem Rate Effective Date: 7/1/2020																
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20																
Nurse Hours per On-Site Day/Quality Incentive:																
Qtrly BIMS score: 31.4%																
Qtrly Mcaid CMI w RUG Wght Options: 1.2422																
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score		Add-on Percent		Case Mix Index (CMI) Data					Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskprg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance				
			a	b	c	d	e	f	g	g	h	i				
1	Cost Center Peer Groups	(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							
2	Peer Group Standards & Efficiency Measure Limits			90.0%	90.0%	90.0%	90.0%	85.0%	50.0%							
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	105.0%							
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.41	\$0.37							
5	Efficiency Measure Maximums (see line 20 for actual)															
Base Period Per Diem Allowed Amounts																
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$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 CIR Audit Adjustmts	(\$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 CIR	\$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	FY12 Audited CIR Days	37,034													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days														
9	Net Per Diem prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$226.00	\$101.93	\$0.00	\$32.64	\$29.73	(with L&H)	\$47.53	\$2.93	\$10.54	\$0.70				
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.2538													
11	Routine Svcs Case Mix Adjstml (CMA) Net Per Diem	Ln 9 / Ln 10	\$81.30													
12	Net Per Diem after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllDthr = Ln 9	\$81.30													
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51													
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.28													
Quarterly Per Diem Rate Prior to Add-ons																
15	Growth Allowance Percentage = 13.37%															
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Gwth Allwnc %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A				
17	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15	\$177.58	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$2.93	\$10.34	\$0.70				
18	Qtrly Routine Svcs Case Mix Adjstml (CMA) Net Per Diem	per Current Qtr End	1.2422													
19	Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17	\$100.71													
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllDthr = Ln 16	\$197.22	\$100.71	\$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 (\$Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00					
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52												
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.02	\$3.02												
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.64	\$5.54	\$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	\$219.86	\$106.25	\$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	\$152.07													

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

FINAL

Emanuel Medical Center Nursing Home																
Provider:	00140929A															
Pvdr ID:	00140929A															
Case Mix Per Diem Rate Effective Date: 7/1/2020																
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20																
Nurse Hours per On-Site Day/Quality Incentive:																
Line #	Description	Sources / Calculations	Add-on Data and Percentages				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific	State-wide	
			Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance				
CASE MIX BASED RATE CALCULATIONS																
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1	1	1	1	1	1	1	
Type of Facility within Peer Group																
Bed Size Range within Peer Group																
Peer Group Standards & Efficiency Measure Limits																
2	Peer Group Standards: Percentile	(see Policy Manual)	90.0%	90.0%	90.0%	90.0%	85.0%	85.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	
3	Peer Group Standards: Multiplier	(see Policy Manual)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	\$0.53	\$0.00	\$0.00	\$0.22	\$0.41	\$0.41	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37	
Base Period Per Diem Allowed Amounts																
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CR - FY 2018 GL-PL Rpt	\$3,357,875	\$1,503,493	\$0	\$530,039	\$198,085	\$198,085	\$288,482	\$288,482	\$570,646	\$7,025	\$160,105	\$0	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CR Audit Adjstmnts	(\$47,935)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$47,935)	\$7,025	(\$9,028)	\$9,028	\$9,028	
7	Cost Center Costs After Audit Adjustments	FY12 Audited CR	\$3,309,940	\$1,503,493	\$0	\$530,039	\$198,085	\$198,085	\$288,482	\$288,482	\$622,711	\$7,025	\$151,077	\$9,028	\$9,028	
8	Total Nursing Facility Days	FY12 Audited CR Days	17,530													
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,600																
9	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days	\$188.83	\$85.77	\$0.00	\$30.24	\$27.76	\$27.76	(with L&H)		\$35.52	\$0.40	\$8.62	\$0.52	\$0.52	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.1993	1.1993												
11	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$71.52	\$71.52	\$0.00	\$30.24	\$27.76	\$27.76			\$35.52	\$0.40	\$8.62	\$0.52	\$0.52	
12	Net Per Diem after Case Mix Adjustmt to Routine Svcs	RS = Ln 11, ALOthr = Ln 9	\$71.52	\$71.52	\$0.00	\$29.15	\$23.09	\$23.09			\$20.56	\$0.00	N/A			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51	\$71.51	\$0.00	\$29.15	\$23.09	\$23.09			\$20.56	\$0.40	12.49	\$0.52	\$0.52	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.72		\$0.00	\$29.15							(FRV)			
Quarterly Per Diem Rate Prior to Add-ons																
15	Growth Allowance Percentage =	Ln 14 x Gwth Allownc %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$3.09	\$0.00	\$0.00	\$2.75	N/A	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	\$26.18	\$0.00	\$0.00	\$23.31	\$0.40	\$12.49	\$0.52	\$0.52	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.2747	1.2747												
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$103.34	\$103.34	\$0.00	\$33.05	\$26.18	\$26.18	\$0.00	\$0.00	\$23.31	\$0.40	\$12.49	\$0.52	\$0.52	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, ALOthr = Ln 16	\$199.29		\$0.00	\$33.05										
Quarterly Per Diem Add-on Amounts																
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58												
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifrg Add-on	\$3.10	\$3.10												
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.78	\$5.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.07	\$109.02	\$0.00	\$33.05	\$26.18	\$26.18	\$0.00	\$0.00	\$40.41	\$0.40	\$12.49	\$0.52	\$0.52	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.73													

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

FINAL

Provider: Etowah Landing Care and Rehab										Facility Score		Add-on		Facility Specific		State-wide																			
Pvdr ID: 00142766A										Growth Allowance:		Percent		Case Mix Index (CMI) Data		Base Period Overall CMI:		1,3517																	
MDS & Nurse Hrs Data per Quarter Ending:										Qtrly BIMS score		2.5%		Qtrly Mcdld CMI w RUG Wght Options:		1,5121		1,4961																	
7/1/2020										2.95		2.0%				1,5396		1,5223																	
Case Mix Per Diem Rate Effective Date:										Nurse Hours per On-Site Day/Quality Incentive:																									
03/31/20																																			
Description										Sources / Calculations		Totals		Routine Services		Special Services		Dietary		Laundry & Houskng		Plant Operatns & Maint		Admin and General		A&G- GL-PL Insurance		Property and Related		Taxes and Insurance					
Line #										a		b		c		d		e		f		g		h		i		j		k					
CASE MIX BASED RATE CALCULATIONS																																			
1 Cost Center Peer Groups										(see Policy Manual)		1		1		1		1		1		1		1		1		1		1		1			
Type of Facility within Peer Group												All Facilities		All Facilities		All Facilities		All Facilities		All Facilities		All Facilities		All Facilities		All Facilities		All Facilities		All Facilities		All Facilities			
Bed Size Range within Peer Group												All Bed Sizes		All Bed Sizes		All Bed Sizes		All Bed Sizes		All Bed Sizes		All Bed Sizes		All Bed Sizes		All Bed Sizes		All Bed Sizes		All Bed Sizes		All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												90.0%		90.0%		90.0%		90.0%		90.0%		90.0%		90.0%		90.0%		90.0%		90.0%		90.0%			
Peer Group Standards: Percentile												100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		100.0%			
Peer Group Standards: Multiplier												\$0.53		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00			
Efficiency Measure Maximums (see line 20 for actual)																																			
Base Period Per Diem Allowed Amounts												\$4,805,075		\$0		\$420,759		\$190,299		\$355,916		\$1,194,941		\$39,577		\$439,086		\$0		\$0					
As Filed Cost Center Costs (Routine & Special Svcs Combined)												FY12 C/R Audit Adjstmis		FY12 C/R Audit Adjstmis		FY12 C/R Audit Adjstmis		FY12 C/R Audit Adjstmis		FY12 C/R Audit Adjstmis		FY12 C/R Audit Adjstmis		FY12 C/R Audit Adjstmis		FY12 C/R Audit Adjstmis		FY12 C/R Audit Adjstmis		FY12 C/R Audit Adjstmis		FY12 C/R Audit Adjstmis			
Audit Adjustments and Reallocations to Cost Center Costs												FY12 Audited C/R		FY12 Audited C/R		FY12 Audited C/R		FY12 Audited C/R		FY12 Audited C/R		FY12 Audited C/R		FY12 Audited C/R		FY12 Audited C/R		FY12 Audited C/R		FY12 Audited C/R		FY12 Audited C/R			
Cost Center Costs After Audit Adjustments												\$4,364,454		\$0		\$418,719		\$192,073		\$337,213		\$859,725		\$39,577		\$403,371		\$27,230		\$27,230		\$27,230			
Total Nursing Facility Days												32,939																							
Total Nursing Facility Days GL-PL Ins. Rpt																																			
As Filed Days = 32,895																																			
As Filed Days = 24,674																																			
Net Per Diem prior to Case Mix Adjstmt to Routine Svcs												\$132.91		\$0.00		\$12.71		\$16.07		24,674		\$1.60													
Base Period Facility Case Mix Index for All Residents												Ln 7 / Ln 8 Col a																							
Routine Svcs Case Mix Adjstld (CMA) Net Per Diem												Ln 9 / Ln 10																							
Net Per Diem after Case Mix Adjstld to Routine Svcs												\$46.88		\$0.00		\$12.71		\$16.07																	
Per Diem Standards (After Statewide CMA for Routine Svcs)												\$46.88		\$0.00		\$18.41		\$23.09																	
Base Period Case Mix Adjusted Allowed Per Diem												\$106.65		\$0.00		\$12.71		\$16.07																	
Quarterly Per Diem Rate Prior to Add-ons																																			
Growth Allowance Percentage = 13.37%												\$12.87		\$0.00		\$1.70		\$2.15																	
CMA Allowed Per Diem (After Growth Allowance Add-on)												\$119.52		\$0.00		\$14.41		\$18.22																	
Quarterly Facility Case Mix Index for Medicaid Residents												Ln 14 + Ln 15																							
Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem												per Current Qtr End																							
Quarterly Medicaid CMA Allowed Per Diem												\$81.83		\$0.00		\$14.41		\$18.22																	
As Filed Days = 32,895																																			
As Filed Days = 24,674																																			
Net Per Diem prior to Case Mix Adjstmt to Routine Svcs												\$132.91		\$0.00		\$12.71		\$16.07																	
Base Period Facility Case Mix Index for All Residents												Ln 7 / Ln 8 Col a																							
Routine Svcs Case Mix Adjstld (CMA) Net Per Diem												Ln 9 / Ln 10																							
Net Per Diem after Case Mix Adjstld to Routine Svcs												\$46.88		\$0.00		\$12.71		\$16.07																	
Per Diem Standards (After Statewide CMA for Routine Svcs)												\$46.88		\$0.00		\$18.41		\$23.09																	
Base Period Case Mix Adjusted Allowed Per Diem												\$106.65		\$0.00		\$12.71		\$16.07																	
Quarterly Per Diem Rate Prior to Add-ons																																			
Growth Allowance Percentage = 13.37%												\$12.87		\$0.00		\$1.70		\$2.15																	
CMA Allowed Per Diem (After Growth Allowance Add-on)												\$119.52		\$0.00		\$14.41		\$18.22																	
Quarterly Facility Case Mix Index for Medicaid Residents												Ln 14 + Ln 15																							
Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem												per Current Qtr End																							
Quarterly Medicaid CMA Allowed Per Diem												\$81.83		\$0.00		\$14.41		\$18.22																	
As Filed Days = 32,895																																			
As Filed Days = 24,674																																			
Net Per Diem prior to Case Mix Adjstmt to Routine Svcs												\$132.91		\$0.00		\$12.71		\$16.07																	
Base Period Facility Case Mix Index for All Residents												Ln 7 / Ln 8 Col a																							
Routine Svcs Case Mix Adjstld (CMA) Net Per Diem												Ln 9 / Ln 10																							
Net Per Diem after Case Mix Adjstld to Routine Svcs												\$46.88		\$0.00		\$12.71		\$16.07																	
Per Diem Standards (After Statewide CMA for Routine Svcs)												\$46.88		\$0.00		\$18.41		\$23.09																	
Base Period Case Mix Adjusted Allowed Per Diem												\$106.65		\$0.00		\$12.71		\$16.07																	
Quarterly Per Diem Rate Prior to Add-ons																																			
Growth Allowance Percentage = 13.37%												\$12.87		\$0.00		\$1.70		\$2.15																	
CMA Allowed Per Diem (After Growth Allowance Add-on)												\$119.52		\$0.00		\$14.41		\$18.22																	
Quarterly Facility Case Mix Index for Medicaid Residents												Ln 14 + Ln 15																							
Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem												per Current Qtr End																							
Quarterly Medicaid CMA Allowed Per Diem												\$81.83		\$0.00		\$14.41		\$18.22																	
As Filed Days = 32,895																																			
As Filed Days = 24,674																																			
Net Per Diem prior to Case Mix Adjstmt to Routine Svcs												\$132.91		\$0.00		\$12.71		\$16.07																	
Base Period Facility Case Mix Index for All Residents												Ln 7 / Ln 8 Col a																							
Routine Svcs Case Mix Adjstld (CMA) Net Per Diem												Ln 9 / Ln 10																							
Net Per Diem after Case Mix Adjstld to Routine Svcs												\$46.88		\$0.00		\$12.71		\$16.07																	
Per Diem Standards (After Statewide CMA for Routine Svcs)												\$46.88		\$0.00		\$18.41		\$23.09																	
Base Period Case Mix Adjusted Allowed Per Diem												\$106.65		\$0.00		\$12.71		\$16.07																	
Quarterly Per Diem Rate Prior to Add-ons																																			
Growth Allowance Percentage = 13.37%												\$12.87		\$0.00		\$1.70		\$2.15																	
CMA Allowed Per Diem (After Growth Allowance Add-on)												\$119.52		\$0.00		\$14.41		\$18.22																	
Quarterly Facility Case Mix Index for Medicaid Residents												Ln 14 + Ln 15																							
Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem												per Current Qtr End																							
Quarterly Medicaid CMA Allowed Per Diem												\$81.83		\$0.00		\$14.41		\$18.22																	
As Filed Days = 32,895																																			
As Filed Days = 24,674																																			
Net Per Diem prior to Case Mix Adjstmt to Routine Svcs												\$132.91		\$0.00		\$12.71		\$16.07																	
Base Period Facility Case Mix Index for All Residents												Ln 7 / Ln 8 Col a																							
Routine Svcs Case Mix Adjstld (CMA) Net Per Diem												Ln 9 / Ln 10																							
Net Per Diem after Case Mix Adjstld to Routine Svcs												\$46.88		\$0.00		\$12.71		\$16.07																	
Per Diem Standards (After Statewide CMA for Routine Svcs)												\$46.88		\$0.00		\$18.41		\$23.09																	
Base Period Case Mix Adjusted Allowed Per Diem												\$106.65		\$0.00		\$12.71		\$16.07																	
Quarterly Per Diem Rate Prior to Add-ons																																			
Growth Allowance Percentage = 13.37%												\$12.87		\$0.00		\$1.70		\$2.15																	
CMA Allowed Per Diem (After Growth Allowance Add-on)												\$119.52		\$0.00		\$14.41		\$18.22																	
Quarterly Facility Case Mix Index for Medicaid Residents												Ln 14 + Ln 15																							
Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem												per Current Qtr End																							
Quarterly Medicaid CMA Allowed Per Diem												\$81.83		\$0.00		\$14.41		\$18.22																	
As Filed Days = 32,895																																			
As Filed Days = 24,674																																			
Net Per Diem prior to Case Mix Adjstmt to Routine Svcs												\$132.91		\$0.00		\$12.71		\$16.07																	
Base Period Facility Case Mix Index for All Residents												Ln 7 / Ln 8 Col a																							

