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

**FINAL**

Provider: **Kentwood**
Prvdr ID: **00143426A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 54.9% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.95 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2689 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3391 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.3597 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $5,032,878 | $2,965,870 | $0 | $546,138 | $263,810 | $217,324 | $690,127 | $176,477 | $173,132 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($65,636) | $0 | $0 | $0 | $0 | ($1,573) | ($64,063) | | ($256) | $256 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $4,967,242 | $2,965,870 | $0 | $546,138 | $263,810 | $215,751 | $626,064 | $176,477 | $172,876 | $256 |
| 8 | Total Nursing Facility Days As Filed Days = 27,487 | FY12 Audited C/R Days | 27,487 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,404 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 33,404 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $179.58 | $107.90 | $0.00 | $19.87 | $17.45 | *(with L&H)* | $22.78 | $5.28 | $6.29 | $0.01 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.2689 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $85.03 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $85.03 | $0.00 | $19.87 | $17.45 | | $22.78 | $5.28 | $6.29 | $0.01 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $150.26 | $71.51 | $0.00 | $18.41 | $17.45 | | $20.56 | $5.28 | 17.04 *(FRV)* | $0.01 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $17.10 | $9.56 | $0.00 | $2.46 | $2.33 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $167.36 | $81.07 | $0.00 | $20.87 | $19.78 | $0.00 | $23.31 | $5.28 | $17.04 | $0.01 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.3597 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $110.23 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $196.52 | $110.23 | $0.00 | $20.87 | $19.78 | $0.00 | $23.31 | $5.28 | $17.04 | $0.01 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $0.41 | $0.00 | $0.00 | $0.00 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $6.06 | $6.06 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.31 | $3.31 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $26.88 | $9.37 | $0.00 | $0.00 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$223.40** | **$119.60** | **$0.00** | **$20.87** | **$20.19** | **$0.00** | **$40.41** | **$5.28** | **$17.04** | **$0.01** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$154.73** | | | | | | | | | |

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

**FINAL**

Provider: **Keysville Nursing Home and Rehab Ctr**
Prvdr ID: **00141655A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 61.4% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.43 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.3131 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3600 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.3868 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $2,873,358 | $1,321,717 | $0 | $334,354 | $174,953 | $327,425 | $331,928 | $7,637 | $375,344 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($13,288) | $5,280 | $0 | $580 | $525 | $333 | ($20,791) | | ($21,389) | $22,174 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $2,860,070 | $1,326,997 | $0 | $334,934 | $175,478 | $327,758 | $311,137 | $7,637 | $353,955 | $22,174 |
| 8 | Total Nursing Facility Days As Filed Days = 20,912 | FY12 Audited C/R Days | 20,912 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,753 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 19,753 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $139.44 | $63.46 | $0.00 | $16.02 | $24.06 | *(with L&H)* | $14.88 | $3.03 | $16.93 | $1.06 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.3131 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $48.33 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $48.33 | $0.00 | $16.02 | $24.06 | | $14.88 | $3.03 | $16.93 | $1.06 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $120.00 | $48.33 | $0.00 | $16.02 | $23.09 | | $14.88 | $3.03 | 13.59 *(FRV)* | $1.06 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $13.68 | $6.46 | $0.00 | $2.14 | $3.09 | $0.00 | $1.99 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $133.68 | $54.79 | $0.00 | $18.16 | $26.18 | $0.00 | $16.87 | $3.03 | $13.59 | $1.06 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.3868 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $75.98 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $154.87 | $75.98 | $0.00 | $18.16 | $26.18 | $0.00 | $16.87 | $3.03 | $13.59 | $1.06 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.12 | $0.53 | $0.00 | $0.22 | $0.00 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $4.18 | $4.18 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.28 | $2.28 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $24.68 | $6.99 | $0.00 | $0.22 | $0.00 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$179.55** | **$82.97** | **$0.00** | **$18.38** | **$26.18** | **$0.00** | **$34.34** | **$3.03** | **$13.59** | **$1.06** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$121.84** | | | | | | | | | |

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

**FINAL**

Provider: **Lafayette Nursing & Rehab Center**
Prvdr ID: **00399737A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 46.8% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 0.00 | 1.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.4871 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3850 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4035 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $9,256,560 | $4,885,876 | $0 | $883,051 | $416,107 | $519,499 | $1,637,603 | $385,084 | $529,340 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($77,970) | ($74,174) | $0 | ($4,172) | $840 | $1,832 | ($4,163) | | ($85,898) | $87,765 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $9,178,590 | $4,811,702 | $0 | $878,879 | $416,947 | $521,331 | $1,633,440 | $385,084 | $443,442 | $87,765 |
| 8 | Total Nursing Facility Days As Filed Days = 55,096 | FY12 Audited C/R Days | 55,096 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,797 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 44,797 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $168.20 | $87.33 | $0.00 | $15.95 | $17.03 | *(with L&H)* | $29.65 | $8.60 | $8.05 | $1.59 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | **1.4871** | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $58.73 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $58.73 | $0.00 | $15.95 | $17.03 | | $29.65 | $8.60 | $8.05 | $1.59 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $138.93 | $58.73 | $0.00 | $15.95 | $17.03 | | $20.56 | $8.60 | 16.47 *(FRV)* | $1.59 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $15.01 | $7.85 | $0.00 | $2.13 | $2.28 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $153.94 | $66.58 | $0.00 | $18.08 | $19.31 | $0.00 | $23.31 | $8.60 | $16.47 | $1.59 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | **1.4035** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $93.45 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $180.81 | $93.45 | $0.00 | $18.08 | $19.31 | $0.00 | $23.31 | $8.60 | $16.47 | $1.59 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.16 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $5.14 | $5.14 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $0.93 | $0.93 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $24.33 | $6.60 | $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 | **$205.14** | **$100.05** | **$0.00** | **$18.30** | **$19.72** | **$0.00** | **$40.41** | **$8.60** | **$16.47** | **$1.59** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$141.03** | | | | | | | | | |

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

**FINAL**

Provider: **LaGrange Nurs, & Rehab. Ctr.**
Prvdr ID: **00270245A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 33.9% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.31 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.4490 | 1.3617 |
| Quarterly Medicaid CMI: | 1.5830 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.6124 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $7,142,325 | $3,338,930 | $0 | $684,153 | $317,877 | $319,612 | $1,421,710 | $24,394 | $1,035,649 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($872,248) | ($268,459) | $0 | ($64,251) | $2,204 | ($14,104) | ($604,302) | | $46,284 | $30,380 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $6,270,077 | $3,070,471 | $0 | $619,902 | $320,081 | $305,508 | $817,408 | $24,394 | $1,081,933 | $30,380 |
| 8 | Total Nursing Facility Days As Filed Days = 46,991 | FY12 Audited C/R Days | 46,991 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,094 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 33,094 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $133.64 | $65.34 | $0.00 | $13.19 | $13.31 | *(with L&H)* | $17.39 | $0.74 | $23.02 | $0.65 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | **1.4490** | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $45.09 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $45.09 | $0.00 | $13.19 | $13.31 | | $17.39 | $0.74 | $23.02 | $0.65 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $99.30 | $45.09 | $0.00 | $13.19 | $13.31 | | $17.39 | $0.74 | 8.93 *(FRV)* | $0.65 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $11.90 | $6.03 | $0.00 | $1.76 | $1.78 | $0.00 | $2.33 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $111.20 | $51.12 | $0.00 | $14.95 | $15.09 | $0.00 | $19.72 | $0.74 | $8.93 | $0.65 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | **1.6124** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $82.43 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $142.51 | $82.43 | $0.00 | $14.95 | $15.09 | $0.00 | $19.72 | $0.74 | $8.93 | $0.65 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.06 | $2.06 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.65 | $1.65 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.34 | $4.24 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$164.85** | **$86.67** | **$0.00** | **$15.17** | **$15.50** | **$0.00** | **$37.19** | **$0.74** | **$8.93** | **$0.65** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$110.81** | | | | | | | | | |

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

**FINAL**

Provider: **Lake City Nursing & Rehab Ctr.**
Prvdr ID: **00141699A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 43.1% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.32 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.6589 | 1.3617 |
| Quarterly Medicaid CMI: | 1.5844 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.6128 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $11,284,046 | $6,137,555 | $0 | $1,190,052 | $517,678 | $688,523 | $1,372,595 | ($142,967) | $1,520,610 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($116,463) | ($15,744) | $0 | ($3,210) | $0 | $13,996 | ($111,505) | | ($78,250) | $78,250 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $11,167,583 | $6,121,811 | $0 | $1,186,842 | $517,678 | $702,519 | $1,261,090 | ($142,967) | $1,442,360 | $78,250 |
| 8 | Total Nursing Facility Days As Filed Days = 81,185 | FY12 Audited C/R Days | 81,185 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 83,030 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 83,030 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $142.35 | $75.41 | $0.00 | $14.62 | $15.03 | *(with L&H)* | $15.53 | $3.03 | $17.77 | $0.96 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.6589 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $45.46 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $45.46 | $0.00 | $14.62 | $15.03 | | $15.53 | $3.03 | $17.77 | $0.96 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $103.43 | $45.46 | $0.00 | $14.62 | $15.03 | | $15.53 | $3.03 | 8.80 *(FRV)* | $0.96 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $12.12 | $6.08 | $0.00 | $1.95 | $2.01 | $0.00 | $2.08 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $115.55 | $51.54 | $0.00 | $16.57 | $17.04 | $0.00 | $17.61 | $3.03 | $8.80 | $0.96 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.6128 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $83.12 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $147.13 | $83.12 | $0.00 | $16.57 | $17.04 | $0.00 | $17.61 | $3.03 | $8.80 | $0.96 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.08 | $2.08 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.49 | $2.49 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.20 | $5.10 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$170.33** | **$88.22** | **$0.00** | **$16.79** | **$17.45** | **$0.00** | **$35.08** | **$3.03** | **$8.80** | **$0.96** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$114.92** | | | | | | | | | |

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

**FINAL**

Provider: **Lake Crossing Heath Care**
Prvdr ID: **00403939A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 44.6% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.12 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2839 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4138 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4416 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $4,362,617 | $1,898,036 | $0 | $505,765 | $238,011 | $392,873 | $484,806 | $136,164 | $706,962 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($43,092) | $11,954 | $0 | $0 | $0 | $0 | ($42,257) | | ($45,745) | $32,956 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $4,319,525 | $1,909,990 | $0 | $505,765 | $238,011 | $392,873 | $442,549 | $136,164 | $661,217 | $32,956 |
| 8 | Total Nursing Facility Days As Filed Days = 33,667 | FY12 Audited C/R Days | 33,667 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,694 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 33,694 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $128.29 | $56.73 | $0.00 | $15.02 | $18.74 | *(with L&H)* | $13.14 | $4.04 | $19.64 | $0.98 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.2839 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $44.19 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $44.19 | $0.00 | $15.02 | $18.74 | | $13.14 | $4.04 | $19.64 | $0.98 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $106.12 | $44.19 | $0.00 | $15.02 | $18.74 | | $13.14 | $4.04 | 10.01 *(FRV)* | $0.98 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $12.19 | $5.91 | $0.00 | $2.01 | $2.51 | $0.00 | $1.76 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $118.31 | $50.10 | $0.00 | $17.03 | $21.25 | $0.00 | $14.90 | $4.04 | $10.01 | $0.98 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4416 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $72.22 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $140.43 | $72.22 | $0.00 | $17.03 | $21.25 | $0.00 | $14.90 | $4.04 | $10.01 | $0.98 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $1.81 | $1.81 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.17 | $2.17 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.61 | $4.51 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$163.04** | **$76.73** | **$0.00** | **$17.25** | **$21.66** | **$0.00** | **$32.37** | **$4.04** | **$10.01** | **$0.98** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$109.46** | | | | | | | | | |