FINAL

NHRSP2_FYE2012-13.37%for7-1-2020-KJD-GL-PL (AUDITED) 7/6/2020

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

FINAL

Provider: Evergreen Health and Rehab															
Pvdr ID: 835154999A															
Case Mix Per Diem Rate Effective Date: 7/1/2020															
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Nurse Hours per On-Site Day/Quality Incentive: Qtrly BIMS score: 85.9% Qtrly Mcoad CMI w RUG Wght Options: 1.3617 1.4147 1.5451 1.4961 1.5717															
Line #	Description	Sources / Calculations	Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			Totals	Routine Services	Special Services	Dietary			Laundry & Housekpg	Plant Operatns & Maint	Admin and General				
			a	b	c	d	e	f	g	g	h	i			
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
2	Peer Group Standards & Efficiency Measure Limits			90.0%	90.0%	90.0%	85.0%								
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%								
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41								
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)													
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CTR -FY 2018 GL-PL Rpt	#N/A	\$2,247,569	\$0	\$452,219	\$389,276	\$212,958	\$705,784	#N/A	\$531,055	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CTR 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 CTR	#N/A	\$2,245,505	\$0	\$443,541	\$391,351	\$207,126	\$663,162	#N/A	\$507,935	\$25,815			
8	Total Nursing Facility Days	FY12 Audited CTR Days	32,208												
9	Total Nursing Facility Days GL-PL, Ins. Rpt	FY 18 GL-PL, Ins Rpt Days		\$69.72	\$0.00	\$13.77	\$18.58	(with L&H)	\$20.59	#N/A	\$15.77	\$0.80			
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.69												
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10	1.4147	\$49.28	\$0.00	\$13.77	\$18.58		\$20.59	\$1.46	\$15.77	\$0.80			
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0.00	\$13.77	\$18.58		\$20.59	\$1.46	\$15.77	\$0.80			
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	\$0.00			
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	Lesser of Ln 12 or Ln 13		\$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 Growth Allownc %	\$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		1.5717											
18	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.81	\$0.00	\$15.61	\$21.06	\$0.00	\$23.31	\$1.46	\$6.85	\$0.80			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.90	\$87.81	\$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 ((Snd - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.83	\$4.83											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on (Fixed Amount)	\$2.63	\$2.63											
23	Nursing Home Provider Fee	Sum of Lns 20 thru 23	\$17.10	\$7.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
24	Total Quarterly Per Diem Add-on Amounts		\$25.72	\$7.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.62	\$95.80	\$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	\$124.14												

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

FINAL

Provider: Fairburn Health Care Center																	
Pvdr ID: 00173071A																	
Case Mix Per Diem Rate Effective Date: 7/1/2020																	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20																	
Nurse Hours per On-Site Day/Quality Incentive: 3.12																	
Growth Allowance: N/A																	
Qtrly BIMS score: 28.9%																	
Qtrly Meaid CMI w RUG Weight Options: 1.6341																	
Base Period Overall CMI: 1.4961																	
Quarterly Medicaid CMI: 1.5223																	
Line #	Description	Sources / Calculations	Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide			
			Totals	Routine Services	Special Services	Dietary			Laundry & Housekprng	Plant Operatins & Maint	Admin and General	A&G-GL-PL Insurance			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 Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes								
	Bed Size Range within Peer Group																
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%								
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%								
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37								
5	Efficiency Measure Maximums (see line 20 for actual)																
Base Period Per Diem Allowed Amounts																	
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$4,376,038	\$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 CIR Audit Adjts	(\$192,745)	(\$843)	\$0	\$1,847	\$0	(\$1,191)	(\$199,980)		(\$61,554)	\$68,976					
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$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	FY12 Audited CIR Days	34,518														
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days															
9	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$121.21	\$66.20	\$0.00	\$12.54	\$16.91	(with L&H)	\$16.30	\$3.82	\$3.44	\$2.00					
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2420													
11	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	\$3.44	\$2.00					
12	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	\$3.44	\$2.00					
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$2.00					
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 Growth Allwnc %	\$13.25	\$7.13	\$0.00	\$1.68	\$2.26	\$0.00	\$2.18	N/A	N/A	\$2.00					
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		1.6341													
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$165.12	\$98.75	\$0.00	\$14.22	\$19.17	\$0.00	\$18.48	\$3.82	\$8.68	\$2.00					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16		\$98.75	\$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 (Std - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00					
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00					
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$1.98	\$1.98	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$17.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.60	\$3.50	\$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	\$186.72	\$102.25	\$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	\$127.22														

Provider: Fifth Avenue Health Care												
Pndr ID: 00140984A												
Case Mix Per Diem Rate Effective Date: 7/1/2020												
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												
Nurse Hours per On-Site Day/Quality Incentive:												
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
			Totals	Routine Services	Special Services			Dietary	Laundry & Housekpg	Plant Operatns & Maint		
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	90.0%	85.0%	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.00	\$0.41	\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CR - FY 2018 GL-PL Rpt	\$5,048,574	\$2,647,153	\$0	\$457,599	\$275,979	\$275,979	\$649,728	\$138,654	\$584,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CR Audit Adjstmts	(\$37,896)	(\$7,167)	\$0	\$0	\$0	\$0	(\$38,246)		(\$18,768)	\$27,434
7	Cost Center Costs After Audit Adjustments	FY12 Audited CR	\$5,010,678	\$2,639,986	\$0	\$457,599	\$275,979	\$275,979	\$611,482	\$138,654	\$545,814	\$27,434
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,460 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,579	FY12 Audited CR Days FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	34,460		\$0.00	\$13.28	\$17.11		\$17.74	32,579	\$15.84	\$0.80
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs		\$145.64	\$76.61	\$0.00							
10	Base Period Facility Case Mix Index for All Residents			1.3973								
11	Routine Svcs Case Mix Adjstld (CMA) Net Per Diem			\$54.83	\$0.00	\$13.28	\$17.11		\$17.74	\$4.26	\$15.84	\$0.80
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$54.83	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)			\$71.51	\$0.00	\$13.28	\$17.11		\$17.74	\$4.26	9.59 (FRV)	\$0.80
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.61	\$54.83	\$0.00							
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%			\$7.33	\$0.00	\$1.78	\$2.29		\$2.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.36	\$62.16	\$0.00	\$15.06	\$19.40		\$20.11	\$4.26	\$9.59	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.6959									
18	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.48	\$0.00	\$15.06	\$19.40		\$20.11	\$4.26	\$9.59	\$0.80
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.70	\$105.48	\$0.00							
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (SInd - Awd) x .75, up to max. or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on (Fixed Amount)	\$2.11	\$2.11								
23	Nursing Home Provider Fee		\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.38	\$5.28	\$0.00	\$0.22	\$0.41		\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.08	\$110.76	\$0.00	\$15.28	\$19.81		\$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	\$135.74									

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

FINAL

Provider: Florence Hand Home Pvdr ID: 00207083A		Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Add-on Data and Percentages		Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific	State-wide
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
2	Peer Group Standards & Efficiency Measure Limits														
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR -FY 2018 GL-PL Rpt	\$12,721,783	\$5,532,940	\$0	\$1,812,718	\$928,548	\$1,082,209	\$2,162,000	\$70,890	\$1,234,478	\$0			
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstmts	(\$36,680)	\$0	\$0	\$0	\$0	\$0	(\$36,680)		(\$32,356)	\$32,356			
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$12,685,103	\$5,532,940	\$0	\$1,812,718	\$928,548	\$1,082,209	\$2,125,320	\$70,890	\$1,202,122	\$32,356			
9	Total Nursing Facility Days	FY12 Audited CIR Days	49,987												
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days													
11	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$253.78	\$110.69	\$0.00	\$36.26	\$38.19	(with L&H)	\$42.52	\$1.42	\$24.05	\$0.65			
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.1859												
13	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$93.34	\$93.34	\$0.00	\$36.26	\$38.19		\$42.52	\$1.42	\$24.05	\$0.65			
14	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$93.34	\$0.00	\$36.26	\$38.19		\$42.52	\$1.42	\$24.05	\$0.65			
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	\$0.65			
16	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															
17	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A			
18	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.76	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$1.42	\$14.08	\$0.65			
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.1949												
20	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$96.87	\$96.87	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$1.42	\$14.08	\$0.65			
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.56												
22	Efficiency Add-on Per Diem (Sind - Awdj 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				
23	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42											
24	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifing Add-on	\$2.91	\$2.91											
25	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$5.33	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
26	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.43	\$102.20	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$1.42	\$14.08	\$0.65			
27	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.99	\$102.20	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$1.42	\$14.08	\$0.65			
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.67												

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

FINAL

Provider: Folkston Park Care and Rehab Pvdr ID: 00141006A														Add-on Data and Percentages				Facility Score		Case Mix Index (CMI) Data				Facility Specific	State-wide		
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														Nurse Hours per On-Site Day/Quality Incentive:				Growth Allowance: 13.37% Qtrly BIMS score 48.5% 2.95		Add-on Percent: 13.37% 5.5% 2.0%		Base Period Overall CMI: 1.3444 Quarterly Medicaid CMI: 1.4655 Qtrly Mcdl CMI w RUG Wght Options: 1.4905				Property and Related	Taxes and Insurance
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	h	i															
			a	b	c	d	e	f	g	g																	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	\$17,564																	
2	Peer Group Standards & Efficiency Measure Limits																										
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%																		
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																		
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																		
6	Base Period Per Diem Allowed Amounts																										
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 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															
8	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjsmnts	(\$410,103)	(\$74,049)	\$0	(\$6,453)	\$6,158	(\$13,614)	(\$325,940)		(\$16,427)	\$20,216															
9	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															
10	Total Nursing Facility Days	FY12 Audited C/R Days	28,699																								
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days						(with L&H)	\$19.03	27,433	\$12.47	\$0.70															
12	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.36	\$63.17	\$0.00	\$13.79	\$13.56																				
13	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.3444	\$46.99																							
14	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.99	\$0.00	\$13.79	\$13.56		\$19.03	\$0.64	\$12.47	\$0.70															
15	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.99	\$0.00	\$13.79	\$13.56		\$20.56	\$0.00	N/A																
16	Per Diem Standards (after Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$19.03	\$0.64	8.29 (FRV)																
17	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																				
18	Quarterly Per Diem Rate Prior to Add-ons																										
19	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allmnc %	\$12.47	\$6.28	\$0.00	\$1.84	\$1.81	\$0.00	\$2.54	N/A	N/A	N/A															
20	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															
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.4905																								
22	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.40	\$0.00																						
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.60	\$79.40	\$0.00	\$15.63	\$15.37	\$0.00	\$21.57	\$0.64	\$8.29	\$0.70															
24	Quarterly Per Diem Add-on Amounts																										
25	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00																
26	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x C/Ps Add-on	\$4.37	\$4.37																							
27	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.59	\$1.59																							
28	Nursing Home Provider Fee	(Fixed Amount)	\$17.10																								
29	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.59	\$6.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00															
30	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$166.19	\$85.89	\$0.00	\$15.85	\$16.78	\$0.00	\$39.04	\$0.64	\$8.29	\$0.70															
31	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$111.82																								

Provider: Fort Gaines Healthcare, LLC											
Provdr ID: 00740599A											
Case Mix Per Diem Rate Effective Date: 7/1/2020											
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20											
Nurse Hours per On-Site Day/Quality Incentive:											
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data		Facility Specific	State-wide
			Totals	Routine Services	Special Services			Dietary	Laundry & Housekpg		
			a	b	c	d	e	f	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		
2	Peer Group Standards & Efficiency Measure Limits										
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%		
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%		
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37		
Base Period Per Diem Allowed Amounts											
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CR- FY 2018 GL-PL Rpt	\$2,803,512	\$1,241,089	\$0	\$300,008	\$170,994	\$176,340	\$443,880	\$17,360	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CR Audit Adjustmts	(\$156,302)	(\$90,555)	\$0	(\$7,170)	(\$4,452)	\$8,396	(\$33,119)		\$37,286
8	Cost Center Costs After Audit Adjustments	FY12 Audited CR	\$2,647,210	\$1,150,534	\$0	\$292,838	\$166,542	\$184,736	\$410,761	\$17,360	\$37,286
9	Total Nursing Facility Days	FY12 Audited CR Days	20,637								
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days									
11	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.34	\$55.75	\$0.00	\$14.19	\$17.02	(with L&H)	\$19.90	\$0.91	\$18.76
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12									
13	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.05	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	\$18.76
14	Net Per Diem alter Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$38.05	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	18.99
16	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.87	\$38.05	\$0.00						(FRV)
17	Quarterly Per Diem Rate Prior to Add-ons										
18	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allmnc %	\$11.93	\$5.09	\$0.00	\$1.90	\$2.28	\$0.00	\$2.66	N/A	N/A
19	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
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8318							
21	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.02	\$0.00						
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.68	\$79.02	\$0.00	\$16.09	\$19.30	\$0.00	\$22.56	\$0.91	\$18.99
23	Quarterly Per Diem Add-on Amounts										
24	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00
25	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CFS Add-on	\$1.98	\$1.98	\$0.00						
26	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.37	\$2.37	\$0.00						
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$4.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.98	\$4.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.66	\$83.90	\$0.00	\$16.31	\$19.71	\$0.00	\$40.03	\$0.91	\$18.99
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.42								

FINAL

NHRSP2_FYE2012-13.37%(a7-1-2020-KJD-GL-PL (AUDITED) 7/6/2020)

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

FINAL

Provider: Four County Health Care Center												
Pvdtr ID: 00405292A												
Case Mix Per Diem Rate Effective Date: 7/1/2020												
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												
Nurse Hours per On-Site Day/Quality Incentive: Qtrly BIMS score 31.3%												
Add-on Data and Percentages: Add-on Percent: 13.37%												
Facility Score: N/A												
Base Period Overall CMI: 1.4294												
Qtrly Mcaid CMI w RUG Wght Options: 1.5009												
Qtrly Mcaid CMI: 1.5260												
Case Mix Index (CMI) Data												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%			
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37			
5	Efficiency Measure Maximums (see line 20 for actual)											
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$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 CIR Audit Adjustmts	(\$16,885)	\$0	\$0	(\$1,911)	\$0	\$0	(\$16,885)		(\$37,539)	\$39,450
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$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	FY12 Audited CIR Days	26,251									
	As Filed Days = 26,251											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days										
9	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	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	1.4294								
11	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$46.12	\$46.12	\$0.00	\$14.42	\$16.19		\$16.78	\$2.91	\$11.99	\$1.50
12	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.12	\$0.00	\$18.41	\$23.09	\$0.00	\$20.56	\$0.00	N/A	\$1.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	\$0.00	\$20.56	\$0.00	N/A	\$1.50
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.61									
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$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		1.5260								
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$79.79	\$79.79	\$0.00	\$16.35	\$18.35	\$0.00	\$19.02	\$2.91	\$9.69	\$1.50
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.61									
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Snd - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.99	\$1.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.39	\$2.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.01	\$4.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$170.62	\$84.70	\$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	\$115.14									

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

FINAL

Provider: Fox Glove Court Care and Rehab Pvdr ID: 00143074A															State- wide
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	Taxes and Insurance		
			Totals	Routine Services	Special Services	Dietary	Laundry & Housekprg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related				
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Nurse Hours per On-Site Day/Quality Incentive: Qtrly BIMS score 47.7% 5.5% 3.0%															
Qtrly Mcaid CMI w RUG Wght Options: 1.5814 1.5899 1.6183															
Base Period Overall CMI: 1.3617 Quarterly Medicaid CMI: 1.4951 Qtrly Mcaid CMI w RUG Wght Options: 1.5223															
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	2	1	1	1	1	1	1	1	g	g	h	i
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)	90.0%	90.0%	90.0%	90.0%	85.0%	85.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
3	Peer Group Standards: Percentile	(see Policy Manual)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
4	Peer Group Standards: Multiplier	(see Policy Manual)	\$0.53	\$0.22	\$0.00	\$0.00	\$0.41	\$0.41	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37
5	Base Period Per Diem Allowed Amounts	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$6,028,377	\$0	\$0	\$0	\$213,847	\$213,847	\$380,194	\$1,348,813	\$322,292	\$322,292	\$322,292	\$516,959	\$0
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	FY12 CIR Audit Adjstms	(\$477,587)	\$0	\$0	\$0	(\$353)	(\$353)	(\$22,839)	(\$257,168)	(\$257,168)	(\$257,168)	(\$257,168)	(\$47,242)	\$45,878
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 Audited CIR	\$5,550,790	\$0	\$0	\$0	\$213,494	\$213,494	\$357,355	\$1,091,645	\$322,292	\$322,292	\$322,292	\$469,717	\$45,878
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR Days	36,724												
9	Total Nursing Facility Days	FY 18 GL-PL Ins Rpt Days													
10	Total Nursing Facility Days GL-PL Ins. Rpt	Ln 7 / Ln 8 Col a	\$151.33	\$0.00	\$0.00	\$0.00	\$15.54	\$15.54	(with L&H)	\$29.73	\$8.96	\$8.96	\$8.96	\$12.79	\$1.25
11	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	from 4 qtrs of FY12	\$68.76												
12	Base Period Facility Case Mix Index for All Residents	Ln 9 / Ln 10	1.5814												
13	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9	\$44.11	\$0.00	\$0.00	\$0.00	\$15.54	\$15.54	\$29.73	\$29.73	\$8.96	\$8.96	\$8.96	\$12.79	\$1.25
14	Net Per Diem after Case Mix Adjstmt to Routine Svcs	per Peer Group Limits	\$44.11	\$0.00	\$0.00	\$0.00	\$23.09	\$23.09	\$20.56	\$20.56	\$0.00	\$0.00	\$0.00	N/A	\$1.25
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	Lesser of Ln 12 or Ln 13	\$71.51	\$0.00	\$0.00	\$0.00	\$15.54	\$15.54	\$20.56	\$20.56	\$8.96	\$8.96	\$8.96	7.91 (FRV)	\$1.25
16	Base Period Case Mix Adjusted Allowed Per Diem		\$111.63												
17	Quarterly Per Diem Rate Prior to Add-ons														
18	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.51	\$5.90	\$0.00	\$0.00	\$2.08	\$2.08	\$0.00	\$2.75	N/A	N/A	N/A	N/A	N/A
19	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.14	\$50.01	\$0.00	\$0.00	\$17.62	\$17.62	\$0.00	\$23.31	\$8.96	\$8.96	\$8.96	\$7.91	\$1.25
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.5183												
21	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$80.93	\$0.00	\$0.00	\$0.00	\$17.62	\$17.62	\$0.00	\$23.31	\$8.96	\$8.96	\$8.96	\$7.91	\$1.25
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.06	\$0.00	\$0.00	\$0.00	\$17.62	\$17.62	\$0.00	\$23.31	\$8.96	\$8.96	\$8.96	\$7.91	\$1.25
23	Efficiency Add-on Per Diem ((Sind - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.00	\$0.41	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.45	\$4.45	\$0.00	\$0.00	\$0.41	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.43	\$2.43	\$0.00	\$0.00	\$0.41	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$17.10	\$0.00	\$0.00	\$0.41	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.14	\$7.41	\$0.00	\$0.00	\$0.22	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.20	\$88.34	\$0.00	\$0.00	\$15.30	\$15.30	\$0.00	\$40.41	\$8.96	\$8.96	\$8.96	\$7.91	\$1.25
29	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: Friendship Health and Rehab Center										Facility	State-
Pvdr ID: 00141567A										Score	wide
Case Mix Per Diem Rate Effective Date: 7/1/2020										Percent	
MDS & Nurse Hrs Data per Quarter Ending: 09/31/20										Base Period Overall CMI:	
Nurse Hours per On-Site Day/Quality Incentive:										Qtrly Medicaid CMI:	
										Qtrly Medicaid CMI w RUG Wght Options:	
Line #	Description	Sources / Calculations	Add-on Data and Percentages		Facility	Add-on	Case Mix Index (CMI) Data			Facility Specific	State-
			Totals	Routine Services			Special Services	Dietary	Laundry & Houskpg		
			a	b	c	d	e	f	g	h	i
CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		
2	Peer Group Standards & Efficiency Measure Limits			90.0%	90.0%	90.0%	85.0%		50.0%		
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37		
Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 Ctr - FY 2018 GL-PL Rpt	\$3,735,355	\$2,028,953	\$0	\$411,774	\$325,352	\$324,682	\$528,176	\$98,067	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 Ctr Audit Adjstmts	(\$40,141)	(\$6,289)	\$0	\$0	\$0	(\$1,161)	(\$39,524)		\$14,817
7	Cost Center Costs After Audit Adjustments	FY12 Audited Ctr	\$3,693,215	\$2,022,664	\$0	\$411,774	\$325,352	\$323,521	\$488,652	\$98,067	\$14,817
8	Total Nursing Facility Days	FY12 Audited Ctr Days	28,995								
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days									
10	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.37	\$69.76	\$0.00	\$14.20	\$22.41	(with L&H)	\$16.85	\$3.39	\$0.51
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.2454								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	\$56.01								
13	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AIOHr = Ln 9	\$56.01	\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	\$0.51
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A
15	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	\$0.51
Quarterly Per Diem Rate Prior to Add-ons											
16	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allwnc %	\$14.64	\$7.49	\$0.00	\$1.90	\$3.00	\$0.00	\$2.25	N/A	N/A
17	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	\$0.51
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.7132								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$108.79	\$108.79	\$0.00	\$16.10	\$25.41	\$0.00	\$19.10	\$3.39	\$0.51
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOHr = Ln 16	\$180.99	\$108.79	\$0.00	\$16.10	\$25.41	\$0.00	\$19.10	\$3.39	\$0.51
Quarterly Per Diem Add-on Amounts											
21	Efficiency Add-on Per Diem (3rd - Awdl x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72	\$0.00	\$0.41	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00
23	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.18	\$2.18	\$0.00	\$0.41	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$17.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.53	\$5.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.52	\$114.22	\$0.00	\$16.32	\$25.82	\$0.00	\$36.57	\$3.39	\$7.69
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.57								\$0.51

FINAL

NHRSP2_FYE2012-13 37%017-1-2020-KJD-GL-PL (AUDITED) 7/6/2020

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

FINAL

Provider: Georgia Regional Hospital at Atlanta Pvdr ID: 00141061A										Add-on Data and Percentages			Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20										Growth Allowance: Qlty BIMS score			N/A #N/A no data		13.37% #N/A 0.0%		Base Period Overall CMI: Quarterly Medicaid CMI: Qltry Mcaid CMI w RUG Wgt Options:			1.0000 1.0000 1.0000	1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance									
			a	b	c	d	e	f	g	g	h	i									
CASE MIX BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes												
Peer Group Standards & Efficiency Measure Limits																					
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CTR - FY 2018 GL-PL Rpt	\$5,959,375	\$4,622,193	\$0	\$121,737	\$245,702	\$353,490	\$528,219	\$0	\$88,034	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CTR Audit Adjstms	\$20,911	(\$5,314)	\$0	(\$51,292)	(\$1,841)	(\$11,492)	(\$12,101)		\$92,154	\$10,797									
7	Cost Center Costs After Audit Adjustments	FY12 Audited CTR	\$5,980,286	\$4,616,879	\$0	\$70,445	\$243,661	\$341,998	\$516,118	\$0	\$180,188	\$10,797									
8	Total Nursing Facility Days	FY12 Audited CTR Days	8,888																		
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days																			
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$672.85	\$519.45	\$0.00	\$7.93	\$65.92	(with L&H)	\$58.07	\$0.00	\$20.27	\$1.21									
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1,000.00	\$519.45																	
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$519.45	\$0.00	\$7.93	\$65.92		\$58.07	\$0.00	\$20.27	\$1.21									
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AIOthr = Ln 9		\$519.45	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A										
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$7.93	\$65.92		\$58.07	\$0.00	N/A	\$1.21									
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$652.58	\$519.45	\$0.00	\$7.93	\$65.92		\$58.07	\$0.00	#VALUE!										
Quarterly Per Diem Rate Prior to Add-ons																					
16	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allwnc %	\$87.08	\$69.45	\$0.00	\$1.05	\$8.81	\$0.00	\$7.76	N/A	N/A	N/A									
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$739.66	\$588.90	\$0.00	\$8.99	\$74.73	\$0.00	\$65.83	\$0.00	N/A	\$1.21									
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1,000.00																		
19	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$588.90	\$0.00	\$8.99	\$74.73	\$0.00	\$65.83	\$0.00	N/A	\$1.21									
Quarterly Medicaid CMA Allowed Per Diem																					
Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem ((Sind - Awd) 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 = #N/A (to Routine Svcs)	Ln 19 Col b x CFS Add-on	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00										
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00									
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$739.66	\$588.90	\$0.00	\$8.99	\$74.73	\$0.00	\$65.83	\$0.00	#VALUE!	\$0.00									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$554.75																		

FINAL

NHRSP2_FYE2012-13.37%for7-1-2020-KJD-GL-PL (AUDITED) 7/6/2020

Quarterly Case Mix Per Diem Calculation

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Institutional Reimbursement - DCH/DOFS