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

**FINAL**

Provider: **Lakeland Villa Convalescent Center**
Prvdr ID: **00141732A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 27.1% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 4.02 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.1323 | 1.3617 |
| Quarterly Medicaid CMI: | 1.1384 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.1551 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *1* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Hosp Based* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $3,392,306 | $1,645,551 | $0 | $668,626 | $203,496 | $229,802 | $426,540 | $95,143 | $123,148 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($53,570) | $15,605 | $0 | $0 | ($10,999) | ($830) | ($56,917) | | ($4,821) | $4,392 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $3,338,736 | $1,661,156 | $0 | $668,626 | $192,497 | $228,972 | $369,623 | $95,143 | $118,327 | $4,392 |
| 8 | Total Nursing Facility Days As Filed Days = 21,442 | FY12 Audited C/R Days | 21,442 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,646 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 21,646 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $155.67 | $77.47 | $0.00 | $31.18 | $19.66 | *(with L&H)* | $17.24 | $4.40 | $5.52 | $0.20 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.1323 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $68.42 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $68.42 | $0.00 | $31.18 | $19.66 | | $17.24 | $4.40 | $5.52 | $0.20 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $29.15 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $173.07 | $68.42 | $0.00 | $29.15 | $19.66 | | $17.24 | $4.40 | 34.00 *(FRV)* | $0.20 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $17.98 | $9.15 | $0.00 | $3.90 | $2.63 | $0.00 | $2.30 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $191.05 | $77.57 | $0.00 | $33.05 | $22.29 | $0.00 | $19.54 | $4.40 | $34.00 | $0.20 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.1551 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $89.60 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $203.08 | $89.60 | $0.00 | $33.05 | $22.29 | $0.00 | $19.54 | $4.40 | $34.00 | $0.20 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.31 | $0.53 | $0.00 | $0.00 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 1.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $0.90 | $0.90 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.69 | $2.69 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.00 | $4.12 | $0.00 | $0.00 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$225.08** | **$93.72** | **$0.00** | **$33.05** | **$22.70** | **$0.00** | **$37.01** | **$4.40** | **$34.00** | **$0.20** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$155.99** | | | | | | | | | |

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

**FINAL**

Provider: **Lee County Health Care**
Prvdr ID: **00712665A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 32.6% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.58 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.3504 | 1.3617 |
| Quarterly Medicaid CMI: | 1.7214 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.7534 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $3,014,201 | $1,482,885 | $0 | $281,416 | $161,523 | $251,626 | $429,919 | $57,286 | $349,546 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($12,330) | ($570) | $0 | ($1,815) | $0 | $218 | ($12,206) | | ($31,510) | $33,553 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $3,001,871 | $1,482,315 | $0 | $279,601 | $161,523 | $251,844 | $417,713 | $57,286 | $318,036 | $33,553 |
| 8 | Total Nursing Facility Days As Filed Days = 21,338 | FY12 Audited C/R Days | 21,338 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,292 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 21,292 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $140.68 | $69.47 | $0.00 | $13.10 | $19.37 | *(with L&H)* | $19.58 | $2.69 | $14.90 | $1.57 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | **1.3504** | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $51.45 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $51.45 | $0.00 | $13.10 | $19.37 | | $19.58 | $2.69 | $14.90 | $1.57 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $122.48 | $51.45 | $0.00 | $13.10 | $19.37 | | $19.58 | $2.69 | 14.72 *(FRV)* | $1.57 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $13.84 | $6.88 | $0.00 | $1.75 | $2.59 | $0.00 | $2.62 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $136.32 | $58.33 | $0.00 | $14.85 | $21.96 | $0.00 | $22.20 | $2.69 | $14.72 | $1.57 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | **1.7534** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $102.28 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $180.27 | $102.28 | $0.00 | $14.85 | $21.96 | $0.00 | $22.20 | $2.69 | $14.72 | $1.57 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.56 | $2.56 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.05 | $2.05 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.24 | $5.14 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$203.51** | **$107.42** | **$0.00** | **$15.07** | **$22.37** | **$0.00** | **$39.67** | **$2.69** | **$14.72** | **$1.57** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$139.81** | | | | | | | | | |

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

**FINAL**

Provider: **Legacy Nursing Home**
Prvdr ID: **00141831A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 30.7% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 2.71 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.3485 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3140 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.3351 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $10,602,496 | $4,828,687 | $0 | $919,823 | $593,480 | $585,549 | $1,993,378 | $239,085 | $1,442,494 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($1,188,497) | ($483,423) | $0 | ($34,284) | ($12,529) | $39,316 | ($777,786) | | ($168,969) | $249,178 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $9,413,999 | $4,345,264 | $0 | $885,539 | $580,951 | $624,865 | $1,215,592 | $239,085 | $1,273,525 | $249,178 |
| 8 | Total Nursing Facility Days As Filed Days = 62,971 | FY12 Audited C/R Days | 62,958 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,434 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 63,434 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $149.51 | $69.02 | $0.00 | $14.07 | $19.15 | *(with L&H)* | $19.31 | $3.77 | $20.23 | $3.96 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.3485 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $51.18 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $51.18 | $0.00 | $14.07 | $19.15 | | $19.31 | $3.77 | $20.23 | $3.96 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $121.00 | $51.18 | $0.00 | $14.07 | $19.15 | | $19.31 | $3.77 | 9.56 *(FRV)* | $3.96 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $13.86 | $6.84 | $0.00 | $1.88 | $2.56 | $0.00 | $2.58 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $134.86 | $58.02 | $0.00 | $15.95 | $21.71 | $0.00 | $21.89 | $3.77 | $9.56 | $3.96 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.3351 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $77.46 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $154.30 | $77.46 | $0.00 | $15.95 | $21.71 | $0.00 | $21.89 | $3.77 | $9.56 | $3.96 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $1.94 | $1.94 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.32 | $2.32 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.89 | $4.79 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$177.19** | **$82.25** | **$0.00** | **$16.17** | **$22.12** | **$0.00** | **$39.36** | **$3.77** | **$9.56** | **$3.96** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$120.07** | | | | | | | | | |

# Quarterly Case Mix Per Diem Calculation

**FINAL**

| | | | | Facility Score | Add-on Percent | | Facility Specific | State-wide |
|---|---|---|---|---|---|---|---|---|
| Provider: **Legacy Nursing Home** | | | Add-on Data and Percentages | | | Case Mix Index (CMI) Data | | |
| Prvdr ID: **00415522A** | | | Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.2012 | 1.3617 |
| H/B ?: No | Case Mix Per Diem Rate Effective Date: | **01/01/20** | BIMS: | 30.3% | 2.5% | Quarterly Medicaid CMI: | 1.2311 | 1.4347 |
| | MDS & Nurse Hrs Data per Quarter Ending: | 09/30/19 | Nurse Hours per On-Site Day/Quality Incentive: | 4.75 | 3.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.2505 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| | ***Cost Center Peer Groups per Selected Options*** | | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Freestanding* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| | *Peer Group Standards: Percentile* | | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| | *Peer Group Standards: Multiplier* | | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| | *Efficiency Measures (Maximums)* | | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Per Diem Costs and Add-ons** | | | | | | | | | | | |
| | GL-PL- Insurance Costs | FY2018 GL-PL Ins. Rpt | | | | | | | | $ 35,074 | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | FY2018 GL-PL Ins. Rpt | | | | | | | | 10,058 | | |
| | Standard Per Diem (After CMA for Routine Srvcs) | FY 2012 Peer Group Limit | | $71.51 | | $18.41 | $23.09 | | $20.56 | | $37.45 | $0.72 |
| | Allowed @ 95% of Std | | $165.06 | $67.93 | | $17.49 | $21.94 | | $19.53 | | $37.45 | $0.72 |
| | Growth Allowance 13.4% | | $16.97 | $9.08 | | $2.34 | $2.93 | | $2.61 | | | |
| | CMA Allowed Per Diem (After Growth Alowance) | | $185.52 | $77.01 | | $19.83 | $24.87 | | $22.14 | $ 3.49 | $37.45 | $0.72 |
| | Quarterly Facility Case Mix Index for Medicaid Residents | | | 1.2505 | | | | | | | *(FRV Rate)* | |
| | Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | | | $96.30 | | | | | | | | |
| | Quarterly Medicaid CMA Allowed Per Diem | | $204.81 | $96.30 | | $19.83 | $24.87 | | $22.14 | $3.49 | $37.45 | $0.72 |
| | **Quarterly Per Diem Add-On Amounts** | | | | | | | | | | | |
| | BIMS Add-on Per Diem = 2.5% to Routine Srvs) | | $2.41 | $2.41 | | | | | | | | |
| | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% | | $2.89 | $2.89 | | | | | | | | |
| | Nursing Home Provider Fee | | $17.10 | | | | | | 17.10 | | | |
| | **Total Quarterly Per Diem Add-On Amounts** | | $22.40 | | | | | | | | | |
| | **Quarterly Case Mix Based Per Diem Rate** | | **$227.20** | **$101.60** | | **$19.83** | **$24.87** | | **$39.24** | **$3.49** | **$37.45** | **$0.72** |
| | **Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%** | **$157.58** | | | | | | | | | | |

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

**FINAL**

Provider: **Life Care Center of Gwinnett**
Prvdr ID: **00370873A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 49.3% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.80 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.4103 | 1.3617 |
| Quarterly Medicaid CMI: | 1.2064 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.2217 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $8,665,058 | $5,068,417 | $0 | $912,914 | $442,087 | $453,649 | $1,267,542 | $128,955 | $391,494 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($46,403) | $0 | $0 | ($3,153) | $8,679 | $9,090 | ($68,753) | | ($61,690) | $69,424 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $8,618,655 | $5,068,417 | $0 | $909,761 | $450,766 | $462,739 | $1,198,789 | $128,955 | $329,804 | $69,424 |
| 8 | Total Nursing Facility Days As Filed Days = 54,727 | FY12 Audited C/R Days | 54,727 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,590 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 43,590 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $158.08 | $92.61 | $0.00 | $16.62 | $16.69 | *(with L&H)* | $21.90 | $2.96 | $6.03 | $1.27 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | **1.4103** | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $65.67 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $65.67 | $0.00 | $16.62 | $16.69 | | $21.90 | $2.96 | $6.03 | $1.27 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $134.10 | $65.67 | $0.00 | $16.62 | $16.69 | | $20.56 | $2.96 | 10.33 *(FRV)* | $1.27 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $15.98 | $8.78 | $0.00 | $2.22 | $2.23 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $150.08 | $74.45 | $0.00 | $18.84 | $18.92 | $0.00 | $23.31 | $2.96 | $10.33 | $1.27 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | **1.2217** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $90.96 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $166.59 | $90.96 | $0.00 | $18.84 | $18.92 | $0.00 | $23.31 | $2.96 | $10.33 | $1.27 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.16 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $5.00 | $5.00 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.73 | $2.73 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $25.99 | $8.26 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$192.58** | **$99.22** | **$0.00** | **$19.06** | **$19.33** | **$0.00** | **$40.41** | **$2.96** | **$10.33** | **$1.27** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$131.61** | | | | | | | | | |

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

**FINAL**

Provider: **Life Care Center of Lawrenceville**
Prvdr ID: **00818914A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 12.5% | 0.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 4.22 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.5316 | 1.3617 |
| Quarterly Medicaid CMI: | 1.2807 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.2984 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $8,295,559 | $4,408,813 | $0 | $809,583 | $359,692 | $476,855 | $1,418,629 | $99,060 | $722,927 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($8,410) | $0 | $0 | $0 | $10,840 | $14,371 | ($56,596) | | ($97,284) | $120,259 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $8,287,149 | $4,408,813 | $0 | $809,583 | $370,532 | $491,226 | $1,362,033 | $99,060 | $625,643 | $120,259 |
| 8 | Total Nursing Facility Days As Filed Days = 42,756 | FY12 Audited C/R Days | 42,756 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,867 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 30,867 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $194.72 | $103.12 | $0.00 | $18.93 | $20.16 | *(with L&H)* | $31.86 | $3.21 | $14.63 | $2.81 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | **1.5316** | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $67.33 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $67.33 | $0.00 | $18.93 | $20.16 | | $31.86 | $3.21 | $14.63 | $2.81 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $150.20 | $67.33 | $0.00 | $18.41 | $20.16 | | $20.56 | $3.21 | 17.72 *(FRV)* | $2.81 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $16.91 | $9.00 | $0.00 | $2.46 | $2.70 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $167.11 | $76.33 | $0.00 | $20.87 | $22.86 | $0.00 | $23.31 | $3.21 | $17.72 | $2.81 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | **1.2984** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $99.11 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $189.89 | $99.11 | $0.00 | $20.87 | $22.86 | $0.00 | $23.31 | $3.21 | $17.72 | $2.81 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $0.94 | $0.53 | $0.00 | $0.00 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 0.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $0.00 | $0.00 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.97 | $2.97 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $21.01 | $3.50 | $0.00 | $0.00 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$210.90** | **$102.61** | **$0.00** | **$20.87** | **$23.27** | **$0.00** | **$40.41** | **$3.21** | **$17.72** | **$2.81** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$145.35** | | | | | | | | | |