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

FINAL

Provider: Glennvue Nursing Home Pvd ID: 00141171A		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
		Growth Allowance: Qtrly BIMS score				N/A	13.37%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:					
		MDS & Nurse Hrs Date per Quarter Ending: 7/1/2020 03/31/20				Nurse Hours per On-Site Day/Quality Incentive: 3.01							
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits												
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
6	Base Period Per Diem Allowed Amounts												
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR -FY 2018 GL-PL Rpt	\$7,418,732	\$3,856,931	\$0	\$1,166,738	\$342,378	\$393,106	\$936,768	\$90,989	\$631,822	\$0	
8	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjmts	(\$2,096)	\$27,282	\$0	(\$418)	\$0	\$155	(\$29,115)		(\$23,365)	\$23,365	
9	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$7,416,636	\$3,884,213	\$0	\$1,166,320	\$342,378	\$393,261	\$907,653	\$90,989	\$608,457	\$23,365	
10	Total Nursing Facility Days	FY12 Audited CIR Days	39,990										
11	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days	\$185.43	\$97.13	\$0.00	\$29.17	\$18.40	(with L&H)	\$22.70	\$2.23	\$15.22	\$0.58	
12	Base Period Facility Case Mix Index for All Residents	Ln 7 /Ln 8 Col a	1.1177										
13	Routine Svcs Case Mix Adjust (CMA) Net Per Diem	Ln 9 /Ln 10	\$86.90										
14	Net Per Diem after Case Mix Adjustmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9	\$86.90										
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51										
16	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.05										
17	Quarterly Per Diem Rate Prior to Add-ons												
18	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allwnc %	\$18.67	\$9.56	\$0.00	\$3.90	\$2.46	\$0.00	\$2.75	N/A	N/A	N/A	
19	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	
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current CIR End	1.5782										
21	Qtrly Routine Svcs Case Mix Adjust (CMA) Net Per Diem	Ln 16 x Ln 17	\$127.94										
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.59										
23	Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem (SInd - Awdj 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		
25	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28									
26	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.56	\$2.56									
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10										
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.35	\$3.84	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.94	\$131.78	\$0.00	\$33.05	\$21.27	\$0.00	\$40.41	\$2.23	\$8.62	\$0.58	
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.63										

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

FINAL

Provider: Glenwood Health and Rehab Center Pvdr ID: 00220514A										Add-on Data and Percentages			Facility		Case Mix Index (CMI) Data			Facility Specific		State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20										Growth Allowance: N/A		Qtrly BIMS score 35.2%		Add-on Percent 13.37%		Base Period Overall CMI: 1.4921			1.3617	
										Nurse Hours per On-Site Day/Quality Incentive: 3.39				Qtrly Medicaid CMI: 1.5795			1.4961		1.5223	
														Qtrly Medicaid CMI w/ RUG Wght Options: 1.6075						
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance								
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	\$5,843										
Peer Group Standards & Efficiency Measure Limits																				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%	\$2,298,499	\$420,235	\$0								
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	105.0%	105.0%	(\$582,588)	(\$69,229)	\$84,328								
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37	\$1,715,911	\$351,006	\$84,328								
Base Period Per Diem Allowed Amounts																				
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$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 CIR Audit Adjustmts	(\$629,074)	(\$83,411)	\$0	\$0	\$0	\$21,826	(\$582,588)		(\$69,229)	\$84,328								
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$10,266,103	\$6,112,487	\$0	\$1,007,691	\$424,893	\$563,944	\$1,715,911	\$5,843	\$351,006									
8	Total Nursing Facility Days	FY12 Audited CIR Days	76,649																	
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days		\$79,75	\$0.00	\$13.15	\$12.90	(with L&H)	\$22.39	77,164	\$4.58	\$11.10								
10	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.95							\$0.08										
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10	1.4921																	
12	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$53.45	\$53.45	\$0.00	\$13.15	\$12.90		\$22.39	\$0.08	\$4.58	\$1.10								
13	Net Per Diem after Case Mix Adjustmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9	\$53.45	\$53.45	\$0.00	\$13.15	\$12.90		\$22.39	\$0.08	\$4.58	\$1.10								
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$108.39	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A									
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.39	\$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																				
16	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$13.38	\$7.15	\$0.00	\$1.76	\$1.72	\$0.00	\$2.75	N/A	N/A	N/A								
17	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								
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.6975																	
19	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$97.41	\$97.41	\$0.00	\$14.91	\$14.62	\$0.00	\$23.31	\$0.08	\$7.15	\$1.10								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.58																	
Quarterly Per Diem Add-on Amounts																				
21	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00								
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44																
23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.92	\$2.92																
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$5.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.62																	
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.20	\$103.30	\$0.00	\$15.13	\$15.03	\$0.00	\$40.41	\$0.08	\$7.15	\$1.10								
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.83																	

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

FINAL

Provider: Glenwood Healthcare Pvdr ID: 701562744A										Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20										Nurse Hours per On-Site Day/Quality Incentive:				29.6% 2.74	13.37% 1.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcald CMI w/ RUG Wght Options:				1.4106 1.6570 1.6873	1.3617 1.4861 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance									
			a	b	c	d	e	f	g	g	h	i									
CASE MIX BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes												
2	Peer Group Standards & Efficiency Measure Limits																				
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Base Period Per Diem Allowed Amounts																					
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - 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									
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjustmts	\$116,046	\$0	\$0	\$0	\$0	\$0	\$69,122		(\$4,323)	\$51,247									
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$2,298,917	\$1,010,543	\$0	\$257,833	\$147,342	\$126,843	\$424,577	\$10,455	\$270,077	\$51,247									
9	Total Nursing Facility Days	FY12 Audited CIR Days	17,349																		
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days																			
11	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.55	\$8.25	\$0.00	\$14.86	\$15.80	(with L&H)	\$24.47	16,109	\$15.57	\$2.95									
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.4106							\$0.65											
13	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$41.29																		
14	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9	\$41.29																		
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51																		
16	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.96																		
17	Quarterly Per Diem Rate Prior to Add-ons																				
18	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$12.37	\$5.52	\$0.00	\$1.99	\$2.11	\$0.00	\$2.75	N/A	N/A	N/A									
19	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									
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.6873																		
21	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$78.98																		
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.50	\$78.98	\$0.00	\$16.85	\$17.91	\$0.00	\$23.31	\$0.65	\$14.85	\$2.95									
23	Quarterly Per Diem Add-on Amounts																				
24	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00										
25	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79																	
26	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.37	\$2.37																	
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.42	\$3.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00									
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.92	\$82.67	\$0.00	\$17.07	\$18.32	\$0.00	\$40.41	\$0.65	\$14.85	\$2.95									
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.87																		

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

FINAL

Provider: Gold City Health and Rehabilitation Ctr													
Pvdr ID: 00142975A													
Case Mix Per Diem Rate Effective Date: 7/1/2020													
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20													
Nurse Hours per On-Site Day/Quality Incentive:													
Line #	Description	Sources / Calculations	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data						
			Growth Allowance: Qtrly BIMS score				Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcad CMI w RUG Wght Options:						
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	1	1	1	2	1	1	1	1	1		
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)	90.0%	90.0%	90.0%	90.0%	85.0%	85.0%	50.0%	50.0%			
3	Peer Group Standards: Percentile	(see Policy Manual)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.41	\$0.37	\$0.37			
5	Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$1,925,940	\$3,352,187	\$0	\$316,882	\$164,645	\$164,645	\$199,723	\$521,161	\$19,687	\$204,149	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstmts	\$0	(\$72,395)	\$0	\$0	\$0	\$0	\$0	(\$72,395)	\$0	(\$25,679)	\$25,679
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$1,925,940	\$3,279,792	\$0	\$316,882	\$164,645	\$164,645	\$199,723	\$448,766	\$19,687	\$178,470	\$25,679
9	Total Nursing Facility Days	FY12 Audited CIR Days	31,811	31,811									
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days							(with L&H)	\$14.11	33,993	\$5.61	\$0.81
11	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a	\$60.54	\$103.06	\$0.00	\$9.96	\$11.45	\$11.45	\$0.00	\$14.11	\$0.58	\$5.61	\$0.81
12	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$40.28		\$0.00	\$9.96	\$11.45	\$11.45	\$0.00	\$20.56	\$0.00	N/A	
13	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9	\$40.28		\$0.00	\$18.41	\$23.09	\$23.09	\$0.00	\$20.56	\$0.00	N/A	
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51		\$0.00	\$9.96	\$11.45	\$11.45	\$0.00	\$14.11	\$0.58	8.69 (FRV)	\$0.81
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$40.28	\$85.88	\$0.00	\$9.96	\$11.45	\$11.45					
16	Quarterly Per Diem Rate Prior to Add-ons												
17	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$5.39	\$10.14	\$0.00	\$1.33	\$1.53	\$1.53	\$0.00	\$1.89	N/A	N/A	N/A
18	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$45.67	\$96.02	\$0.00	\$11.29	\$12.98	\$12.98	\$0.00	\$16.00	\$0.58	\$8.69	\$0.81
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.6679										
20	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$76.17										
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$76.17	\$126.52	\$0.00	\$11.29	\$12.98	\$12.98	\$0.00	\$16.00	\$0.58	\$8.69	\$0.81
22	Quarterly Per Diem Add-on Amounts												
23	Efficiency Add-on Per Diem (\$Ind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$1.53	\$0.00	\$0.22	\$0.41	\$0.41	\$0.00	\$0.37		\$0.00	
24	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CFS Add-on	\$1.90	\$1.90	\$0.00	\$0.22	\$0.41	\$0.41	\$0.00	\$0.37		\$0.00	
25	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$1.52	\$1.52	\$0.00	\$0.22	\$0.41	\$0.41	\$0.00	\$0.37		\$0.00	
26	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$17.10	\$0.00	\$0.22	\$0.41	\$0.41	\$0.00	\$0.37		\$0.00	
27	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$3.95	\$22.05	\$0.00	\$0.22	\$0.41	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00
28	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$80.12	\$148.57	\$0.00	\$11.51	\$13.39	\$13.39	\$0.00	\$33.47	\$0.58	\$8.69	\$0.81
29	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$98.60	\$98.60									

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

FINAL

Provider: Goodwill Nursing Home															
Pvdr ID: 0014193A															
Case Mix Per Diem Rate Effective Date: 7/1/2020															
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20															
Nurse Hours per On-Site Day/Quality Incentive:															
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data						Facility Specific	State-wide
			Totals	Routine Services	Special Services			Dietary	Laundry & Housekeeping	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance			
			a	b	c	d	e	f	g	g	h	i			
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)	90.0%	90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Percentile	(see Policy Manual)	100.0%	100.0%	100.0%	100.0%	100.0%		105.0%						
4	Peer Group Standards: Multiplier	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
5	Efficiency Measure Maximums (see line 20 for actual)														
Base Period Per Diem Allowed Amounts															
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	#N/A	\$3,148,255	\$0	\$554,849	\$373,578	\$470,794	\$917,378	#N/A	\$117,298	\$0			
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjmts	(\$37,822)	(\$40,126)	\$0	\$0	\$10,880	\$57,633	(\$57,689)		(\$56,517)	\$47,997			
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	#N/A	\$3,108,129	\$0	\$554,849	\$384,458	\$528,427	\$859,689	#N/A	\$80,781	\$47,997			
9	Total Nursing Facility Days	FY12 Audited CIR Days	46,832												
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days		\$66.37	\$0.00	\$11.85	\$19.49	(with L&H)	\$18.36	\$0.00	\$1.30	\$1.02			
11	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$118.39												
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.1718												
13	Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 9 / Ln 10	\$56.64												
14	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, ALOthr = Ln 9	\$56.64												
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51												
16	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$56.64												
17	Quarterly Per Diem Rate Prior to Add-ons		\$116.04												
18	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allwnc %	\$14.21	\$7.57	\$0.00	\$1.58	\$2.61	\$0.00	\$2.45	N/A	N/A	N/A			
19	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.25	\$64.21	\$0.00	\$13.43	\$22.10	\$0.00	\$20.81	\$0.00	\$8.68	\$1.02			
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.5223												
21	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17	\$97.75												
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, ALOthr = Ln 16	\$163.79	\$97.75	\$0.00	\$13.43	\$22.10	\$0.00	\$20.81	\$0.00	\$8.68	\$1.02			
23	Efficiency Add-on Per Diem (SInd - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
24	BIMS Add-on Per Diem = #N/A (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	\$0.00										
25	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$0.00	\$0.00	\$0.00										
26	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00			
27	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$18.63	\$98.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
28	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.42	\$98.28	\$0.00	\$13.65	\$22.51	\$0.00	\$38.28	\$0.00	\$8.68	\$1.02			
29	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.99												

FINAL

NHRSP2_FYE2012-13.37%07-1-2020-KJD-GL-PL (AUDITED) 7/6/2020

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

FINAL

Provider: Grace Health Care of Tucker										Facility		State-wide	
Pvdr ID: 00083267A										Score	Percent	Specific	Wide
Case Mix Per Diem Rate Effective Date: 7/1/2020										Case Mix Index (CMI) Data			
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20										Base Period Overall CMI: 1.5096			
										Qtrly BIMS score: 30.0%			
										Qtrly Meaid CMI w RUG Wght Options: 1.5669			
										Qtrly Meaid CMI w RUG Wght Options: 1.5923			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatins & Maint	Admin General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1	1	2	1	1	1				
2	Peer Group Standards: Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
5	Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - 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	
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstms	(\$60,625)	(\$782)	\$0	(\$183)	\$9,124	\$5,837	(\$88,759)		(\$45,919)	\$60,057	
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$6,489,284	\$3,262,611	\$0	\$664,733	\$436,847	\$337,815	\$1,067,432	\$91,936	\$567,853	\$60,057	
9	Total Nursing Facility Days	FY12 Audited CIR Days	43,235										
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days											
11	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.23	\$75.46	\$0.00	\$15.37	\$17.92	(with L&H)	\$24.69	\$2.27	\$13.13	\$1.39	
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.5096										
13	Routine Svcs Case Mix Adjstjd (CMA) Net Per Diem	Ln 9 / Ln 10	\$49.99	\$49.99	\$0.00	\$15.37	\$17.92		\$24.69	\$2.27	\$13.13	\$1.39	
14	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9			\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
16	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	
17	Quarterly Per Diem Rate Prior to Add-ons												
18	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$13.88	\$6.68	\$0.00	\$2.05	\$2.40	\$0.00	\$2.75	N/A	N/A		
19	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	
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.5923										
21	Qtrly Routine Svcs Case Mix Adjstjd (CMA) Net Per Diem	Ln 16 x Ln 17	\$90.24	\$90.24	\$0.00	\$17.42	\$20.32	\$0.00	\$23.31	\$2.27	\$10.17	\$1.39	
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.12										
23	Efficiency Add-on Per Diem ((Sind - Awd) x .75, up to max. or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
24	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.26	\$2.26									
25	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on (Fixed Amount)	\$1.80	\$1.80									
26	Nursing Home Provider Fee		\$17.10										
27	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.32	\$4.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
28	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.44	\$94.83	\$0.00	\$17.64	\$20.73	\$0.00	\$40.41	\$2.27	\$10.17	\$1.39	
29	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.76										