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

**FINAL**

Provider: **Life Care Center, Inc.**
Prvdr ID: **00140665A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|---|---|---|
| Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.3801 | 1.3617 |
| Qtrly BIMS score | 41.5% | 2.5% | Quarterly Medicaid CMI: | 1.3871 | 1.4347 |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.13 | 3.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.4112 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $4,179,568 | $1,853,074 | $0 | $442,479 | $291,252 | $313,011 | $680,464 | $34,919 | $564,369 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($59,398) | $0 | $0 | $0 | $0 | $0 | ($106,812) | | ($18,285) | $65,699 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $4,120,170 | $1,853,074 | $0 | $442,479 | $291,252 | $313,011 | $573,652 | $34,919 | $546,084 | $65,699 |
| 8 | Total Nursing Facility Days As Filed Days = 38,520 | FY12 Audited C/R Days | 38,520 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,869 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 40,869 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $106.92 | $48.11 | $0.00 | $11.49 | $15.69 | *(with L&H)* | $14.89 | $0.85 | $14.18 | $1.71 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.3801 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $34.86 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $34.86 | $0.00 | $11.49 | $15.69 | | $14.89 | $0.85 | $14.18 | $1.71 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $92.70 | $34.86 | $0.00 | $11.49 | $15.69 | | $14.89 | $0.85 | 13.21 *(FRV)* | $1.71 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $10.29 | $4.66 | $0.00 | $1.54 | $2.10 | $0.00 | $1.99 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $102.99 | $39.52 | $0.00 | $13.03 | $17.79 | $0.00 | $16.88 | $0.85 | $13.21 | $1.71 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4112 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $55.77 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $119.24 | $55.77 | $0.00 | $13.03 | $17.79 | $0.00 | $16.88 | $0.85 | $13.21 | $1.71 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Afwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $1.39 | $1.39 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.67 | $1.67 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $21.69 | $3.59 | $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 | **$140.93** | **$59.36** | **$0.00** | **$13.25** | **$18.20** | **$0.00** | **$34.35** | **$0.85** | **$13.21** | **$1.71** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$92.87** | | | | | | | | | |
| 27 | **Minimum Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$147.00** | | | | | | | | | |
| 28 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$97.43** | | | | | | | | | |

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

**FINAL**

Provider: **Lillian G. Carter Nursing Center**
Prvdr ID: **00142524A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 48.3% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.42 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.3539 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4080 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4325 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $4,412,648 | $2,291,688 | $0 | $446,145 | $289,968 | $320,244 | $566,488 | $95,759 | $402,356 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($22,722) | $0 | $0 | $0 | $0 | $0 | ($22,722) | | ($27,757) | $27,757 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $4,389,926 | $2,291,688 | $0 | $446,145 | $289,968 | $320,244 | $543,766 | $95,759 | $374,599 | $27,757 |
| 8 | Total Nursing Facility Days As Filed Days = 34,425 | FY12 Audited C/R Days | 34,425 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,869 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 33,869 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $127.58 | $66.57 | $0.00 | $12.96 | $17.73 | *(with L&H)* | $15.80 | $2.83 | $10.88 | $0.81 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.3539 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $49.17 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $49.17 | $0.00 | $12.96 | $17.73 | | $15.80 | $2.83 | $10.88 | $0.81 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $107.85 | $49.17 | $0.00 | $12.96 | $17.73 | | $15.80 | $2.83 | 8.55 *(FRV)* | $0.81 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $12.78 | $6.57 | $0.00 | $1.73 | $2.37 | $0.00 | $2.11 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $120.63 | $55.74 | $0.00 | $14.69 | $20.10 | $0.00 | $17.91 | $2.83 | $8.55 | $0.81 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4325 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $79.85 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $144.74 | $79.85 | $0.00 | $14.69 | $20.10 | $0.00 | $17.91 | $2.83 | $8.55 | $0.81 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $4.39 | $4.39 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Sffng Add-on | $2.40 | $2.40 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $25.42 | $7.32 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$170.16** | **$87.17** | **$0.00** | **$14.91** | **$20.51** | **$0.00** | **$35.38** | **$2.83** | **$8.55** | **$0.81** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$114.80** | | | | | | | | | |

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

**FINAL**

Provider: **Lumber City Nurs. & Rehab. Ctr.**
Prvdr ID: **00270256A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 31.9% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 2.65 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.7031 | 1.3617 |
| Quarterly Medicaid CMI: | 1.5287 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.5547 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $4,349,757 | $2,002,334 | $0 | $412,710 | $229,410 | $225,042 | $933,857 | $33,563 | $512,841 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($526,780) | ($144,131) | $0 | ($2,334) | ($1,082) | $2,190 | ($439,978) | | $41,023 | $17,532 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $3,822,977 | $1,858,203 | $0 | $410,376 | $228,328 | $227,232 | $493,879 | $33,563 | $553,864 | $17,532 |
| 8 | Total Nursing Facility Days As Filed Days = 27,563 | FY12 Audited C/R Days | 27,576 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,722 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 25,722 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $138.72 | $67.38 | $0.00 | $14.88 | $16.52 | *(with L&H)* | $17.91 | $1.30 | $20.09 | $0.64 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.7031 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $39.56 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $39.56 | $0.00 | $14.88 | $16.52 | | $17.91 | $1.30 | $20.09 | $0.64 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $99.56 | $39.56 | $0.00 | $14.88 | $16.52 | | $17.91 | $1.30 | 8.75 *(FRV)* | $0.64 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $11.88 | $5.29 | $0.00 | $1.99 | $2.21 | $0.00 | $2.39 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $111.44 | $44.85 | $0.00 | $16.87 | $18.73 | $0.00 | $20.30 | $1.30 | $8.75 | $0.64 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.5547 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $69.73 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $136.32 | $69.73 | $0.00 | $16.87 | $18.73 | $0.00 | $20.30 | $1.30 | $8.75 | $0.64 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $1.74 | $1.74 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.09 | $2.09 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.46 | $4.36 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$158.78** | **$74.09** | **$0.00** | **$17.09** | **$19.14** | **$0.00** | **$37.77** | **$1.30** | **$8.75** | **$0.64** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$106.26** | | | | | | | | | |

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

**FINAL**

Provider: **Lynn Haven Health & Rehab**
Prvdr ID: **00083036A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 43.9% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.48 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.3693 | 1.3617 |
| Quarterly Medicaid CMI: | 1.5498 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.5788 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $5,435,046 | $3,026,757 | $0 | $546,044 | $261,626 | $409,810 | $685,345 | $99,353 | $406,111 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($23,544) | ($535) | $0 | $0 | $0 | $0 | ($23,009) | | ($33,328) | $33,328 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $5,411,502 | $3,026,222 | $0 | $546,044 | $261,626 | $409,810 | $662,336 | $99,353 | $372,783 | $33,328 |
| 8 | Total Nursing Facility Days As Filed Days = 34,161 | FY12 Audited C/R Days | 34,161 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,802 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 30,802 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $158.74 | $88.59 | $0.00 | $15.98 | $19.66 | *(with L&H)* | $19.39 | $3.23 | $10.91 | $0.98 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.3693 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $64.70 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $64.70 | $0.00 | $15.98 | $19.66 | | $19.39 | $3.23 | $10.91 | $0.98 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $132.58 | $64.70 | $0.00 | $15.98 | $19.66 | | $19.39 | $3.23 | 8.64 *(FRV)* | $0.98 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $16.01 | $8.65 | $0.00 | $2.14 | $2.63 | $0.00 | $2.59 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $148.59 | $73.35 | $0.00 | $18.12 | $22.29 | $0.00 | $21.98 | $3.23 | $8.64 | $0.98 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.5788 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $115.80 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $191.04 | $115.80 | $0.00 | $18.12 | $22.29 | $0.00 | $21.98 | $3.23 | $8.64 | $0.98 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.90 | $2.90 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.32 | $2.32 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.85 | $5.75 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$214.89** | **$121.55** | **$0.00** | **$18.34** | **$22.70** | **$0.00** | **$39.45** | **$3.23** | **$8.64** | **$0.98** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$148.34** | | | | | | | | | |

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

**FINAL**

Provider: **Madison Hlth & Rehab**
Prvdr ID: **00083278A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 57.6% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.27 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.3682 | 1.3617 |
| Quarterly Medicaid CMI: | 1.5335 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.5643 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $3,436,321 | $1,769,663 | $0 | $456,420 | $312,704 | $341,246 | $421,894 | $87,484 | $46,910 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($88,940) | ($3,196) | $0 | $0 | ($5,071) | ($2,731) | ($74,382) | | ($42,623) | $39,063 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $3,347,381 | $1,766,467 | $0 | $456,420 | $307,633 | $338,515 | $347,512 | $87,484 | $4,287 | $39,063 |
| 8 | Total Nursing Facility Days As Filed Days = 24,271 | FY12 Audited C/R Days | 24,271 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,267 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 25,267 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $137.78 | $72.78 | $0.00 | $18.81 | $26.62 | *(with L&H)* | $14.32 | $3.46 | $0.18 | $1.61 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.3682 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $53.20 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $53.20 | $0.00 | $18.81 | $26.62 | | $14.32 | $3.46 | $0.18 | $1.61 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $123.85 | $53.20 | $0.00 | $18.41 | $23.09 | | $14.32 | $3.46 | 9.76 *(FRV)* | $1.61 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $14.57 | $7.11 | $0.00 | $2.46 | $3.09 | $0.00 | $1.91 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $138.42 | $60.31 | $0.00 | $20.87 | $26.18 | $0.00 | $16.23 | $3.46 | $9.76 | $1.61 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.5643 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $94.34 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $172.45 | $94.34 | $0.00 | $20.87 | $26.18 | $0.00 | $16.23 | $3.46 | $9.76 | $1.61 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $0.90 | $0.53 | $0.00 | $0.00 | $0.00 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $5.19 | $5.19 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.83 | $2.83 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $26.02 | $8.55 | $0.00 | $0.00 | $0.00 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$198.47** | **$102.89** | **$0.00** | **$20.87** | **$26.18** | **$0.00** | **$33.70** | **$3.46** | **$9.76** | **$1.61** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$136.03** | | | | | | | | | |

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

**FINAL**

Provider: **Magnolia Manor Columbus East**
Prvdr ID: **00083047A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 20.2% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.65 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.5222 | 1.3617 |
| Quarterly Medicaid CMI: | 1.6344 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.6668 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Relaled | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $8,445,631 | $4,210,720 | $0 | $923,674 | $455,337 | $590,787 | $1,363,102 | $159,986 | $742,025 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($159,775) | ($5,717) | $0 | $0 | $2,553 | $0 | ($152,247) | | ($27,328) | $22,964 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $8,285,856 | $4,205,003 | $0 | $923,674 | $457,890 | $590,787 | $1,210,855 | $159,986 | $714,697 | $22,964 |
| 8 | Total Nursing Facility Days As Filed Days = 52,157 | FY12 Audited C/R Days | 52,157 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,971 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 47,971 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $159.14 | $80.62 | $0.00 | $17.71 | $20.11 | *(with L&H)* | $23.22 | $3.34 | $13.70 | $0.44 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.5222 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $52.96 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $52.96 | $0.00 | $17.71 | $20.11 | | $23.22 | $3.34 | $13.70 | $0.44 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $124.84 | $52.96 | $0.00 | $17.71 | $20.11 | | $20.56 | $3.34 | 9.72 *(FRV)* | $0.44 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $14.89 | $7.08 | $0.00 | $2.37 | $2.69 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $139.73 | $60.04 | $0.00 | $20.08 | $22.80 | $0.00 | $23.31 | $3.34 | $9.72 | $0.44 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.6668 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $100.07 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $179.76 | $100.07 | $0.00 | $20.08 | $22.80 | $0.00 | $23.31 | $3.34 | $9.72 | $0.44 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.16 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 1.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $1.00 | $1.00 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.00 | $2.00 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $21.26 | $3.53 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$201.02** | **$103.60** | **$0.00** | **$20.30** | **$23.21** | **$0.00** | **$40.41** | **$3.34** | **$9.72** | **$0.44** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$137.94** | | | | | | | | | |