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

FINAL

Provider: Gracemore Nursing Center														
Pvdr ID: 00141182A														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive: 3.29														
Growth Allowance: 13.37%														
Only BIMS score 36.6%														
Qtrly Mcoad CMI w RUG Wght Options: 1.4208														
Base Period Overall CMI: 1.3617														
Quarterly Medicaid CMI: 1.4961														
Qtrly Mcoad CMI w RUG Wght Options: 1.5223														
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits													
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR -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		
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjmts	(\$34,124)	\$0	\$0	\$0	\$0	\$560	(\$34,137)		(\$24,197)	\$23,650		
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$2,243,226	\$1,215,491	\$0	\$340,908	\$140,736	\$149,434	\$289,226	\$38,187	\$45,594	\$23,650		
9	Total Nursing Facility Days	FY12 Audited CIR Days	17,282											
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days												
11	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.03	\$70.33	\$0.00	\$19.73	\$16.79	(with L&H)	\$16.74	15,700	\$2.64	\$1.37		
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1896										
13	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.12	\$0.00	\$19.73	\$16.79		\$16.74	\$2.43	\$2.64	\$1.37		
14	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.12	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$1.37		
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$16.79		\$16.74	\$2.43	7.57 (FRV)	\$1.37		
16	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				
Quarterly Per Diem Rate Prior to Add-ons														
17	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allwnc %	\$14.84	\$7.90	\$0.00	\$2.46	\$2.24	\$0.00	\$2.24	N/A	N/A	N/A		
18	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		
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current CIR End		1.4208										
20	Only Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.22	\$0.00	\$20.87								
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.47	\$95.22	\$0.00	\$20.87	\$19.03	\$0.00	\$18.98	\$2.43	\$7.57	\$1.37		
Quarterly Per Diem Add-on Amounts														
22	Efficiency Add-on Per Diem (SInd - 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	\$0.00		
23	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38		\$0.00								
24	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.86	\$2.86		\$0.00								
25	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$5.77	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00		
26	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.65	\$100.99	\$0.00	\$20.87	\$19.44	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
27	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.12	\$100.99	\$0.00	\$20.87	\$19.44	\$0.00	\$36.45	\$2.43	\$7.57	\$1.37		
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.02											

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

FINAL

Provider: Gracewood Developmental Center													
Pvdr ID: 00141204A													
Case Mix Per Diem Rate Effective Date: 7/1/2020													
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20													
Nurse Hours per On-Site Day/Quality Incentive:													
Line #	Description	Sources / Calculations	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
			Growth Allowance: Qtrly BIMS score				Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcald CMI w RUG Wght Options:						
			Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
1	Cost Center Peer Groups Type of Facility 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	\$0			
2	Peer Group Standards & Efficiency Measure Limits												
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
5	Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$56,899,333	\$42,270,348	\$0	\$4,248,771	\$2,148,145	\$2,846,517	\$4,152,940	\$0	\$1,232,612	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstmis	(\$1,052,706)	(\$1,912,822)	\$0	\$204,331	\$440	(\$15,225)	\$704,220		(\$110,305)	\$76,655	
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$55,846,627	\$40,357,526	\$0	\$4,453,102	\$2,148,585	\$2,831,292	\$4,857,160	\$0	\$1,122,307	\$76,655	
8	Total Nursing Facility Days	FY12 Audited CIR Days	91,820										
8	As Filed Days = 93,455												
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days											
9	As Filed Days = 0												
9	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$608.22	\$439.53	\$0.00	\$48.50	\$54.24	(with L&H)	\$52.90	\$0.00	\$12.22	\$0.83	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0000									
11	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10		\$439.53									
12	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$439.53	\$0.00	\$48.50	\$54.24		\$52.90	\$0.00	\$12.22	\$0.83	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$599.87	\$439.53	\$0.00	\$48.50	\$54.24		\$52.90	\$0.00	3.87 (Dodge)	\$0.83	
15	Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allwnc %	\$79.57	\$58.77	\$0.00	\$6.48	\$7.25	\$0.00	\$7.07	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$679.44	\$498.30	\$0.00	\$54.98	\$61.49	\$0.00	\$59.97	\$0.00	\$3.87	\$0.83	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0000									
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17		\$498.30									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$679.44	\$498.30	\$0.00	\$54.98	\$61.49	\$0.00	\$59.97	\$0.00	\$3.87	\$0.83	
20	Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = #N/A (to Routine Svcs)		\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)		\$0.00	\$0.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00										
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$679.44	\$498.30	\$0.00	\$54.98	\$61.49	\$0.00	\$59.97	\$0.00	\$0.00	\$0.83	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$509.58										

FINAL

NHRSP2_FYE2012-13.37%for7-1-2020-KJD-GL-PL (AUDITED) 7/6/2020

FINAL

NHRSP2_FYE2012-13 37%for 7-1-2020-KJD-GL-PL (AUDITED) 7/6/2020

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

FINAL

Provider: Green Acres Health & Rehab Pvdr ID: 00083014A														
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
			Growth Allowance: Qlty BIMS score	Qlty BIMS score	Qlty Medicaid CMI w RUG Wght Options:			Base Period Overall CMI: Quarterly Medicaid CMI:						
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	1	1	2	1	1	1	1	1	g	h	i	
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)	90.0%	90.0%	90.0%	90.0%	85.0%	50.0%	50.0%	50.0%				
3	Peer Group Standards: Percentile	(see Policy Manual)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	105.0%	105.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)	\$0.53	\$0.00	\$0.22	\$0.00	\$0.41	\$0.37	\$0.37	\$0.37				
5	Base Period Per Diem Allowed Amounts													
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - 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		
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstms	(\$24,372)	\$0	(\$1,736)	\$0	\$0	\$0	(\$24,372)	\$0	(\$23,606)	\$25,342		
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$4,708,219	\$2,447,155	\$0	\$497,761	\$276,128	\$300,060	\$589,766	\$93,995	\$478,012	\$25,342		
9	Total Nursing Facility Days	FY12 Audited CIR Days	34,016											
10	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days												
11	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.47	\$71.94	\$0.00	\$14.63	\$16.94	(with L&V)	\$17.34	\$2.82	\$14.05	\$0.75		
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1607										
13	Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.98										
14	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AUCIhr = Ln 9		\$61.98	\$0.00	\$14.63	\$16.94	\$14.63	\$17.34	\$2.82	\$14.05	\$0.75		
15	Per Diem Standards (after Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	\$18.41	\$20.56	\$0.00	N/A	\$0.75		
16	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13		\$61.98	\$0.00	\$14.63	\$16.94	\$14.63	\$17.34	\$2.82	9.02 (FRV)	\$0.75		
17	Quarterly Per Diem Rate Prior to Add-ons													
18	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allownc %	\$14.83	\$8.29	\$0.00	\$1.96	\$2.26	\$0.00	\$2.32	N/A	N/A	N/A		
19	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		
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3579										
21	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.42	\$0.00	\$0.00	\$16.59	\$0.00	\$19.66	\$2.82	\$9.02	\$0.75		
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AUCIhr = Ln 16	\$163.46	\$95.42	\$0.00	\$0.00	\$16.59	\$0.00	\$19.66	\$2.82	\$9.02	\$0.75		
23	Efficiency Add-on Per Diem (Std - Alwcd) x .75, up to max, or 0)	(see Policy Manual)		\$0.53	\$0.00	\$0.00	\$0.22	\$0.00	\$0.37		\$0.00	\$0.00		
24	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.53	\$2.39	\$0.00	\$0.00	\$0.22	\$0.00	\$0.37		\$0.00	\$0.00		
25	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$1.91	\$1.91	\$0.00	\$0.00	\$0.22	\$0.00	\$17.10		\$0.00	\$0.00		
26	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$4.83	\$0.00	\$0.00	\$0.22	\$0.00	\$17.10		\$0.00	\$0.00		
27	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.93	\$100.25	\$0.00	\$16.81	\$19.61	\$0.00	\$17.47	\$37.13	\$9.02	\$0.75		
28	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.39	\$100.25	\$0.00	\$16.81	\$19.61	\$0.00	\$17.47	\$37.13	\$9.02	\$0.75		
29	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.97											

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

FINAL

Provider: Greene Point Healthcare Podr ID: 00142634A										Add-on Data and Percentages		Facility Score	Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20										Growth Allowance: Qlty BIMS score		Score	Specific	Wide
Nurse Hours per On-Site Day/Quality Incentive:										13.37% 2.5% 3.0%		1.2987 1.4457 1.4731	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcald CMI w RUG Wght Options:	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits													
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%					
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CR - FY 2018 GL-PL Rpt	\$3,236,306	\$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 CR 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 CR	\$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	FY12 Audited CR Days	22,060											
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days												
10	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.21	\$78.27	\$0.00	\$16.34	\$19.04	(with L&H)	\$18.48	\$2.88	\$10.57	\$0.63		
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.2987											
12	Routine Svcs Case Mix Adjust (CMA) Net Per Diem	Ln 9 / Ln 10	\$60.27	\$60.27	\$0.00	\$16.34	\$19.04		\$18.48	\$2.88	\$10.57	\$0.63		
13	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.27	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A			
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$16.34	\$19.04		\$18.48	\$2.88	12.07 (FRV)	\$0.63		
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.71	\$60.27	\$0.00	\$16.34	\$19.04		\$18.48					
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allmnc %	\$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	\$144.97	\$68.33	\$0.00	\$18.52	\$21.59	\$0.00	\$20.95	\$2.88	\$12.07	\$0.63		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.4731											
18	Qtrly Routine Svcs Case Mix Adjust (CMA) Net Per Diem	Ln 16 x Ln 17	\$100.66	\$100.66	\$0.00	\$18.52	\$21.59	\$0.00	\$20.95	\$2.88	\$12.07	\$0.63		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.30	\$100.66	\$0.00	\$18.52	\$21.59	\$0.00	\$20.95					
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem (ISInd - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37					
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$3.02	\$3.02	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.17	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.47	\$106.73	\$0.00	\$18.74	\$22.00	\$0.00	\$38.42	\$2.88	\$12.07	\$0.63		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.28											

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

FINAL

Provider: Gwinnett Extended Care Center Pvdr ID: 00781382A										Add-on Data and Percentages			Facility Score		Case Mix Index (CMI) Data			Facility Specific		State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20										Growth Allowance: Qlty BIMS score		Nurse Hours per On-Site Day/Quality Incentive: 4.87		N/A		Base Period Overall CMI: 1.3617 Quarterly Medicaid CMI: 1.4961 Qtrly Meaid CMI w RUG Wght Options: 1.5223		1.4525 1.5300 1.5555		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houseking	Plant Operatins & Maint	Admin General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance								
			a	b	c	d	e	f	g	g	h	i								
CASE MIX BASED RATE CALCULATIONS																				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	\$9,921	\$1,178,829	\$0								
2	Peer Group Standards & Efficiency Measure Limits																			
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%											
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%											
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37											
6	Base Period Per Diem Allowed Amounts																			
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR -FY 2018 GL-PL Rpt	\$9,066,530	\$4,469,050	\$0	\$1,039,911	\$429,533	\$796,742	\$1,142,544	\$9,921	\$1,178,829	\$0								
8	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjmts	(\$9,017)	\$0	\$0	\$0	\$997	\$1,850	(\$14,601)		\$2,737	\$0								
9	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$9,057,514	\$4,469,050	\$0	\$1,039,911	\$430,530	\$798,592	\$1,127,943	\$9,921	\$1,181,566	\$0								
10	Total Nursing Facility Days	FY12 Audited CIR Days	31,822																	
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days																		
12	Net Per Diem prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$284.65	\$140.44	\$0.00	\$32.68	\$38.62	(with L&H)	\$35.45	\$0.33	\$37.13	\$0.00								
13	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.4525																	
14	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10	\$96.69	\$96.69	\$0.00	\$32.68	\$38.62		\$35.45	\$0.33	\$37.13	\$0.00								
15	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, ALOthr = Ln 9	\$96.69	\$96.69	\$0.00	\$32.68	\$38.62		\$35.45	\$0.33	\$37.13	\$0.00								
16	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	\$0.00								
17	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								
18	Quarterly Per Diem Rate Prior to Add-ons																			
19	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A								
20	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								
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.5555																	
22	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$126.10	\$126.10	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.33	\$13.66	\$0.00								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, ALOthr = Ln 16	\$222.63	\$126.10	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.33	\$13.66	\$0.00								
24	Quarterly Per Diem Add-on Amounts																			
25	Efficiency Add-on Per Diem (Std - Awdl 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	\$0.00								
26	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.15	\$3.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00								
27	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.52	\$2.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00								
28	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
29	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.77	\$5.67	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
30	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.40	\$131.77	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.33	\$13.66	\$0.00								
31	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.23									\$0.00								

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

FINAL

Provider: Habersham Home Pvdr ID: 00141292A		Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Line #	Description	Sources / Calculations	Totals		Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	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	1	1	1	1	1	1	1	1			
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)	90.0%	90.0%	90.0%	90.0%	85.0%	50.0%						
3	Peer Group Standards: Percentile	(see Policy Manual)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						
4	Peer Group Standards: Multiplier	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.22	\$0.41	\$0.37					
4	Efficiency Measure Maximums (see line 20 for actual)													
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$5,494,717	\$3,058,555	\$0	\$368,081	\$580,732	\$410,151	\$505,120	\$78,219	\$493,859	\$0	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstmts	(\$440,211)	(\$480,948)	\$0	\$0	\$0	\$60	\$40,677	\$0	\$0	\$0	\$0	
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$5,054,506	\$2,577,607	\$0	\$368,081	\$580,732	\$410,211	\$545,797	\$78,219	\$493,859	\$0	\$0	
8	Total Nursing Facility Days	FY12 Audited CIR Days	30,201											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$187.58	\$85.35	\$0.00	\$12.19	\$32.81	(with L&H)	\$18.07	\$2.81	\$16.35	\$0.00	\$0.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.1936											
11	Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 9 / Ln 10	\$71.51											
12	Net Per Diems after Case Mix Adjstld (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9	\$71.51											
13	Per Diem Standards (after Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51											
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.72											
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage =	Ln 14 x Gwth Allownc %	\$16.70	\$9.56	\$0.00	\$1.63	\$3.09	\$0.00	\$2.42	N/A	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	\$0.00	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.2859											
18	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17	\$104.25											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.60	\$104.25	\$0.00	\$13.82	\$26.18	\$0.00	\$20.49	\$2.81	\$8.05	\$0.00	\$0.00	
Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem (JStd - Abwd) 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	\$0.00	\$0.00	\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$5.73	\$5.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sling Add-on	\$2.09	\$2.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.51	\$7.82	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.11	\$112.07	\$0.00	\$14.04	\$26.18	\$0.00	\$37.96	\$2.81	\$8.05	\$0.00	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.01											

FINAL

NHRSP2_FYE2014-13.37%for7-1-2020-KJD (with adis)-GL-PL (AUDITED) 7/6/2020

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

FINAL

Provider: Harborview Health Systems of Jesup														
Pvdr ID: 00141611A														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
			Totals	Routine Services	Special Services			Dietary	Laundry & Housekpg	Plant Operatns & Maint			Admin General	A&G- GL-PL Insurance
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	1	1	1	2	1	1	1	1	1	1	1	1
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)	90.0%	90.0%	90.0%	90.0%	85.0%	85.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
3	Peer Group Standards: Percentile	(see Policy Manual)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
4	Peer Group Standards: Multiplier	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.41	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37
5	Base Period Per Diem Allowed Amounts	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$4,601,458	\$2,276,415	\$0	\$459,292	\$156,672	\$156,672	\$776,363	\$212,178	\$212,178	\$45,181	\$675,357	\$0
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	FY12 CIR Audit Adjtsmts	(\$36,467)	\$0	\$0	\$0	\$0	\$0	(\$36,467)	\$0	\$0	\$31,133	(\$31,133)	\$31,133
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 Audited CIR	\$4,564,991	\$2,276,415	\$0	\$459,292	\$156,672	\$156,672	\$739,896	\$212,178	\$212,178	\$45,181	\$644,224	\$31,133
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR Days	32,014											
9	Total Nursing Facility Days	FY 18 GL-PL Ins Rpt Days										30,579		
10	Total Nursing Facility Days GL-PL Ins. Rpt	Ln 7 / Ln 8 Col a	\$142.66	\$71.11	\$0.00	\$14.35	\$11.52	\$11.52	\$23.11	(with L&H)		\$1.48	\$20.12	\$0.97
11	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	from 4 qtrs of FY12	1.4862											
12	Base Period Facility Case Mix Index for All Residents	Ln 9 / Ln 10	\$47.85											
13	Routine Svcs Case Mix Adjstjd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9	\$47.85									\$1.48	\$20.12	\$0.97
14	Net Per Diem after Case Mix Adjstmt to Routine Svcs	per Peer Group Limits	\$71.51									\$0.00	N/A	
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	Lesser of Ln 12 or Ln 13	\$71.51									\$0.00	N/A	
16	Base Period Case Mix Adjusted Allowed Per Diem		\$47.85									\$1.48	7.18 (FRV)	\$0.97
17	Quarterly Per Diem Rate Prior to Add-ons		\$103.91											
18	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allwnc %	\$12.61	\$6.40	\$0.00	\$1.92	\$1.54	\$1.54	\$2.75	\$0.00	\$0.00	N/A	N/A	N/A
19	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.52	\$54.25	\$0.00	\$16.27	\$13.06	\$13.06	\$23.31	\$0.00	\$0.00	\$1.48	\$7.18	\$0.97
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.6002											
21	Qtrly Routine Svcs Case Mix Adjstjd (CMA) Net Per Diem	Ln 16 x Ln 17	\$86.81											
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.08	\$86.81	\$0.00	\$16.27	\$13.06	\$13.06	\$23.31	\$0.00	\$0.00	\$1.48	\$7.18	\$0.97
23	Quarterly Per Diem Add-on Amounts													
24	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60	\$0.00	\$0.22	\$0.41	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$3.13	\$0.00	\$0.22	\$0.41	\$0.41	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.86	\$89.94	\$0.00	\$16.49	\$13.47	\$13.47	\$40.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.94	\$89.94	\$0.00	\$16.49	\$13.47	\$13.47	\$40.41	\$0.00	\$0.00	\$1.48	\$7.18	\$0.97
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.63											

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

FINAL

Provider: Harborview Health Systems - Pierce													
Pvdr ID: 00142447A													
Case Mix Per Diem Rate Effective Date: 7/1/2020													
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20													
Nurse Hours per On-Site Day/Quality Incentive:													
Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskprg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance			
			a	b	c	d	e	f	g	h	i		
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Site Range within Peer Group			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits			90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
5	Efficiency Measure Maximums (see line 20 for actual)												
6	Base Period Per Diem Allowed Amounts												
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$6,088,551	\$3,155,485	\$0	\$784,196	\$35,621	\$528,430	\$1,268,859	\$45,310	\$289,650	\$0	
8	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstmis	(\$158,005)	(\$186,194)	\$0	\$56,684	\$30,740	\$12,924	(\$70,159)		(\$16,096)	\$16,096	
9	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$5,932,546	\$2,969,291	\$0	\$840,880	\$67,361	\$541,354	\$1,198,700	\$45,310	\$253,554	\$16,096	
10	Total Nursing Facility Days	FY12 Audited CIR Days	26,836										
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days											
12	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$222.01	\$110.65	\$0.00	\$31.33	\$22.68	(with L&H)	\$44.67	17,258	\$9.45	\$0.60	
13	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2039									
14	Routine Svcs Case Mix Adjstjd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.91	\$0.00	\$31.33	\$22.68		\$44.67	\$2.63	\$9.45	\$0.60	
15	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, ALOthr = Ln 9		\$91.91	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	\$0.60	
16	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$22.68		\$20.56	\$2.63	14.61 (FRV)	\$0.60	
17	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.74	\$71.51	\$0.00	\$29.15							
18	Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allwnc %	\$19.24	\$9.56	\$0.00	\$3.90	\$3.03	\$0.00	\$2.75	N/A	N/A	N/A	
20	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	
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.6558										
22	Qtrly Routine Svcs Case Mix Adjstjd (CMA) Net Per Diem	Ln 16 x Ln 17	\$134.24	\$134.24	\$0.00	\$33.05	\$25.71	\$0.00	\$23.31	\$2.63	\$14.61	\$0.60	
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, ALOthr = Ln 16	\$234.15										
24	Efficiency Add-on Per Diem (\$Sind - Alwdj 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	\$0.00	
25	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34									
26	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$4.03	\$4.03									
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10										
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.78	\$5.37	\$0.00	\$0.00	\$0.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.93	\$139.61	\$0.00	\$33.05	\$26.02	\$0.00	\$40.41	\$2.63	\$14.61	\$0.60	
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.87										

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

FINAL

Provider: Harborview Health Systems - Satilla													
Pvdr ID: 00142755A													
Case Mix, Per Diem Rate Effective Date: 7/1/2020													
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20													
Nurse Hours per On-Site Day/Quality Incentive:													
Line #	Description	Sources / Calculations	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
			Totals	Routine Services			Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin General		
			a	b	c	d	e	f	g	g	h	i	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
5	Efficiency Measure Maximums (see line 20 for actual)												
5	Base Period Per Diem Allowed Amounts	As Filed FY12 CIR - FY 2018 GL-PL Rpt	\$7,325,269	\$4,064,367	\$0	\$876,299	\$26,317	\$511,920	\$1,498,239	\$47,490	\$200,637	\$0	
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	FY12 CIR Audit Adjustmts	(\$243,571)	(\$268,365)	\$0	\$59,048	\$40,146	\$18,277	(\$92,677)		(\$16,117)	\$16,117	
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 Audited CIR	\$7,081,698	\$3,796,002	\$0	\$935,347	\$66,463	\$630,197	\$1,405,562	\$47,490	\$184,520	\$16,117	
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR Days	32,718										
9	Total Nursing Facility Days	FY 18 GL-PL Ins Rpt Days											
9	Net Per Diems prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$217.10	\$116.02	\$0.00	\$28.59	\$21.29	(with L&H)	\$42.96	\$2.11	\$5.64	\$0.49	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.3231										
11	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.69									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.69	\$0.00	\$28.59	\$21.29		\$42.96	\$2.11	\$5.64	\$0.49	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	\$0.49	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13		\$71.51	\$0.00	\$28.59	\$21.29		\$20.56	\$2.11	11.21 (FRV)	\$0.49	
15	Quarterly Per Diem Rate Prior to Add-ons		\$155.76										
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allownc %	\$18.98	\$9.56	\$0.00	\$3.82	\$2.85	\$0.00	\$2.75	N/A	N/A	\$0.49	
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	1.6588										
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$134.48	\$134.48	\$0.00	\$32.41	\$24.14	\$0.00	\$23.31	\$2.11	\$11.21	\$0.49	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.15										
20	Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alw) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$4.03	\$4.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$4.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.76	\$4.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.91	\$138.51	\$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	\$174.61										

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

FINAL

Provider: Harborview Health Systems - Thomaston Pvdr ID: 00140621A															Add-on Data and Percentages			Facility		Case Mix Index (CMI) Data			Facility Specific	State-wide				
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20															Nurse Hours per On-Site Day/Quality Incentive:			Score	Add-on Percent	Admin and General	Plant Operatns & Maint	Laundry & Houskpg	Dietary	Special Services	Routine Services	Totals	Sources / Calculations	Description
Line #															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														1	1	1	2	1	1	1							
2	Peer Group Standards & Efficiency Measure Limits																											
3	Peer Group Standards: Percentile																											
4	Peer Group Standards: Multiplier																											
5	Efficiency Measure Maximums (see line 20 for actual)																											
6	Base Period Per Diem Allowed Amounts																											
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)																											
8	Audit Adjustments and Reallocations to Cost Center Costs																											
9	Cost Center Costs After Audit Adjustments																											
10	Total Nursing Facility Days																											
11	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,871																											
12	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs																											
13	Base Period Facility Case Mix Index for All Residents																											
14	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem																											
15	Net Per Diem after Case Mix Adjstmt to Routine Svcs																											
16	Per Diem Standards (After Statewide CMA for Routine Svcs)																											
17	Base Period Case Mix Adjusted Allowed Per Diem																											
18	Quarterly Per Diem Rate Prior to Add-ons																											
19	Growth Allowance Percentage = 13.37%																											
20	CMA Allowed Per Diem (After Growth Allowance Add-on)																											
21	Quarterly Facility Case Mix Index for Medicaid Residents																											
22	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem																											
23	Quarterly Medicaid CMA Allowed Per Diem																											
24	Quarterly Per Diem Add-on Amounts																											
25	Efficiency Add-on Per Diem (Sind - Awd) x .75, up to max, or 0)																											
26	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)																											
27	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)																											
28	Nursing Home Provider Fee																											
29	Total Quarterly Per Diem Add-on Amounts																											
30	Quarterly Case Mix Based Per Diem Rate																											
31	Quarterly Per Diem Rate for Bed Hold and Leave Days																											

Quarterly Case Mix Per Diem Calculation

[illegible]

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

FINAL

Provider: Hart Care Center Pvdr ID: 00167857A		Add-on Data and Percentages				Facility Score		Add-on Percent		Case Mix Index (CMI) Data		Facility Specific		State-wide	
		Growth Allowance:		Qltry BIMS score				13.37%		Base Period Overall CMI:		1.5289		1.3699	
		Nurse Hours per On-Site Day/Quality Incentive:						2.5%		Quarterly Medicaid CMI:		1.6078		1.4961	
								3.0%		Qtrly Meacd CMI w RUG Wght Options:		1.6367		1.5223	
Line #	Description	Sources / Calculations	Totals	a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)			90.0%	90.0%	90.0%	85.0%							
3	Peer Group Standards: Multiplier	(see Policy Manual)			100.0%	100.0%	100.0%	100.0%							
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)			\$0.53	\$0.00	\$0.22	\$0.41							
5	Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 CIR	\$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 CIR Audit Adjismts	(\$78,118)		\$0	\$0	\$0	\$0	\$0	(\$78,118)		(\$20,545)	\$20,545		
7	Cost Center Costs After Audit Adjustments	FY13 Audited CIR	\$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	FY13 Audited CIR Days	40,897												
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$120.90		\$75.59	\$0.00	\$13.62	\$11.68	(with L&H)	\$18.15	\$1.32	\$0.04	\$0.50		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10			1.5289										
11	Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 9 / Ln 10			\$49.44										
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9			\$49.44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	\$0.04	\$0.50		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits			\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.84		\$49.44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	7.13 (FRV)	\$0.50		
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = 13.4%	Ln 14 x Gwth Allownc %	\$12.42		\$5.61	\$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			1.6367										
18	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17			\$91.74										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.95		\$91.74	\$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 (Sind - Awdj x .75; up to max. or 0)	(see Policy Manual)	\$1.53		\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x OPS Add-on	\$2.29		\$2.29										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.75		\$2.75										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10							\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.67		\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.62		\$97.31	\$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	\$117.39												