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

**FINAL**

Provider: **Magnolia Manor Columbus West**
Prvdr ID: **00083124A**

| | | Add-on Data and Percentages | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|---|---|---|---|---|
| | | Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.3234 | 1.3617 |
| Case Mix Per Diem Rate Effective Date: | 1/1/2020 | Qtrly BIMS score | 47.0% | 5.5% | Quarterly Medicaid CMI: | 1.5796 | 1.4347 |
| MDS & Nurse Hrs Data per Quarter Ending: | 09/30/19 | Nurse Hours per On-Site Day/Quality Incentive: | 3.44 | 2.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.6101 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $6,258,109 | $3,172,069 | $0 | $736,455 | $305,859 | $560,778 | $768,365 | $126,895 | $587,688 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($75,758) | $0 | $0 | $0 | $10,846 | $19,885 | ($127,327) | | ($12,052) | $32,890 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $6,182,351 | $3,172,069 | $0 | $736,455 | $316,705 | $580,663 | $641,038 | $126,895 | $575,636 | $32,890 |
| 8 | Total Nursing Facility Days As Filed Days = 45,728 | FY12 Audited C/R Days | 45,728 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,833 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 43,833 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $135.32 | $69.37 | $0.00 | $16.11 | $19.62 | *(with L&H)* | $14.02 | $2.89 | $12.59 | $0.72 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | **1.3234** | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $52.42 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $52.42 | $0.00 | $16.11 | $19.62 | | $14.02 | $2.89 | $12.59 | $0.72 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $116.23 | $52.42 | $0.00 | $16.11 | $19.62 | | $14.02 | $2.89 | 10.45 *(FRV)* | $0.72 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $13.65 | $7.01 | $0.00 | $2.15 | $2.62 | $0.00 | $1.87 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $129.88 | $59.43 | $0.00 | $18.26 | $22.24 | $0.00 | $15.89 | $2.89 | $10.45 | $0.72 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | **1.6101** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $95.69 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $166.14 | $95.69 | $0.00 | $18.26 | $22.24 | $0.00 | $15.89 | $2.89 | $10.45 | $0.72 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $5.26 | $5.26 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.91 | $1.91 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $25.80 | $7.70 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$191.94** | **$103.39** | **$0.00** | **$18.48** | **$22.65** | **$0.00** | **$33.36** | **$2.89** | **$10.45** | **$0.72** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$131.13** | | | | | | | | | |

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

**FINAL**

Provider: **Magnolia Manor Marion County**
Prvdr ID: **00141809A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 32.8% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.37 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2265 | 1.3617 |
| Quarterly Medicaid CMI: | 1.6773 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.7106 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $2,708,581 | $1,357,104 | $0 | $318,446 | $194,801 | $328,884 | $396,003 | $54,698 | $58,645 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($2,647) | $0 | $0 | $0 | $0 | ($174) | ($51,087) | | $39,676 | $8,938 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $2,705,934 | $1,357,104 | $0 | $318,446 | $194,801 | $328,710 | $344,916 | $54,698 | $98,321 | $8,938 |
| 8 | Total Nursing Facility Days As Filed Days = 21,445 | FY12 Audited C/R Days | 21,445 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,966 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 21,966 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $126.11 | $63.28 | $0.00 | $14.85 | $24.41 | *(with L&H)* | $16.08 | $2.49 | $4.58 | $0.42 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.2265 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $51.59 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $51.59 | $0.00 | $14.85 | $24.41 | | $16.08 | $2.49 | $4.58 | $0.42 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $138.86 | $51.59 | $0.00 | $14.85 | $23.09 | | $16.08 | $2.49 | 30.34 *(FRV)* | $0.42 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $14.13 | $6.90 | $0.00 | $1.99 | $3.09 | $0.00 | $2.15 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $152.99 | $58.49 | $0.00 | $16.84 | $26.18 | $0.00 | $18.23 | $2.49 | $30.34 | $0.42 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.7106 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $100.05 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $194.55 | $100.05 | $0.00 | $16.84 | $26.18 | $0.00 | $18.23 | $2.49 | $30.34 | $0.42 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.12 | $0.53 | $0.00 | $0.22 | $0.00 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.50 | $2.50 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.00 | $3.00 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.72 | $6.03 | $0.00 | $0.22 | $0.00 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$218.27** | **$106.08** | **$0.00** | **$17.06** | **$26.18** | **$0.00** | **$35.70** | **$2.49** | **$30.34** | **$0.42** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$150.88** | | | | | | | | | |

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

**FINAL**

Provider: **Magnolia Manor St. Simons**
Prvdr ID: **00141402A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 42.4% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.29 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2961 | 1.3617 |
| Quarterly Medicaid CMI: | 1.5606 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.5905 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $6,181,049 | $3,112,621 | $0 | $641,999 | $319,487 | $328,576 | $899,748 | $96,061 | $782,557 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($91,675) | $0 | $0 | $0 | $0 | $0 | ($95,911) | | ($143,080) | $147,316 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $6,089,374 | $3,112,621 | $0 | $641,999 | $319,487 | $328,576 | $803,837 | $96,061 | $639,477 | $147,316 |
| 8 | Total Nursing Facility Days As Filed Days = 40,531 | FY12 Audited C/R Days | 40,531 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,015 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 36,015 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $150.54 | $76.80 | $0.00 | $15.84 | $15.99 | *(with L&H)* | $19.83 | $2.67 | $15.78 | $3.63 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | **1.2961** | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $59.25 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $59.25 | $0.00 | $15.84 | $15.99 | | $19.83 | $2.67 | $15.78 | $3.63 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $126.43 | $59.25 | $0.00 | $15.84 | $15.99 | | $19.83 | $2.67 | 9.22 *(FRV)* | $3.63 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $14.83 | $7.92 | $0.00 | $2.12 | $2.14 | $0.00 | $2.65 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $141.26 | $67.17 | $0.00 | $17.96 | $18.13 | $0.00 | $22.48 | $2.67 | $9.22 | $3.63 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | **1.5905** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $106.83 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $180.92 | $106.83 | $0.00 | $17.96 | $18.13 | $0.00 | $22.48 | $2.67 | $9.22 | $3.63 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.67 | $2.67 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.20 | $3.20 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $24.50 | $6.40 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$205.42** | **$113.23** | **$0.00** | **$18.18** | **$18.54** | **$0.00** | **$39.95** | **$2.67** | **$9.22** | **$3.63** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$141.24** | | | | | | | | | |

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

**FINAL**

Provider: **Magnolia Manor Methodist Nursing Care**
Prvdr ID: **00040785A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 41.2% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.56 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.3316 | 1.3617 |
| Quarterly Medicaid CMI: | 1.6082 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.6389 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $9,064,693 | $5,146,324 | $0 | $992,512 | $721,208 | $562,732 | $1,200,525 | $189,134 | $252,258 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($247,316) | ($7,001) | $0 | $0 | $0 | ($374) | ($171,270) | | ($105,784) | $37,113 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $8,817,377 | $5,139,323 | $0 | $992,512 | $721,208 | $562,358 | $1,029,255 | $189,134 | $146,474 | $37,113 |
| 8 | Total Nursing Facility Days As Filed Days = 69,699 | FY12 Audited C/R Days | 69,699 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,134 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 63,134 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $126.80 | $73.74 | $0.00 | $14.24 | $18.42 | *(with L&H)* | $14.77 | $3.00 | $2.10 | $0.53 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.3316 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $55.38 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $55.38 | $0.00 | $14.24 | $18.42 | | $14.77 | $3.00 | $2.10 | $0.53 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $122.13 | $55.38 | $0.00 | $14.24 | $18.42 | | $14.77 | $3.00 | 15.79 *(FRV)* | $0.53 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $13.73 | $7.40 | $0.00 | $1.90 | $2.46 | $0.00 | $1.97 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $135.86 | $62.78 | $0.00 | $16.14 | $20.88 | $0.00 | $16.74 | $3.00 | $15.79 | $0.53 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.6389 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $102.89 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $175.97 | $102.89 | $0.00 | $16.14 | $20.88 | $0.00 | $16.74 | $3.00 | $15.79 | $0.53 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.57 | $2.57 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.06 | $2.06 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $0.00 | | | | | | $0.00 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $6.16 | $5.16 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$182.13** | **$108.05** | **$0.00** | **$16.36** | **$21.29** | **$0.00** | **$17.11** | **$3.00** | **$15.79** | **$0.53** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$136.60** | | | | | | | | | |

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

**FINAL**

Provider: **Manor Care Rehab Ctr of Marietta**
Prvdr ID: **00236211A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 20.0% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 4.65 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.6382 | 1.3617 |
| Quarterly Medicaid CMI: | 1.2824 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.3013 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $8,342,490 | $4,375,091 | $0 | $777,002 | $297,088 | $344,623 | $1,273,859 | $614,329 | $660,498 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | $80,668 | $4,387 | $0 | ($1,184) | $0 | ($14,347) | ($110,201) | | $138,912 | $63,101 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $8,423,158 | $4,379,478 | $0 | $775,818 | $297,088 | $330,276 | $1,163,658 | $614,329 | $799,410 | $63,101 |
| 8 | Total Nursing Facility Days As Filed Days = 40,191 | FY12 Audited C/R Days | 40,191 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,639 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 39,639 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $209.79 | $108.97 | $0.00 | $19.30 | $15.61 | *(with L&H)* | $28.95 | $15.50 | $19.89 | $1.57 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | **1.6382** | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $66.52 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $66.52 | $0.00 | $19.30 | $15.61 | | $28.95 | $15.50 | $19.89 | $1.57 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $150.02 | $66.52 | $0.00 | $18.41 | $15.61 | | $20.56 | $15.50 | 11.85 *(FRV)* | $1.57 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $16.19 | $8.89 | $0.00 | $2.46 | $2.09 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $166.21 | $75.41 | $0.00 | $20.87 | $17.70 | $0.00 | $23.31 | $15.50 | $11.85 | $1.57 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | **1.3013** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $98.13 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $188.93 | $98.13 | $0.00 | $20.87 | $17.70 | $0.00 | $23.31 | $15.50 | $11.85 | $1.57 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $0.94 | $0.53 | $0.00 | $0.00 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 1.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $0.98 | $0.98 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.94 | $2.94 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $21.96 | $4.45 | $0.00 | $0.00 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$210.89** | **$102.58** | **$0.00** | **$20.87** | **$18.11** | **$0.00** | **$40.41** | **$15.50** | **$11.85** | **$1.57** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$145.34** | | | | | | | | | |

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

**FINAL**

Provider: **Manor Care Rehab Ctr of Decatur**
Prvdr ID: **00159266A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 25.9% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 4.41 | 1.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.6688 | 1.3617 |
| Quarterly Medicaid CMI: | 1.1866 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.2007 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $8,625,627 | $4,465,528 | $0 | $840,596 | $382,254 | $390,308 | $1,730,610 | $162,679 | $653,652 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($296,438) | ($3,847) | $0 | $731 | $0 | ($6,945) | ($410,728) | | $54,437 | $69,914 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $8,329,189 | $4,461,681 | $0 | $841,327 | $382,254 | $383,363 | $1,319,882 | $162,679 | $708,089 | $69,914 |
| 8 | Total Nursing Facility Days As Filed Days = 45,284 | FY12 Audited C/R Days | 45,284 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,247 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 41,247 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $184.29 | $98.53 | $0.00 | $18.58 | $16.91 | *(with L&H)* | $29.15 | $3.94 | $15.64 | $1.54 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.6688 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $59.04 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $59.04 | $0.00 | $18.58 | $16.91 | | $29.15 | $3.94 | $15.64 | $1.54 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $132.15 | $59.04 | $0.00 | $18.41 | $16.91 | | $20.56 | $3.94 | 11.75 *(FRV)* | $1.54 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $15.36 | $7.89 | $0.00 | $2.46 | $2.26 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $147.51 | $66.93 | $0.00 | $20.87 | $19.17 | $0.00 | $23.31 | $3.94 | $11.75 | $1.54 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.2007 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $80.36 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $160.94 | $80.36 | $0.00 | $20.87 | $19.17 | $0.00 | $23.31 | $3.94 | $11.75 | $1.54 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $0.94 | $0.53 | $0.00 | $0.00 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 1.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $0.80 | $0.80 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $0.80 | $0.80 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $19.64 | $2.13 | $0.00 | $0.00 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$180.58** | **$82.49** | **$0.00** | **$20.87** | **$19.58** | **$0.00** | **$40.41** | **$3.94** | **$11.75** | **$1.54** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$122.61** | | | | | | | | | |