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

FINAL

Provider: Hartwell Health and Rehabilitation Pndr ID: 00141413A										Add-on Data and Percentages			Facility Score		Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20										Nurse Hours per On-Site Day/Quality Incentive:		Growth Allowance: 13.37%	Only BIMS score 18.1%	Add-on Percent: 0.0%	Base Period Overall CMI: 1.3222	Quarterly Medicaid CMI: 1.3905	Qtrly Mcald CMI w RUG Wrght Options: 1.4117		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekng	Plant Operatrs & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance							
			a	b	c	d	e	f	g	g	h	i							
CASE MIX BASED RATE CALCULATIONS																			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes										
2	Peer Group Standards & Efficiency Measure Limits																		
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%										
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%										
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37										
Base Period Per Diem Allowed Amounts																			
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR - 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							
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjustmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		(\$2,229)	\$2,229							
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$5,839,275	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$361,004	\$2,229							
9	Total Nursing Facility Days	FY12 Audited CIR Days	32,065																
10	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days	\$182.23	\$80.76	\$0.00	\$30.40	\$14.06	(with L&H)	\$42.87	31,303	\$11.26	\$0.07							
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1.3222																
12	Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 9 / Ln 10	\$61.08	\$61.08	\$0.00	\$30.40	\$14.06		\$42.87	\$2.81	\$11.26	\$0.07							
13	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AIOthr = Ln 9		\$61.08	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	\$0.07							
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$14.06		\$20.56	\$2.81	8.18 (FRV)	\$0.07							
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.91	\$61.08	\$0.00	\$29.15													
Quarterly Per Diem Rate Prior to Add-ons																			
16	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allwnc %	\$16.70	\$8.17	\$0.00	\$3.90	\$1.88	\$0.00	\$2.75	N/A	N/A	N/A							
17	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							
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.4117																
19	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17	\$97.76	\$97.76	\$0.00	\$33.05	\$15.94	\$0.00	\$23.31	\$2.81	\$8.18	\$0.07							
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$181.12																
Quarterly Per Diem Add-on Amounts																			
21	Efficiency Add-on Per Diem (SInd - Alwjd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
22	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00															
23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.93	\$2.93															
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10		\$0.00	\$0.00							
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.97	\$3.46	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00							
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.09	\$101.22	\$0.00	\$33.05	\$16.35	\$0.00	\$40.41	\$2.81	\$8.18	\$0.07							
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.74																

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

FINAL

Provider: Hazlehurst Court Care and Rehab Pvdr ID: 00059705A												Add-on Data and Percentages				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific		State-wide	
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												Nurse Hours per On-Site Day/Quality Incentive: Qtrly BIMS score 27.6% Qtrly Meaid CMI w/ Rug Wght Options: 3.0%				Growth Allowance: N/A		Base Period Overall CMI: 1.4494 Quarterly Medicaid CMI: 1.5346		Qtrly Meaid CMI w/ Rug Wght Options: 1.5622							
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance														
				a	b	c	d	e	f	g	g	h	i														
CASE MIX BASED RATE CALCULATIONS																											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes																	
2	Peer Group Standards & Efficiency Measure Limits				90.0%	90.0%	90.0%	85.0%		50.0%																	
3	Peer Group Standards: Percentile		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%																	
4	Peer Group Standards: Multiplier		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																	
5	Efficiency Measure Maximums (see line 20 for actual)																										
Base Period Per Diem Allowed Amounts																											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)		As Filed FY12 C/R, FY 2018 GL-PL Rpt	\$3,073,423	\$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		FY12 Audited C/R Days	21,818																							
9	Total Nursing Facility Days GL-PL Ins. Rpt		FY 18 GL-PL Ins Rpt Days																								
9	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs		Ln 7 / Ln 8 Col a	\$141.71	\$62.97	\$0.00	\$14.50	\$12.88	(with L&H)	\$39.64	\$0.62	\$10.56	\$0.54														
10	Base Period Facility Case Mix Index for All Residents		from 4 qtrs of FY12		1.4494																						
11	Routine Svcs Case Mix Adjstjd (CMA) Net Per Diem		Ln 9 / Ln 10		\$43.45																						
12	Net Per Diem after Case Mix Adjstmt to Routine Svcs		RS = Ln 11, AllOthr = Ln 9		\$43.45	\$0.00	\$14.50	\$12.88		\$39.64	\$0.62	\$10.56	\$0.54														
13	Per Diem Standards (after Statewide CMA for Routine Svcs)		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A															
14	Base Period Case Mix Adjusted Allowed Per Diem		Lesser of Ln 12 or Ln 13	\$99.33	\$43.45	\$0.00	\$14.50	\$12.88		\$20.56	\$0.62	6.78 (FRV)	\$0.54														
Quarterly Per Diem Rate Prior to Add-ons																											
15	Growth Allowance Percentage = 13.37%		Ln 14 x Gwth 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		1.5622																						
18	Qtrly Routine Svcs Case Mix Adjstjd (CMA) Net Per Diem		Ln 16 x Ln 17		\$76.95	\$0.00	\$16.44	\$14.60		\$23.31	\$0.62	\$6.78	\$0.54														
19	Quarterly Medicaid CMA Allowed Per Diem		RS = Ln 18, AllOthr = Ln 16	\$139.24	\$76.95	\$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 (Sind - Awdjd x .75, up to max, or 0)		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	\$0.00														
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)		Ln 19 Col b x CPS Add-on	\$0.77	\$0.77																						
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)		Ln 19 Col b x Sling Add-on	\$2.31	\$2.31																						
23	Nursing Home Provider Fee		(Fixed Amount)	\$17.10																							
24	Total Quarterly Per Diem Add-on Amounts		Sum of Lns 20 thru 23	\$21.34	\$3.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00														
25	Quarterly Case Mix Based Per Diem Rate		Ln 19 + Ln 24	\$160.58	\$80.56	\$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	\$107.61																							

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

FINAL

Provider: Heardmont Nursing Home														
Pvdr ID: 00082981A														
Case Mix, Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive: Qtrly BIMS score 36.8% 2.63														
Growth Allowance: N/A 13.37% 2.5% 3.0%														
Qtrly Mcaid CMI w RUG Wght Options: Base Period Overall CMI: 1.433 Quarterly Medicaid CMI: 1.4102 State-wide: 1.5233														
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekping	Plant Operatins & Maint	Admin General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups	(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%	90.0%	50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	100.0%	105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR -FY 2018 GL-PL Rpt	\$2,723,340	\$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 CIR Audit Adjstims	(\$53,465)	\$0	\$0	\$486	(\$3,199)	(\$17,639)	(\$37,473)		(\$53,466)	\$27,826		
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$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	FY12 Audited CIR Days	20,589											
	As Filed Days = 20,589													
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days												
9	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.18	\$57.28	\$0.00	\$16.11	\$23.75	(with L&H)	\$19.62	14,740	\$8.57	\$1.35		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1433										
11	Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.10										
12	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.10	\$0.00	\$16.11	\$23.75		\$19.62	\$3.50	\$8.57	\$1.35		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.33	\$50.10	\$0.00	\$16.11	\$23.09		\$19.62	\$3.50	7.56 (FRV)	\$1.35		
Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth 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		1.4352										
18	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.52										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.61	\$81.52	\$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 ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.04	\$2.04										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.45	\$2.45										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.71	\$5.02	\$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	\$183.32	\$86.54	\$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	\$124.67											

Line #	Description	Sources / Calculations	Add-on Data and Percentages								Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Property Specific Related	State-wide Insurance	
			Totals	Routine Services b	Special Services c	Dietary d	Laundry & Housekeeping e	Plant Operations & Maint f	Admin General g	A&G- GL-PL Insurance								
Growth Allowance: BIMS:	Nurse Hours per On-Site Day/Quality Incentive:	BMS:	Qrtly Meaid CMI w RUG Wght Options:	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Meaid CMI w RUG Wght Options:												
Provider: Heart of Georgia Pvdr ID: 00141359A H/B ? No Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20																		
CASE MIX BASED RATE CALCULATIONS																		
Cost Center Peer Groups per Selected Options																		
Type of Facility within Peer Group																		
Bed Size Range within Peer Group																		
Peer Group Standards & Efficiency Measure Limits																		
Peer Group Standards: Percentile																		
Peer Group Standards: Multiplier																		
Efficiency Measures (Maximums)																		
Per Diem Costs and Add-ons																		
GL-PL- Insurance Costs																		
Total Nursing Facility Days GL-PL Ins. Rpt																		
Standard Per Diem (After CMA for Routine Svcs)																		
Allowed @ 95% of Std																		
Growth Allowance																		
CMA Allowed Per Diem (After Growth Allowance)																		
Quarterly Facility Case Mix Index for Medicaid Residents																		
Qrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem																		
Quarterly Medicaid CMA Allowed Per Diem																		
Quarterly Per Diem Add-On Amounts																		
BIMS Add-on Per Diem = 0.0% o Routine Svcs																		
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%																		
Nursing Home Provider Fee																		
Total Quarterly Per Diem Add-On Amounts																		
Quarterly Case Mix Based Per Diem Rate																		
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x .75%																		

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

FINAL

Provider: Heritage Healthcare -Forsyth, LLC														
Pvdr ID: 00141017A														
Case Mix Per Diem Rate Effective Date: 7/1/2020														
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20														
Nurse Hours per On-Site Day/Quality Incentive:														
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
			Totals	Routine Services	Special Services			Dietary	Laundry & Housekpg	Plant Operatns & Maint			Admin and General	A&G- GL-PL Insurance
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 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		90.0%	90.0%		90.0%	90.0%	85.0%					
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%		100.0%	100.0%	100.0%					
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00		\$0.53	\$0.22	\$0.41					
5	Efficiency Measure Maximums (see line 20 for actual)													
6	Base Period Per Diem Allowed Amounts													
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR- FY 2018 GL-PL Rpt	\$3,583,363	\$1,946,823	\$0		\$1,946,823	\$0	\$284,356	\$217,553	\$503,832	\$173,285	\$134,358	\$0
8	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjmts	(\$72,535)	(\$8,653)	\$0		(\$8,653)	\$0	(\$324)	(\$893)	(\$62,665)		(\$31,328)	\$31,328
9	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$3,510,828	\$1,938,170	\$0		\$1,938,170	\$0	\$284,032	\$216,660	\$441,167	\$173,285	\$103,030	\$31,328
10	Total Nursing Facility Days	FY12 Audited CIR Days	25,359											
11	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,359												
12	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days	\$138.66	\$76.43	\$0.00		\$76.43	\$0.00	\$19.74	(with L&H)	\$17.40	\$7.05	\$4.06	\$1.24
13	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,3861			1,3861							
14	Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.14			\$55.14	\$0.00	\$19.74					
15	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.14			\$55.14	\$0.00	\$12.74					
16	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51			\$71.51	\$0.00	\$18.41					
17	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.56				\$55.14	\$0.00	\$12.74					
18	Quarterly Per Diem Rate Prior to Add-ons													
19	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allwnc %	\$14.04	\$7.37	\$0.00		\$7.37	\$0.00	\$1.70					
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.60	\$62.51	\$0.00		\$62.51	\$0.00	\$14.44					
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1,5286				1,5286		\$22.38	\$0.00	\$19.73	\$7.05	\$7.25	\$1.24
22	Only Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.55			\$95.55	\$0.00						
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.64				\$95.55	\$0.00	\$22.38	\$0.00	\$19.73	\$7.05	\$7.25	\$1.24
24	Efficiency Add-on Per Diem (Std - Allowl x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00		\$0.53	\$0.00	\$0.22	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39	\$0.00		\$2.39	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
26	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfing Add-on	\$2.87	\$2.87	\$0.00		\$2.87	\$0.00						
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10				\$17.10	\$0.00						
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$5.79	\$0.00		\$5.79	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.53	\$101.34	\$0.00		\$101.34	\$0.00	\$22.79	\$0.00	\$37.20	\$7.05	\$7.25	\$1.24
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.82											

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Institutional Reimbursement - DCHWDFS

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

FINAL

Provider: Heritage Inn of Barnesville Pvdr ID: 00143613A														
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Nurse Hours per On-Site Day/Quality Incentive: Qlty BIMS score 50.6% Qlty Medicaid CMI w/ RUG Wght Options: 1.4948 1.4961 1.5192														
Line #	Description	Sources / Calculations	Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
			Totals	Routine Services	Special Services			Dietary	Laundry & Houskng	Plant Operatins & Maint			Admin and General	A&G- GL-PL Insurance
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	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits			90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)												
Base Period Per Diem Allowed Amounts														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR -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 CIR Audit Adjstms	(\$24,917)	\$0	\$0	\$0	\$0	\$0	(\$25,520)		(\$23,865)	\$24,468		
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$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	FY12 Audited CIR Days	39,325											
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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 Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.83	\$0.00	\$13.74	\$14.97		\$15.56	\$2.82	\$8.97	\$0.62		
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.83	\$0.00	\$13.74	\$14.97		\$15.56	\$2.82	\$8.97	\$0.62		
13	Per Diem Standards (after Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$0.62		
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 Growth Allownc %	\$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		1,5182										
18	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.49	\$0.00	\$15.58	\$16.97	\$0.00	\$17.64	\$2.82	\$7.05	\$0.62		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.17	\$87.49	\$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 (Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.81	\$4.81	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.62	\$2.62	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$17.10	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.05	\$7.96	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.23	\$95.45	\$0.00	\$15.80	\$17.38	\$0.00	\$35.11	\$2.82	\$7.05	\$0.00	\$0.62	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.85											

FINAL

NHRSP2_FYE2012-13.37%of7-1-2020-KID-GL-PL (AUDITED) 7/5/2020

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

FINAL

Provider: Heritage Inn of Statesboro												
Pvdr ID: 00142161A												
Case Mix Per Diem Rate Effective Date: 7/1/2020												
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												
Nurse Hours per On-Site Day/Quality Incentive:												
Line #	Description	Sources / Calculations	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
			Growth Allowance:	Qtrly BIMS score	24.3%	13.37%	Base Period Overall CMI:	Qtrly Medicaid CMI:	Qtrly Medicaid CMI w RUG Wght Options:	1.2962	1.3617	
Taxes and Insurance												
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	1	1	1	2	1	1	1	g	h	i
2	Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)	90.0%	90.0%	90.0%	90.0%	85.0%	50.0%	50.0%			
3	Peer Group Standards: Percentile	(see Policy Manual)	100.0%	100.0%	100.0%	100.0%	100.0%	105.0%	105.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)	\$0.53	\$0.00	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 CIR- 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	As Filed Cost Center Costs (Routine & Special Svcs Combined)	FY12 CIR Audit Adjmts	(\$17,099)	\$0	\$0	(\$1,779)	\$0	(\$187)	(\$16,912)		(\$27,410)	\$29,189
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 Audited CIR	\$3,608,458	\$1,942,671	\$0	\$398,638	\$189,018	\$260,567	\$475,411	\$88,441	\$224,523	\$29,189
8	Cost Center Costs After Audit Adjustments	FY12 Audited CIR Days	28,133									
9	Total Nursing Facility Days	FY 18 GL-PL Ins Rpt Days						(with L&H)	\$16.90	28,694	\$7.98	\$1.04
10	Total Nursing Facility Days GL-PL Ins. Rpt	Ln 7 / Ln 8 Col a	\$128.20	\$69.05	\$0.00	\$14.17	\$15.98		\$16.90	\$3.08		
11	Net Per Diem prior to Case Mix Adjstmnt to Routine Svcs	from 4 qtrs of FY12		1.2962								
12	Base Period Facility Case Mix Index for All Residents	Ln 9 / Ln 10		\$53.27	\$0.00	\$14.17	\$15.98		\$16.90	\$3.08	\$7.98	\$1.04
13	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$53.27	\$0.00	\$14.17	\$15.98		\$20.56	\$0.00	N/A	
14	Net Per Diem after Case Mix Adjstmnt to Routine Svcs	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$16.90	\$3.08	7.06 (FRV)	\$1.04
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	Lesser of Ln 12 or Ln 13	\$111.50	\$53.27	\$0.00	\$14.17	\$15.98		\$16.90	\$3.08		
16	Base Period Case Mix Adjusted Allowed Per Diem											
17	Quarterly Per Diem Rate Prior to Add-ons											
18	Growth Allowance Percentage =	Ln 14 x Gwth Allownc %	\$13.41	\$7.12	\$0.00	\$1.89	\$2.14	\$0.00	\$2.26	N/A	N/A	N/A
19	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
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.7829									
21	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17	\$172.19	\$107.67	\$0.00	\$16.06	\$18.12	\$0.00	\$19.16	\$3.08	\$7.06	\$1.04
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16		\$107.67	\$0.00	\$16.06	\$18.12	\$0.00	\$19.16	\$3.08		
23	Efficiency Add-on Per Diem ([(Snd - Awd) x .75, up to max, or 0]	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00
24	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00
25	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	\$0.00
26	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$3.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
27	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.86	\$3.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
28	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.05	\$111.43	\$0.00	\$16.28	\$18.53	\$0.00	\$36.63	\$3.08	\$7.06	\$1.04
29	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.71									

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

FINAL

Provider: High Shoals Health & Rehabilitation Pndr ID: 00212814A										Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20										Nurse Hours per On-Site Day/Quality Incentive:			33.3%	13.37%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:					1.3425	1.3617
													3.24	2.5%						1.1546	1.4961
														2.0%						1.1690	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpg	Plant Operatns & Maint	Admin and General	ASG- GL-PL Insurance	Property and Related	Taxes and Insurance									
			a	b	c	d	e	f	g	g	h	i									
CASE MIX BASED RATE CALCULATIONS																					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	\$98,431											
2	Peer Group Standards & Efficiency Measure Limits																				
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	50.0%	50.0%												
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	105.0%	105.0%												
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	\$0.37	\$0.37												
Base Period Per Diem Allowed Amounts																					
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CR- FY 2018 GL-PL Rpt	\$5,303,039	\$2,934,713	\$0	\$934,606	\$343,241	\$445,290	\$754,291	\$98,431	\$92,467	\$0									
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CR Audit Adjustmts	(\$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 CR	\$5,141,850	\$2,920,771	\$0	\$901,197	\$340,524	\$429,392	\$670,945	\$98,431	\$64,866	\$15,724									
8	Total Nursing Facility Days	FY12 Audited CR Days	27,611																		
9	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days																			
10	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.57	\$105.78	\$0.00	\$21.77	\$27.88	(with L&H)	\$24.30	\$2.92	\$2.35	\$0.57									
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3425																	
12	Routine Svcs Case Mix Adjstl (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.79																	
13	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, ALOthr = Ln 9		\$78.79	\$0.00	\$21.77	\$27.88		\$24.30	\$2.92	\$2.35	\$0.57									
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$0.57									
15	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 Gwth 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	1.1690																		
18	Qtrly Routine Svcs Case Mix Adjstl (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.77																	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, ALOthr = Ln 16	\$184.11	\$94.77	\$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 (JSnd - Awdl x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00										
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$1.90	\$1.90																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10																		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.37	\$4.27	\$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	\$205.48	\$99.04	\$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	\$141.29																		

FINAL

NHRSP2_FYE2012-13.37%07-1-2020-KJD-GL-PL (AUDITED) 7/6/2020

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

FINAL

Provider: Jeffersonville Nurs. & Rehab. Ctr.			Add-on Data and Percentages			Facility		Case Mix Index (CMI) Data			Facility Specific		State-wide
Pvdr ID: 00282235A			Growth Allowance:			Score		Base Period Overall CMI:			1.1155		1.3617
Case Mix Per Diem Rate Effective Date:			Qtrly BIMS score			#N/A		Quarterly Medicaid CMI:			1.4961		1.5223
MDS & Nurse Hrs Data per Quarter Ending:			Nurse Hours per On-Site Day/Quality Incentive:			no data		Qtrly Mcaid CMI w/ RUG Wght Options:					
7/1/2020													
03/31/20													

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

FINAL

Provider: Jesup Health Care		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Pvdr ID: 00142689A		Growth Allowance:		N/A	13.37%	Base Period Overall CMI:					1,4500	1,3617
Case Mix Per Diem Rate Effective Date: 7/1/2020		Qtrly BIMS score:		40.0%	2.5%	Quarterly Medicaid CMI:					1,9228	1,4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		2.74	3.0%	Qtrly Mcaid CMI w RUG Wgnt Options:					1,9607	1,5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
6	Base Period Per Diem Allowed Amounts											
7	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 CIR- FY 2018 GL-PL Rpt	\$3,416,686	\$1,923,953	\$0	\$308,759	\$228,458	\$194,173	\$531,481	\$20,609	\$209,243	\$0
8	Audit Adjustments and Reallocations to Cost Center Costs	FY12 CIR Audit Adjstms	(\$374,073)	(\$314,489)	\$0	\$429	(\$2,261)	\$7,477	(\$42,462)		(\$35,529)	\$12,782
9	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$3,042,613	\$1,609,474	\$0	\$309,188	\$226,177	\$201,650	\$489,019	\$20,609	\$173,714	\$12,782
10	Total Nursing Facility Days	FY12 Audited CIR Days	24,507									
11	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days		\$65.67	\$0.00	\$12.62	\$17.46	(with L&H)	\$19.95	\$0.97	\$7.09	\$0.52
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$124.28	1,4500								
13	Routine Svcs Case Mix Adjstl (CMA) Net Per Diem	Ln 7 /Ln 8 Col a		\$45.29								
14	Net Per Diem after Case Mix Adjstl to Routine Svcs	Ln 9 /Ln 10		\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	\$7.09	\$0.52
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	RS = Ln 11, AIOthr = Ln 9 per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
16	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.39	\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	6.58 (FRV)	\$0.52
17	Quarterly Per Diem Rate Prior to Add-ons											
18	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Allownc %	\$12.75	\$6.06	\$0.00	\$1.69	\$2.33	\$0.00	\$2.67	N/A	N/A	N/A
19	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
20	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,9607								
21	Qtrly Routine Svcs Case Mix Adjstl (CMA) Net Per Diem	Ln 16 x Ln 17	\$100.68	\$100.68	\$0.00	\$14.31	\$19.79	\$0.00	\$22.62	\$0.97	\$6.58	\$0.52
22	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$165.47									
23	Quarterly Per Diem Add-on Amounts											
24	Efficiency Add-on Per Diem (SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on (Fixed Amount)	\$3.02	\$3.02								
27	Nursing Home Provider Fee	Sum of Lns 20 thru 23	\$17.10	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
28	Total Quarterly Per Diem Add-on Amounts		\$24.17	\$106.75	\$0.00	\$14.53	\$20.20	\$0.00	\$17.47	\$0.97	\$6.58	\$0.52
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.64						\$40.09			
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.41									

FINAL

Manual Rates 07 2020 - 13.37%Percent-Audited GL-PL

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

FINAL

Provider: Jonesboro Nurs. & Rehab Ctr.													
Pvdr ID: 00531033A													
Case Mix Per Diem Rate Effective Date: 7/1/2020													
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20													
Nurse Hours per On-Site Day/Quality Incentive:													
Add-on Data and Percentages:													
Facility Score: N/A													
Add-on Percent: 13.37%													
Base Period Overall CMI: 1.7250													
Qlty BIMS score: 28.1%													
Qlty Medicaid CMI: 1.6431													
Qlty Mcdad CMI w RUG Wght Options: 1.6732													
Case Mix Index (CMI) Data													
Property and Related													
A&G- GL-PL Insurance													
Admin and General													
Plant Operatns & Maint													
Laundry & Houskpg													
Dietary													
Special Services													
Routine Services													
Totals													
Sources / Calculations													
Description													
Line #													
Taxes and Insurance													
State-wide													

CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group			(see Policy Manual)	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes
2	Peer Group Standards & Efficiency Measure Limits			(see Policy Manual)	90.0%	90.0%	90.0%	85.0%	50.0%				
3	Peer Group Standards: Percentile			(see Policy Manual)	100.0%	100.0%	100.0%	100.0%	105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)			(see Policy Manual)	\$0.53	\$0.00	\$0.22	\$0.41	\$0.37				
5	Base Period Per Diem Allowed Amounts			As Filed FY12 CIR -FY 2018 GL-PL Rpt	\$6,954,862	\$3,427,719	\$0	\$718,503	\$974,956	\$162,252	\$1,009,183	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs			FY12 CIR Audit Adjstmts	(\$69,443)	(\$110,724)	\$0	(\$1,901)	\$29,290		(\$110,344)	\$85,038	
7	Cost Center Costs After Audit Adjustments			FY12 Audited CIR	\$6,885,419	\$3,316,995	\$0	\$716,602	\$440,548	\$162,252	\$898,839	\$85,038	
8	Total Nursing Facility Days			FY12 Audited CIR Days	43,009								
9	Total Nursing Facility Days GL-PL Ins. Rpt			FY 18 GL-PL Ins Rpt Days									
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs			Ln 7 / Ln 8 Col a	\$160.02	\$77.12	\$0.00	\$16.66	(with L&H)	\$23.35	\$20.90	\$1.98	
11	Base Period Facility Case Mix Index for All Residents			from 4 qtrs of FY12		1.7250							
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			Ln 9 / Ln 10		\$44.71							
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs			RS = Ln 11, AllOthr = Ln 9		\$44.71	\$0.00	\$16.66	\$23.35	\$3.70	\$20.90	\$1.98	
14	Per Diem Standards (After Statewide CMA for Routine Svcs)			per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$20.56	\$0.00	N/A		
15	Base Period Case Mix Adjusted Allowed Per Diem			Lesser of Ln 12 or Ln 13	\$117.78	\$44.71	\$0.00	\$16.66	\$20.56	\$3.70	13.86 (FRV)	\$1.98	
16	Quarterly Per Diem Rate Prior to Add-ons												
17	Growth Allowance Percentage = 13.37%			Ln 14 x Growth Allownc %	\$13.14	\$5.98	\$0.00	\$2.23	\$2.75	N/A	N/A		
18	CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 + Ln 15	\$130.92	\$50.69	\$0.00	\$18.89	\$23.31	\$3.70	\$13.86	\$1.98	
19	Quarterly Facility Case Mix Index for Medicaid Residents			per Current Qtr End		1.6732							
20	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			Ln 16 x Ln 17		\$84.81							
21	Quarterly Medicaid CMA Allowed Per Diem			RS = Ln 18, AllOthr = Ln 16	\$165.04	\$84.81	\$0.00	\$18.89	\$23.31	\$3.70	\$13.86	\$1.98	
22	Quarterly Per Diem Add-on Amounts												
23	Efficiency Add-on Per Diem ((Snd - Awd) x .75, up to max, or 0)			(see Policy Manual)									
24	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)			Ln 19 Col b x OPS Add-on	\$1.16	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	
25	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)			Ln 19 Col b x Sling Add-on	\$0.85	\$0.85							
26	Nursing Home Provider Fee			(Fixed Amount)	\$17.10	\$1.70							
27	Total Quarterly Per Diem Add-on Amounts			Sum of Lns 20 thru 23	\$20.81	\$3.08	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00
28	Quarterly Case Mix Based Per Diem Rate			Ln 19 + Ln 24	\$185.85	\$87.89	\$0.00	\$19.11	\$18.90	\$0.00	\$3.70	\$13.86	\$1.98
29	Quarterly Per Diem Rate for Bed Hold and Leave Days			(Ln 25 - Ln 23) * 0.75	\$126.56								