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

**FINAL**

Provider: **Maple Ridge Health Care Center**
Prvdr ID: **00534619A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 40.4% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 2.95 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2349 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4383 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4601 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $3,943,033 | $1,944,380 | $0 | $488,126 | $238,505 | $291,383 | $683,234 | $81,003 | $216,402 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($112,823) | $182 | $0 | $0 | $0 | $46 | ($116,865) | | ($38,939) | $42,753 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $3,830,210 | $1,944,562 | $0 | $488,126 | $238,505 | $291,429 | $566,369 | $81,003 | $177,463 | $42,753 |
| 8 | Total Nursing Facility Days As Filed Days = 25,532 | FY12 Audited C/R Days | 25,532 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,703 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 25,703 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $149.99 | $76.16 | $0.00 | $19.12 | $20.76 | *(with L&H)* | $22.18 | $3.15 | $6.95 | $1.67 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.2349 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $61.67 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $61.67 | $0.00 | $19.12 | $20.76 | | $22.18 | $3.15 | $6.95 | $1.67 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $140.30 | $61.67 | $0.00 | $18.41 | $20.76 | | $20.56 | $3.15 | 14.08 *(FRV)* | $1.67 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $16.24 | $8.25 | $0.00 | $2.46 | $2.78 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $156.54 | $69.92 | $0.00 | $20.87 | $23.54 | $0.00 | $23.31 | $3.15 | $14.08 | $1.67 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4601 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $102.09 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $188.71 | $102.09 | $0.00 | $20.87 | $23.54 | $0.00 | $23.31 | $3.15 | $14.08 | $1.67 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $0.94 | $0.53 | $0.00 | $0.00 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.55 | $2.55 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.06 | $3.06 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.65 | $6.14 | $0.00 | $0.00 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$212.36** | **$108.23** | **$0.00** | **$20.87** | **$23.95** | **$0.00** | **$40.41** | **$3.15** | **$14.08** | **$1.67** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$146.45** | | | | | | | | | |

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

**FINAL**

Provider: **McRae Manor Nursing Home**
Prvdr ID: **00141853A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 37.2% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.55 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.1896 | 1.3617 |
| Quarterly Medicaid CMI: | 1.5180 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.5452 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $5,454,848 | $3,010,284 | $0 | $743,007 | $470,789 | $341,250 | $631,741 | $208,660 | $49,117 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($115,559) | ($7,083) | $0 | $0 | $0 | $0 | ($108,476) | | ($32,426) | $32,426 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $5,339,289 | $3,003,201 | $0 | $743,007 | $470,789 | $341,250 | $523,265 | $208,660 | $16,691 | $32,426 |
| 8 | Total Nursing Facility Days As Filed Days = 45,488 | FY12 Audited C/R Days | 45,488 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,423 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 40,423 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $117.94 | $66.02 | $0.00 | $16.33 | $17.85 | *(with L&H)* | $11.50 | $5.16 | $0.37 | $0.71 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.1896 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $55.50 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $55.50 | $0.00 | $16.33 | $17.85 | | $11.50 | $5.16 | $0.37 | $0.71 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $115.95 | $55.50 | $0.00 | $16.33 | $17.85 | | $11.50 | $5.16 | 8.90 *(FRV)* | $0.71 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $13.53 | $7.42 | $0.00 | $2.18 | $2.39 | $0.00 | $1.54 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $129.48 | $62.92 | $0.00 | $18.51 | $20.24 | $0.00 | $13.04 | $5.16 | $8.90 | $0.71 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.5452 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $97.22 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $163.78 | $97.22 | $0.00 | $18.51 | $20.24 | $0.00 | $13.04 | $5.16 | $8.90 | $0.71 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.43 | $2.43 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.92 | $2.92 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.98 | $5.88 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$187.76** | **$103.10** | **$0.00** | **$18.73** | **$20.65** | **$0.00** | **$30.51** | **$5.16** | **$8.90** | **$0.71** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$128.00** | | | | | | | | | |

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

**FINAL**

Provider: **Meadowbrook Healthcare**
Prvdr ID: **00141864A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 56.0% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 2.48 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.5049 | 1.3617 |
| Quarterly Medicaid CMI: | 1.8411 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.8747 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $7,268,382 | $3,421,723 | $0 | $611,453 | $384,662 | $428,999 | $973,872 | $41,092 | $1,406,581 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($544,065) | ($333,545) | $0 | ($650) | ($4,583) | ($3,347) | ($95,288) | | ($198,043) | $91,391 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $6,724,317 | $3,088,178 | $0 | $610,803 | $380,079 | $425,652 | $878,584 | $41,092 | $1,208,538 | $91,391 |
| 8 | Total Nursing Facility Days As Filed Days = 43,599 | FY12 Audited C/R Days | 43,599 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,766 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 42,766 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $154.25 | $70.83 | $0.00 | $14.01 | $18.48 | *(with L&H)* | $20.15 | $0.96 | $27.72 | $2.10 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.5049 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $47.07 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $47.07 | $0.00 | $14.01 | $18.48 | | $20.15 | $0.96 | $27.72 | $2.10 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $116.84 | $47.07 | $0.00 | $14.01 | $18.48 | | $20.15 | $0.96 | 14.07 *(FRV)* | $2.10 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $13.32 | $6.29 | $0.00 | $1.87 | $2.47 | $0.00 | $2.69 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $130.16 | $53.36 | $0.00 | $15.88 | $20.95 | $0.00 | $22.84 | $0.96 | $14.07 | $2.10 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.8747 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $100.03 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $176.83 | $100.03 | $0.00 | $15.88 | $20.95 | $0.00 | $22.84 | $0.96 | $14.07 | $2.10 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.47 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.31 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $5.50 | $5.50 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.00 | $2.00 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $26.07 | $8.03 | $0.00 | $0.22 | $0.41 | $0.00 | $17.41 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$202.90** | **$108.06** | **$0.00** | **$16.10** | **$21.36** | **$0.00** | **$40.25** | **$0.96** | **$14.07** | **$2.10** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$139.35** | | | | | | | | | |

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

**FINAL**

Provider: **Medical Management H & R**
Prvdr ID: **00141941A**

| | | Add-on Data and Percentages | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|---|---|---|---|---|
| | | Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.4091 | 1.3699 |
| Case Mix Per Diem Rate Effective Date: | 01/01/20 | Qtrly BIMS score | 41.1% | 2.5% | Quarterly Medicaid CMI: | 1.6302 | 1.4347 |
| MDS & Nurse Hrs Data per Quarter Ending: | 09/30/19 | Nurse Hours per On-Site Day/Quality Incentive: | 2.96 | 3.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.6619 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY13 C/R | $2,955,724 | $1,485,097 | $0 | $336,529 | $201,461 | $220,442 | $438,213 | $18,189 | $255,793 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY13 C/R Audit Adjstmts | ($14,060) | $0 | $0 | $0 | $0 | $0 | ($14,060) | | ($53,045) | $53,045 |
| 7 | Cost Center Costs After Audit Adjustments | FY13 Audited C/R | $2,941,664 | $1,485,097 | $0 | $336,529 | $201,461 | $220,442 | $424,153 | $18,189 | $202,748 | $53,045 |
| 8 | Total Nursing Facility Days As Filed Days = 31,340 | FY13 Audited C/R Days | 31,340 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,047 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 31,047 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $93.87 | $47.39 | $0.00 | $10.74 | $13.46 | *(with L&H)* | $13.53 | $0.59 | $6.47 | $1.69 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY10 | | 1.4091 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $33.63 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $33.63 | $0.00 | $10.74 | $13.46 | | $13.53 | $0.59 | $6.47 | $1.69 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $73.90 | $0.00 | $19.14 | $23.27 | | $23.46 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $81.24 | $33.63 | $0.00 | $10.74 | $13.46 | | $13.53 | $0.59 | 7.60 *(FRV)* | $1.69 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.4% | Ln 14 x Grwth Allwnc % | $9.55 | $4.50 | $0.00 | $1.44 | $1.80 | $0.00 | $1.81 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $90.79 | $38.13 | $0.00 | $12.18 | $15.26 | $0.00 | $15.34 | $0.59 | $7.60 | $1.69 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.6619 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $63.37 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $116.03 | $63.37 | $0.00 | $12.18 | $15.26 | $0.00 | $15.34 | $0.59 | $7.60 | $1.69 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $1.58 | $1.58 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.90 | $1.90 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.11 | $4.01 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$138.14** | **$67.38** | **$0.00** | **$12.40** | **$15.67** | **$0.00** | **$32.81** | **$0.59** | **$7.60** | **$1.69** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$90.78** | | | | | | | | | |
| 27 | **Minimum Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$147.00** | | | | | | | | | |
| 28 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$97.43** | | | | | | | | | |

# Quarterly Case Mix Per Diem Calculation

**FINAL**

| | | | | Facility Score | Add-on Percent | | Facility Specific | State-wide |
|---|---|---|---|---|---|---|---|---|
| Provider: **Meadow Park H&R** | | | Add-on Data and Percentages | | | Case Mix Index (CMI) Data | | |
| Prvdr ID: **003167911A** | | | Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | Use Stwd | 1.3617 |
| H/B ?: No | Case Mix Per Diem Rate Effective Date: | **01/01/20** | BIMS: | 21.2% | 1.0% | Quarterly Medicaid CMI: | 1.5324 | 1.4347 |
| | MDS & Nurse Hrs Data per Quarter Ending: | 09/30/19 | Nurse Hours per On-Site Day/Quality Incentive: | 4.01 | 3.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.5587 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| | ***Cost Center Peer Groups per Selected Options*** | | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Freestanding* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| | *Peer Group Standards: Percentile* | | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| | *Peer Group Standards: Multiplier* | | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| | *Efficiency Measures (Maximums)* | | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Per Diem Costs and Add-ons** | | | | | | | | | | | |
| | GL-PL- Insurance Costs | FY2018 GL-PL Ins. Rpt | | | | | | | | $ 71,803 | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | FY2018 GL-PL Ins. Rpt | | | | | | | | 26,195 | | |
| | Standard Per Diem (After CMA for Routine Srvcs) | FY 2012 Peer Group Limit | | $71.51 | | $18.41 | $23.09 | | $20.56 | | $30.58 | $6.74 |
| | Allowed @ 95% of Std | | $164.21 | $67.93 | | $17.49 | $21.94 | | $19.53 | | $30.58 | $6.74 |
| | Growth Allowance 13.4% | | $16.97 | $9.08 | | $2.34 | $2.93 | | $2.61 | | | |
| | CMA Allowed Per Diem (After Growth Alowance) | | $183.92 | $77.01 | | $19.83 | $24.87 | | $22.14 | $ 2.74 | $30.58 | $6.74 |
| | Quarterly Facility Case Mix Index for Medicaid Residents | | | 1.5587 | | | | | | | *(FRV Rate)* | |
| | Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | | | $120.04 | | | | | | | | |
| | Quarterly Medicaid CMA Allowed Per Diem | | $226.94 | $120.04 | | $19.83 | $24.87 | | $22.14 | $2.74 | $30.58 | $6.74 |
| | **Quarterly Per Diem Add-On Amounts** | | | | | | | | | | | |
| | BIMS Add-on Per Diem = 1.0% to Routine Srvs) | | $1.20 | $1.20 | | | | | | | | |
| | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% | | $3.60 | $3.60 | | | | | | | | |
| | Nursing Home Provider Fee | | $17.10 | | | | | | 17.10 | | | |
| | **Total Quarterly Per Diem Add-On Amounts** | | $21.90 | | | | | | | | | |
| | **Quarterly Case Mix Based Per Diem Rate** | | **$248.84** | **$124.84** | | **$19.83** | **$24.87** | | **$39.24** | **$2.74** | **$30.58** | **$6.74** |
| | **Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%** | **$173.81** | | | | | | | | | | |

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

**FINAL**

Provider: **Memorial Manor Nursing Home**
Prvdr ID: **00141919A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 43.4% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.09 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2378 | 1.3617 |
| Quarterly Medicaid CMI: | 1.2014 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.2191 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *1* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Hosp Based* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $5,807,259 | $2,851,922 | $0 | $1,309,859 | $377,656 | $398,761 | $637,708 | $8,939 | $222,414 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($16,797) | $0 | $0 | $0 | $448 | $473 | ($17,963) | | ($15,413) | $15,658 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $5,790,462 | $2,851,922 | $0 | $1,309,859 | $378,104 | $399,234 | $619,745 | $8,939 | $207,001 | $15,658 |
| 8 | Total Nursing Facility Days As Filed Days = 38,082 | FY12 Audited C/R Days | 38,082 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,592 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 35,592 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $152.07 | $74.89 | $0.00 | $34.40 | $20.41 | *(with L&H)* | $16.27 | $0.25 | $5.44 | $0.41 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.2378 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $60.50 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $60.50 | $0.00 | $34.40 | $20.41 | | $16.27 | $0.25 | $5.44 | $0.41 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $29.15 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $135.46 | $60.50 | $0.00 | $29.15 | $20.41 | | $16.27 | $0.25 | 8.47 *(FRV)* | $0.41 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $16.90 | $8.09 | $0.00 | $3.90 | $2.73 | $0.00 | $2.18 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $152.36 | $68.59 | $0.00 | $33.05 | $23.14 | $0.00 | $18.45 | $0.25 | $8.47 | $0.41 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.2191 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $83.62 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $167.39 | $83.62 | $0.00 | $33.05 | $23.14 | $0.00 | $18.45 | $0.25 | $8.47 | $0.41 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.31 | $0.53 | $0.00 | $0.00 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.09 | $2.09 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.67 | $1.67 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.17 | $4.29 | $0.00 | $0.00 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$189.56** | **$87.91** | **$0.00** | **$33.05** | **$23.55** | **$0.00** | **$35.92** | **$0.25** | **$8.47** | **$0.41** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$129.35** | | | | | | | | | |

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

**FINAL**

Provider: **Miller Nursing Home**
Prvdr ID: **00141996A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 49.6% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 5.46 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.5198 | 1.3617 |
| Quarterly Medicaid CMI: | 2.0815 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 2.1206 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *1* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Hosp Based* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $4,809,129 | $2,459,929 | $0 | $670,972 | $313,374 | $257,269 | $885,680 | $38,601 | $183,304 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($190,045) | $0 | $0 | $0 | $1,602 | $1,315 | ($193,847) | | ($8,820) | $9,705 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $4,619,084 | $2,459,929 | $0 | $670,972 | $314,976 | $258,584 | $691,833 | $38,601 | $174,484 | $9,705 |
| 8 | Total Nursing Facility Days As Filed Days = 33,710 | FY12 Audited C/R Days | 33,710 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,105 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 18,105 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $138.00 | $72.97 | $0.00 | $19.90 | $17.01 | *(with L&H)* | $20.52 | $2.13 | $5.18 | $0.29 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | **1.5198** | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $48.01 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $48.01 | $0.00 | $19.90 | $17.01 | | $20.52 | $2.13 | $5.18 | $0.29 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $29.15 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $117.46 | $48.01 | $0.00 | $19.90 | $17.01 | | $20.52 | $2.13 | 9.60 *(FRV)* | $0.29 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $14.09 | $6.42 | $0.00 | $2.66 | $2.27 | $0.00 | $2.74 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $131.55 | $54.43 | $0.00 | $22.56 | $19.28 | $0.00 | $23.26 | $2.13 | $9.60 | $0.29 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | **2.1206** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $115.42 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $192.54 | $115.42 | $0.00 | $22.56 | $19.28 | $0.00 | $23.26 | $2.13 | $9.60 | $0.29 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.19 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.03 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $6.35 | $6.35 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.46 | $3.46 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $28.10 | $10.34 | $0.00 | $0.22 | $0.41 | $0.00 | $17.13 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$220.64** | **$125.76** | **$0.00** | **$22.78** | **$19.69** | **$0.00** | **$40.39** | **$2.13** | **$9.60** | **$0.29** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$152.66** | | | | | | | | | |

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

**FINAL**

Provider: **Miona Geriatric & Dementia Ctr**
Prvdr ID: **00141578A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 56.0% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.38 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.1439 | 1.3617 |
| Quarterly Medicaid CMI: | 1.7290 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.7631 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $3,300,389 | $1,675,226 | $0 | $445,058 | $203,315 | $228,714 | $516,016 | $49,041 | $183,019 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($53,458) | $0 | $0 | $0 | $5,374 | $6,051 | ($65,940) | | ($25,858) | $26,915 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $3,246,931 | $1,675,226 | $0 | $445,058 | $208,689 | $234,765 | $450,076 | $49,041 | $157,161 | $26,915 |
| 8 | Total Nursing Facility Days As Filed Days = 30,869 | FY12 Audited C/R Days | 30,869 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,012 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 30,012 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $105.23 | $54.27 | $0.00 | $14.42 | $14.37 | *(with L&H)* | $14.58 | $1.63 | $5.09 | $0.87 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | **1.1439** | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $47.44 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $47.44 | $0.00 | $14.42 | $14.37 | | $14.58 | $1.63 | $5.09 | $0.87 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $103.20 | $47.44 | $0.00 | $14.42 | $14.37 | | $14.58 | $1.63 | 9.89 *(FRV)* | $0.87 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $12.14 | $6.34 | $0.00 | $1.93 | $1.92 | $0.00 | $1.95 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $115.34 | $53.78 | $0.00 | $16.35 | $16.29 | $0.00 | $16.53 | $1.63 | $9.89 | $0.87 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | **1.7631** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $94.82 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $156.38 | $94.82 | $0.00 | $16.35 | $16.29 | $0.00 | $16.53 | $1.63 | $9.89 | $0.87 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $5.22 | $5.22 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.84 | $2.84 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $26.69 | $8.59 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$183.07** | **$103.41** | **$0.00** | **$16.57** | **$16.70** | **$0.00** | **$34.00** | **$1.63** | **$9.89** | **$0.87** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$124.48** | | | | | | | | | |

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

**FINAL**

Provider: **Mitchell Convalescent Center**
Prvdr ID: **00142018A**

| | | Add-on Data and Percentages | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|---|---|---|---|---|
| | | Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.3464 | 1.3617 |
| Case Mix Per Diem Rate Effective Date: | 1/1/2020 | Qtrly BIMS score | 31.4% | 2.5% | Quarterly Medicaid CMI: | 1.4222 | 1.4347 |
| MDS & Nurse Hrs Data per Quarter Ending: | 09/30/19 | Nurse Hours per On-Site Day/Quality Incentive: | 4.01 | 3.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.4447 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *1* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Hosp Based* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $2,879,579 | $1,279,966 | $0 | $501,680 | $271,847 | $306,139 | $410,928 | $8,340 | $100,679 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($4,719) | $0 | $0 | $0 | $0 | $0 | ($4,719) | | ($5,435) | $5,435 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $2,874,860 | $1,279,966 | $0 | $501,680 | $271,847 | $306,139 | $406,209 | $8,340 | $95,244 | $5,435 |
| 8 | Total Nursing Facility Days As Filed Days = 17,211 | FY12 Audited C/R Days | 17,211 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,233 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 17,233 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $167.03 | $74.37 | $0.00 | $29.15 | $33.58 | *(with L&H)* | $23.60 | $0.48 | $5.53 | $0.32 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.3464 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $55.24 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $55.24 | $0.00 | $29.15 | $33.58 | | $23.60 | $0.48 | $5.53 | $0.32 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $29.15 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $139.03 | $55.24 | $0.00 | $29.15 | $23.09 | | $20.56 | $0.48 | 10.19 *(FRV)* | $0.32 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $17.13 | $7.39 | $0.00 | $3.90 | $3.09 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $156.16 | $62.63 | $0.00 | $33.05 | $26.18 | $0.00 | $23.31 | $0.48 | $10.19 | $0.32 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4447 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $90.48 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $184.01 | $90.48 | $0.00 | $33.05 | $26.18 | $0.00 | $23.31 | $0.48 | $10.19 | $0.32 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $0.53 | $0.53 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.26 | $2.26 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.71 | $2.71 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.60 | $5.50 | $0.00 | $0.00 | $0.00 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$206.61** | **$95.98** | **$0.00** | **$33.05** | **$26.18** | **$0.00** | **$40.41** | **$0.48** | **$10.19** | **$0.32** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$142.13** | | | | | | | | | |

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

**FINAL**

Provider: **Molena Nursing Home, Inc.**
Prvdr ID: **00142029A**
Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 33.3% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | no data | 0.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2825 | 1.3617 |
| Quarterly Medicaid CMI: | 1.2297 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.2410 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $2,284,385 | $1,015,115 | $0 | $239,743 | $176,358 | $114,257 | $451,149 | $11,127 | $276,636 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($58,520) | $0 | $0 | $0 | $0 | $0 | ($58,520) | | ($27,776) | $27,776 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $2,225,865 | $1,015,115 | $0 | $239,743 | $176,358 | $114,257 | $392,629 | $11,127 | $248,860 | $27,776 |
| 8 | Total Nursing Facility Days As Filed Days = 16,591 | FY12 Audited C/R Days | 16,591 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,244 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 19,244 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $134.07 | $61.18 | $0.00 | $14.45 | $17.52 | *(with L&H)* | $23.67 | $0.58 | $15.00 | $1.67 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.2825 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $47.70 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $47.70 | $0.00 | $14.45 | $17.52 | | $23.67 | $0.58 | $15.00 | $1.67 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $112.49 | $47.70 | $0.00 | $14.45 | $17.52 | | $20.56 | $0.58 | 10.01 *(FRV)* | $1.67 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $13.40 | $6.38 | $0.00 | $1.93 | $2.34 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $125.89 | $54.08 | $0.00 | $16.38 | $19.86 | $0.00 | $23.31 | $0.58 | $10.01 | $1.67 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.2410 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $67.11 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $138.92 | $67.11 | $0.00 | $16.38 | $19.86 | $0.00 | $23.31 | $0.58 | $10.01 | $1.67 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.16 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $1.68 | $1.68 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $0.00 | $0.00 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $19.94 | $2.21 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$158.86** | **$69.32** | **$0.00** | **$16.60** | **$20.27** | **$0.00** | **$40.41** | **$0.58** | **$10.01** | **$1.67** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$106.32** | | | | | | | | | |

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

**FINAL**

Provider: **Montezuma Health & Rehab**
Prvdr ID: **00142062A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 59.0% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.57 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2929 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4227 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4447 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $4,316,663 | $2,133,423 | $0 | $403,872 | $180,072 | $291,062 | $531,640 | $96,280 | $680,314 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($19,731) | $35,731 | $0 | ($36,294) | $0 | $0 | ($16,878) | | ($36,079) | $33,789 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $4,296,932 | $2,169,154 | $0 | $367,578 | $180,072 | $291,062 | $514,762 | $96,280 | $644,235 | $33,789 |
| 8 | Total Nursing Facility Days As Filed Days = 27,011 | FY12 Audited C/R Days | 27,011 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,343 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 29,343 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $158.80 | $80.31 | $0.00 | $13.61 | $17.44 | *(with L&H)* | $19.06 | $3.28 | $23.85 | $1.25 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.2929 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $62.12 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $62.12 | $0.00 | $13.61 | $17.44 | | $19.06 | $3.28 | $23.85 | $1.25 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $126.18 | $62.12 | $0.00 | $13.61 | $17.44 | | $19.06 | $3.28 | 9.42 *(FRV)* | $1.25 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $15.01 | $8.31 | $0.00 | $1.82 | $2.33 | $0.00 | $2.55 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $141.19 | $70.43 | $0.00 | $15.43 | $19.77 | $0.00 | $21.61 | $3.28 | $9.42 | $1.25 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4447 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $101.75 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $172.51 | $101.75 | $0.00 | $15.43 | $19.77 | $0.00 | $21.61 | $3.28 | $9.42 | $1.25 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $5.60 | $5.60 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.05 | $3.05 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $27.28 | $9.18 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$199.79** | **$110.93** | **$0.00** | **$15.65** | **$20.18** | **$0.00** | **$39.08** | **$3.28** | **$9.42** | **$1.25** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$137.02** | | | | | | | | | |

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

**FINAL**

Provider: **Mountain View Health and Rehab Center**
Prvdr ID: **00143184A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 36.6% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 2.82 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.4052 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3769 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.3987 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $4,104,222 | $2,100,958 | $0 | $453,658 | $296,818 | $324,348 | $630,864 | $19,473 | $278,103 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($79,630) | $0 | $0 | $0 | ($2,160) | ($2,360) | ($73,086) | | ($18,695) | $16,671 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $4,024,592 | $2,100,958 | $0 | $453,658 | $294,658 | $321,988 | $557,778 | $19,473 | $259,408 | $16,671 |
| 8 | Total Nursing Facility Days As Filed Days = 36,179 | FY12 Audited C/R Days | 36,179 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,081 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 33,081 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $111.29 | $58.07 | $0.00 | $12.54 | $17.04 | *(with L&H)* | $15.42 | $0.59 | $7.17 | $0.46 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.4052 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $41.32 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $41.32 | $0.00 | $12.54 | $17.04 | | $15.42 | $0.59 | $7.17 | $0.46 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $94.88 | $41.32 | $0.00 | $12.54 | $17.04 | | $15.42 | $0.59 | 7.51 *(FRV)* | $0.46 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $11.54 | $5.52 | $0.00 | $1.68 | $2.28 | $0.00 | $2.06 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $106.42 | $46.84 | $0.00 | $14.22 | $19.32 | $0.00 | $17.48 | $0.59 | $7.51 | $0.46 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.3987 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $65.52 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $125.10 | $65.52 | $0.00 | $14.22 | $19.32 | $0.00 | $17.48 | $0.59 | $7.51 | $0.46 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $1.64 | $1.64 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.31 | $1.31 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $21.58 | $3.48 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$146.68** | **$69.00** | **$0.00** | **$14.44** | **$19.73** | **$0.00** | **$34.95** | **$0.59** | **$7.51** | **$0.46** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$97.19** | | | | | | | | | |

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

**FINAL**

Provider: **Muscogee Manor & Rehab Center**
Prvdr ID: **00083223A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 52.9% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 5.22 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2862 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4133 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4368 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *1* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Hosp Based* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $11,594,213 | $5,561,817 | $0 | $1,411,906 | $555,090 | $655,317 | $2,562,448 | $149,821 | $697,814 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($437,974) | $0 | $0 | $0 | ($122) | $8,555 | ($450,916) | | ($9,418) | $13,927 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $11,156,239 | $5,561,817 | $0 | $1,411,906 | $554,968 | $663,872 | $2,111,532 | $149,821 | $688,396 | $13,927 |
| 8 | Total Nursing Facility Days As Filed Days = 43,099 | FY12 Audited C/R Days | 43,099 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,840 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 47,840 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $258.50 | $129.05 | $0.00 | $32.76 | $28.28 | *(with L&H)* | $48.99 | $3.13 | $15.97 | $0.32 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.2862 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $100.34 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $100.34 | $0.00 | $32.76 | $28.28 | | $48.99 | $3.13 | $15.97 | $0.32 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $29.15 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $166.52 | $71.51 | $0.00 | $29.15 | $23.09 | | $20.56 | $3.13 | 18.76 *(FRV)* | $0.32 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $19.30 | $9.56 | $0.00 | $3.90 | $3.09 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $185.82 | $81.07 | $0.00 | $33.05 | $26.18 | $0.00 | $23.31 | $3.13 | $18.76 | $0.32 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4368 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $116.48 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $221.23 | $116.48 | $0.00 | $33.05 | $26.18 | $0.00 | $23.31 | $3.13 | $18.76 | $0.32 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $6.41 | $6.41 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.49 | $3.49 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $27.00 | $9.90 | $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 | **$248.23** | **$126.38** | **$0.00** | **$33.05** | **$26.18** | **$0.00** | **$40.41** | **$3.13** | **$18.76** | **$0.32** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$173.35** | | | | | | | | | |

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

**FINAL**

Provider: **Nancy Hart Nursing Center**
Prvdr ID: **00141336A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 26.1% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.14 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2652 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3731 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.3955 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $2,678,272 | $1,275,431 | $0 | $337,858 | $197,436 | $186,331 | $449,818 | $57,540 | $173,858 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($46,985) | $0 | $0 | $416 | ($2,761) | ($2,606) | ($36,980) | | ($34,638) | $29,584 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $2,631,287 | $1,275,431 | $0 | $338,274 | $194,675 | $183,725 | $412,838 | $57,540 | $139,220 | $29,584 |
| 8 | Total Nursing Facility Days As Filed Days = 22,951 | FY12 Audited C/R Days | 22,951 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 18,642 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $115.24 | $55.57 | $0.00 | $14.74 | $16.49 | *(with L&H)* | $17.99 | $3.09 | $6.07 | $1.29 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | **1.2652** | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $43.92 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $43.92 | $0.00 | $14.74 | $16.49 | | $17.99 | $3.09 | $6.07 | $1.29 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $104.66 | $43.92 | $0.00 | $14.74 | $16.49 | | $17.99 | $3.09 | 7.14 *(FRV)* | $1.29 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $12.45 | $5.87 | $0.00 | $1.97 | $2.20 | $0.00 | $2.41 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $117.11 | $49.79 | $0.00 | $16.71 | $18.69 | $0.00 | $20.40 | $3.09 | $7.14 | $1.29 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | **1.3955** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $69.48 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $136.80 | $69.48 | $0.00 | $16.71 | $18.69 | $0.00 | $20.40 | $3.09 | $7.14 | $1.29 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 1.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $0.69 | $0.69 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.08 | $2.08 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $21.40 | $3.30 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$158.20** | **$72.78** | **$0.00** | **$16.93** | **$19.10** | **$0.00** | **$37.87** | **$3.09** | **$7.14** | **$1.29** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$105.83** | | | | | | | | | |

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

**FINAL**

Provider: **New Horizons Limestone**
Prvdr ID: **00142007A**
Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 22.0% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.97 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2251 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3036 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.3233 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operalns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *1* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Hosp Based* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $8,528,195 | $4,765,490 | $0 | $907,894 | $514,762 | $679,003 | $1,120,927 | $62,740 | $477,379 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($69,118) | $2,078 | $0 | $0 | ($10,806) | ($14,256) | ($36,110) | | ($15,554) | $5,530 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $8,459,077 | $4,767,568 | $0 | $907,894 | $503,956 | $664,747 | $1,084,817 | $62,740 | $461,825 | $5,530 |
| 8 | Total Nursing Facility Days As Filed Days = 44,490 | FY12 Audited C/R Days | 44,490 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,758 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 41,758 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $190.22 | $107.16 | $0.00 | $20.41 | $26.27 | *(with L&H)* | $24.38 | $1.50 | $10.38 | $0.12 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.2251 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $87.47 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $87.47 | $0.00 | $20.41 | $26.27 | | $24.38 | $1.50 | $10.38 | $0.12 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $29.15 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $149.73 | $71.51 | $0.00 | $20.41 | $23.09 | | $20.56 | $1.50 | 12.54 *(FRV)* | $0.12 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $18.13 | $9.56 | $0.00 | $2.73 | $3.09 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $167.86 | $81.07 | $0.00 | $23.14 | $26.18 | $0.00 | $23.31 | $1.50 | $12.54 | $0.12 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.3233 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $107.28 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $194.07 | $107.28 | $0.00 | $23.14 | $26.18 | $0.00 | $23.31 | $1.50 | $12.54 | $0.12 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $0.22 | $0.00 | $0.00 | $0.22 | $0.00 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 1.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $1.07 | $1.07 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.15 | $2.15 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $20.54 | $3.22 | $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 | **$214.61** | **$110.50** | **$0.00** | **$23.36** | **$26.18** | **$0.00** | **$40.41** | **$1.50** | **$12.54** | **$0.12** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$148.13** | | | | | | | | | |

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

**FINAL**

Provider: **New Horizons Lanier Park**
Prvdr ID: **00141072A**

Case Mix Per Diem Rate Effective Date: **1/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 26.7% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.92 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2324 | 1.3617 |
| Quarterly Medicaid CMI: | 1.2357 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.2530 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *1* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Hosp Based* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $7,482,558 | $4,304,810 | $0 | $879,776 | $480,354 | $453,983 | $994,956 | $58,787 | $309,892 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($26,200) | ($2,378) | $0 | $0 | $478 | $8,078 | ($32,683) | | ($3,620) | $3,925 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $7,456,358 | $4,302,432 | $0 | $879,776 | $480,832 | $462,061 | $962,273 | $58,787 | $306,272 | $3,925 |
| 8 | Total Nursing Facility Days As Filed Days = 41,343 | FY12 Audited C/R Days | 41,343 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,693 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 40,693 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $180.38 | $104.07 | $0.00 | $21.28 | $22.81 | *(with L&H)* | $23.28 | $1.44 | $7.41 | $0.09 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.2324 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $84.44 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $84.44 | $0.00 | $21.28 | $22.81 | | $23.28 | $1.44 | $7.41 | $0.09 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $29.15 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $158.45 | $71.51 | $0.00 | $21.28 | $22.81 | | $20.56 | $1.44 | 20.76 *(FRV)* | $0.09 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $18.21 | $9.56 | $0.00 | $2.85 | $3.05 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $176.66 | $81.07 | $0.00 | $24.13 | $25.86 | $0.00 | $23.31 | $1.44 | $20.76 | $0.09 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.2530 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $101.58 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $197.17 | $101.58 | $0.00 | $24.13 | $25.86 | $0.00 | $23.31 | $1.44 | $20.76 | $0.09 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0) | (see Policy Manual) | $0.43 | $0.00 | $0.00 | $0.22 | $0.21 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 1.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $1.02 | $1.02 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.05 | $3.05 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $21.60 | $4.07 | $0.00 | $0.22 | $0.21 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$218.77** | **$105.65** | **$0.00** | **$24.35** | **$26.07** | **$0.00** | **$40.41** | **$1.44** | **$20.76** | **$0.09** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$151.25** | | | | | | | | | |

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

**FINAL**

Provider: **New London Health Center**
Prvdr ID: **00494139A**

| | | | Facility Score | Add-on Percent | | Facility Specific | State-wide |
|---|---|---|---|---|---|---|---|
| Case Mix Per Diem Rate Effective Date: | 01/01/20 | Add-on Data and Percentages: Growth Allowance: | N/A | 13.37% | Case Mix Index (CMI) Data: Base Period Overall CMI: | 1.4991 | 1.3699 |
| | | Qtrly BIMS score | 54.3% | 5.5% | Quarterly Medicaid CMI: | 1.4966 | 1.4347 |
| MDS & Nurse Hrs Data per Quarter Ending: | 09/30/19 | Nurse Hours per On-Site Day/Quality Incentive: | 3.21 | 2.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.5212 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY13 C/R | $8,670,898 | $3,335,176 | $0 | $738,448 | $335,832 | $391,662 | $1,311,902 | $185,098 | $2,372,780 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY13 C/R Audit Adjstmts | ($97,723) | $0 | $0 | $0 | $0 | $0 | ($97,723) | | ($72,835) | $72,83 |
| 7 | Cost Center Costs After Audit Adjustments | FY13 Audited C/R | $8,573,175 | $3,335,176 | $0 | $738,448 | $335,832 | $391,662 | $1,214,179 | $185,098 | $2,299,945 | $72,83 |
| 8 | Total Nursing Facility Days As Filed Days = 48,462 | FY13 Audited C/R Days | 48,462 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,366 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 48,366 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $176.91 | $68.82 | $0.00 | $15.24 | $15.01 | *(with L&H)* | $25.05 | $3.83 | $47.46 | $1.5 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY10 | | **1.4991** | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $45.91 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $45.91 | $0.00 | $15.24 | $15.01 | | $25.05 | $3.83 | $47.46 | $1.5 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $73.90 | $0.00 | $19.14 | $23.27 | | $23.46 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $117.39 | $45.91 | $0.00 | $15.24 | $15.01 | | $23.46 | $3.83 | 12.44 *(FRV)* | $1.5 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.4% | Ln 14 x Grwth Allwnc % | $13.33 | $6.14 | $0.00 | $2.04 | $2.01 | $0.00 | $3.14 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $130.72 | $52.05 | $0.00 | $17.28 | $17.02 | $0.00 | $26.60 | $3.83 | $12.44 | $1.5 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | **1.5212** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $79.18 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $157.85 | $79.18 | $0.00 | $17.28 | $17.02 | $0.00 | $26.60 | $3.83 | $12.44 | $1.5 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.16 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $4.35 | $4.35 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.58 | $1.58 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $24.19 | $6.46 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.0 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$182.04** | **$85.64** | **$0.00** | **$17.50** | **$17.43** | **$0.00** | **$43.70** | **$3.83** | **$12.44** | **$1.5** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$123.71** | | | | | | | | | |

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

**FINAL**

Provider: **Newnan Hosp. Health & Rehab Ctr**
Prvdr ID: **00040719A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 42.4% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.45 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2207 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3806 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4055 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $7,868,327 | $4,203,284 | $0 | $810,018 | $553,544 | $354,117 | $931,074 | $99,483 | $916,807 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($44,788) | ($11,234) | $0 | $0 | $0 | $0 | ($33,554) | | ($46,486) | $46,486 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $7,823,539 | $4,192,050 | $0 | $810,018 | $553,544 | $354,117 | $897,520 | $99,483 | $870,321 | $46,486 |
| 8 | Total Nursing Facility Days As Filed Days = 50,264 | FY12 Audited C/R Days | 50,264 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,359 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 31,359 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $156.84 | $83.40 | $0.00 | $16.12 | $18.06 | *(with L&H)* | $17.86 | $3.17 | $17.31 | $0.92 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.2207 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $68.32 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $68.32 | $0.00 | $16.12 | $18.06 | | $17.86 | $3.17 | $17.31 | $0.92 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $137.04 | $68.32 | $0.00 | $16.12 | $18.06 | | $17.86 | $3.17 | 12.59 *(FRV)* | $0.92 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $16.09 | $9.13 | $0.00 | $2.16 | $2.41 | $0.00 | $2.39 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $153.13 | $77.45 | $0.00 | $18.28 | $20.47 | $0.00 | $20.25 | $3.17 | $12.59 | $0.92 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4055 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $108.86 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $184.54 | $108.86 | $0.00 | $18.28 | $20.47 | $0.00 | $20.25 | $3.17 | $12.59 | $0.92 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.72 | $2.72 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.18 | $2.18 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.53 | $5.43 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$208.07** | **$114.29** | **$0.00** | **$18.50** | **$20.88** | **$0.00** | **$37.72** | **$3.17** | **$12.59** | **$0.92** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$143.23** | | | | | | | | | |

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

FINAL

Provider: **National Health Care of Rossville**
Prvdr ID: **00083146A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 17.7% | 0.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.32 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.3032 | 1.3617 |
| Quarterly Medicaid CMI: | 1.1489 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.1660 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $5,988,305 | $2,938,284 | $0 | $540,910 | $289,823 | $283,293 | $963,951 | $148,675 | $823,369 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($219,774) | ($4,032) | $0 | $3,835 | $0 | $1,561 | ($221,138) | | ($36,195) | $36,195 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $5,768,531 | $2,934,252 | $0 | $544,745 | $289,823 | $284,854 | $742,813 | $148,675 | $787,174 | $36,195 |
| 8 | Total Nursing Facility Days As Filed Days = 35,819 | FY12 Audited C/R Days | 35,819 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,316 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 32,316 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $161.50 | $81.92 | $0.00 | $15.21 | $16.04 | *(with L&H)* | $20.74 | $4.60 | $21.98 | $1.01 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | **1.3032** | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $62.86 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $62.86 | $0.00 | $15.21 | $16.04 | | $20.74 | $4.60 | $21.98 | $1.01 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $129.55 | $62.86 | $0.00 | $15.21 | $16.04 | | $20.56 | $4.60 | 9.27 *(FRV)* | $1.01 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $15.32 | $8.40 | $0.00 | $2.03 | $2.14 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $144.87 | $71.26 | $0.00 | $17.24 | $18.18 | $0.00 | $23.31 | $4.60 | $9.27 | $1.01 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | **1.1660** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $83.09 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $156.70 | $83.09 | $0.00 | $17.24 | $18.18 | $0.00 | $23.31 | $4.60 | $9.27 | $1.01 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.16 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 0.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $0.00 | $0.00 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.49 | $2.49 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $20.75 | $3.02 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$177.45** | **$86.11** | **$0.00** | **$17.46** | **$18.59** | **$0.00** | **$40.41** | **$4.60** | **$9.27** | **$1.01** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$120.26** | | | | | | | | | |

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

**FINAL**

Provider: **NHC of Fort Oglethorpe**
Prvdr ID: **00344759A**

| | | 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: | 1/1/2020 | Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.4032 | 1.3617 |
| | | Qtrly BIMS score | 31.7% | 2.5% | Quarterly Medicaid CMI: | 1.2868 | 1.4347 |
| MDS & Nurse Hrs Data per Quarter Ending: | 09/30/19 | Nurse Hours per On-Site Day/Quality Incentive: | 3.23 | 3.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.3087 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $6,978,191 | $3,446,206 | $0 | $710,988 | $379,954 | $432,374 | $1,467,498 | $205,015 | $336,156 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($380,131) | ($5,079) | $0 | $10,065 | ($160) | ($7,154) | ($377,661) | | $2,726 | ($2,868) |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $6,598,060 | $3,441,127 | $0 | $721,053 | $379,794 | $425,220 | $1,089,837 | $205,015 | $338,882 | ($2,868) |
| 8 | Total Nursing Facility Days As Filed Days = 43,776 | FY12 Audited C/R Days | 43,776 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,860 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 44,860 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $150.61 | $78.61 | $0.00 | $16.47 | $18.39 | *(with L&H)* | $24.90 | $4.57 | $7.74 | ($0.07) |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.4032 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $56.02 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $56.02 | $0.00 | $16.47 | $18.39 | | $24.90 | $4.57 | $7.74 | ($0.07) |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $127.85 | $56.02 | $0.00 | $16.47 | $18.39 | | $20.56 | $4.57 | 11.91 *(FRV)* | ($0.07) |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $14.90 | $7.49 | $0.00 | $2.20 | $2.46 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $142.75 | $63.51 | $0.00 | $18.67 | $20.85 | $0.00 | $23.31 | $4.57 | $11.91 | ($0.07) |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.3087 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $83.12 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $162.36 | $83.12 | $0.00 | $18.67 | $20.85 | $0.00 | $23.31 | $4.57 | $11.91 | ($0.07) |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.16 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.08 | $2.08 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.49 | $2.49 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.83 | $5.10 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$185.19** | **$88.22** | **$0.00** | **$18.89** | **$21.26** | **$0.00** | **$40.41** | **$4.57** | **$11.91** | **($0.07)** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$126.07** | | | | | | | | | |

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

**FINAL**

Provider: **Northeast Atlanta H & R Ctr.**
Prvdr ID: **00426214A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 41.7% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.41 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.4802 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4687 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4932 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $10,237,012 | $4,454,255 | $0 | $908,056 | $453,799 | $518,995 | $1,877,635 | $400,810 | $1,623,462 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($312,135) | ($10,196) | $0 | $0 | $0 | $0 | ($301,939) | | ($113,774) | $113,774 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $9,924,877 | $4,444,059 | $0 | $908,056 | $453,799 | $518,995 | $1,575,696 | $400,810 | $1,509,688 | $113,774 |
| 8 | Total Nursing Facility Days As Filed Days = 52,637 | FY12 Audited C/R Days | 52,637 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,643 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 44,643 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $189.92 | $84.43 | $0.00 | $17.25 | $18.48 | *(with L&H)* | $29.94 | $8.98 | $28.68 | $2.16 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.4802 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $57.04 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $57.04 | $0.00 | $17.25 | $18.48 | | $29.94 | $8.98 | $28.68 | $2.16 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $136.40 | $57.04 | $0.00 | $17.25 | $18.48 | | $20.56 | $8.98 | 11.93 *(FRV)* | $2.16 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $15.16 | $7.63 | $0.00 | $2.31 | $2.47 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $151.56 | $64.67 | $0.00 | $19.56 | $20.95 | $0.00 | $23.31 | $8.98 | $11.93 | $2.16 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4932 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $96.57 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $183.46 | $96.57 | $0.00 | $19.56 | $20.95 | $0.00 | $23.31 | $8.98 | $11.93 | $2.16 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.16 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.41 | $2.41 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Sffng Add-on | $2.90 | $2.90 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.57 | $5.84 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$207.03** | **$102.41** | **$0.00** | **$19.78** | **$21.36** | **$0.00** | **$40.41** | **$8.98** | **$11.93** | **$2.16** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$142.45** | | | | | | | | | |

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

**FINAL**

Provider: **Northridge Hlth & Rehab Ctr**
Prvdr ID: **00059331A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 25.9% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.35 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.3456 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3051 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.3259 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *1* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Hosp Based* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $9,213,088 | $4,037,489 | $0 | $966,434 | $429,444 | $709,794 | $2,535,769 | $170,418 | $363,740 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($759,019) | $792,763 | $0 | $0 | $1,456 | ($29,226) | ($1,556,120) | | $32,108 | $0 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $8,454,069 | $4,830,252 | $0 | $966,434 | $430,900 | $680,568 | $979,649 | $170,418 | $395,848 | $0 |
| 8 | Total Nursing Facility Days As Filed Days = 56,193 | FY12 Audited C/R Days | 56,193 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,103 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 56,103 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $150.45 | $85.96 | $0.00 | $17.20 | $19.78 | *(with L&H)* | $17.43 | $3.04 | $7.04 | $0.00 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.3456 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $63.88 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $63.88 | $0.00 | $17.20 | $19.78 | | $17.43 | $3.04 | $7.04 | $0.00 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $29.15 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $131.34 | $63.88 | $0.00 | $17.20 | $19.78 | | $17.43 | $3.04 | 10.01 *(FRV)* | $0.00 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $15.81 | $8.54 | $0.00 | $2.30 | $2.64 | $0.00 | $2.33 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $147.15 | $72.42 | $0.00 | $19.50 | $22.42 | $0.00 | $19.76 | $3.04 | $10.01 | $0.00 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.3259 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $96.02 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $170.75 | $96.02 | $0.00 | $19.50 | $22.42 | $0.00 | $19.76 | $3.04 | $10.01 | $0.00 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 1.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $0.96 | $0.96 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.88 | $2.88 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $22.47 | $4.37 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$193.22** | **$100.39** | **$0.00** | **$19.72** | **$22.83** | **$0.00** | **$37.23** | **$3.04** | **$10.01** | **$0.00** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$132.09** | | | | | | | | | |

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

**FINAL**

Provider: **Nursecare of Buckhead**
Prvdr ID: **00142183A**
Case Mix Per Diem Rate Effective Date: 01/01/20
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent | Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|---|---|---|
| Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.3783 | 1.3699 |
| Qtrly BIMS score | 21.9% | 1.0% | Quarterly Medicaid CMI: | 1.3867 | 1.4347 |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.33 | 2.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.4091 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY13 C/R | $13,144,626 | $5,635,643 | $0 | $1,184,644 | $550,569 | $930,038 | $2,185,041 | $276,362 | $2,382,329 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY13 C/R Audit Adjstmts | ($228,212) | $0 | $0 | $0 | $0 | $0 | ($228,212) | | ($250,820) | $250,820 |
| 7 | Cost Center Costs After Audit Adjustments | FY13 Audited C/R | $12,916,414 | $5,635,643 | $0 | $1,184,644 | $550,569 | $930,038 | $1,956,829 | $276,362 | $2,131,509 | $250,820 |
| 8 | Total Nursing Facility Days As Filed Days = 77,604 | FY13 Audited C/R Days | 77,604 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 76,020 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 76,020 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $166.53 | $72.62 | $0.00 | $15.27 | $19.08 | *(with L&H)* | $25.22 | $3.64 | $27.47 | $3.23 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY10 | | **1.3783** | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $52.69 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $52.69 | $0.00 | $15.27 | $19.08 | | $25.22 | $3.64 | $27.47 | $3.23 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $73.90 | $0.00 | $19.14 | $23.27 | | $23.46 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $126.95 | $52.69 | $0.00 | $15.27 | $19.08 | | $23.46 | $3.64 | 9.58 *(FRV)* | $3.23 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.4% | Ln 14 x Grwth Allwnc % | $14.77 | $7.04 | $0.00 | $2.04 | $2.55 | $0.00 | $3.14 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $141.72 | $59.73 | $0.00 | $17.31 | $21.63 | $0.00 | $26.60 | $3.64 | $9.58 | $3.23 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | **1.4091** | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $84.17 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $166.16 | $84.17 | $0.00 | $17.31 | $21.63 | $0.00 | $26.60 | $3.64 | $9.58 | $3.23 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.16 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 1.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $0.84 | $0.84 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.68 | $1.68 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $20.78 | $3.05 | $0.00 | $0.22 | $0.41 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$186.94** | **$87.22** | **$0.00** | **$17.53** | **$22.04** | **$0.00** | **$43.70** | **$3.64** | **$9.58** | **$3.23** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$127.38** | | | | | | | | | |

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

**FINAL**

Provider: **Oak View Home - Waverly Hall**
Prvdr ID: **00142249A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 47.0% | 5.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 2.69 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2630 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3052 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.3247 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $4,469,447 | $2,585,315 | $0 | $489,991 | $288,139 | $286,096 | $568,338 | $96,019 | $155,549 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($40,534) | ($18,225) | $0 | $0 | $0 | $0 | ($22,309) | | ($16,476) | $16,476 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $4,428,913 | $2,567,090 | $0 | $489,991 | $288,139 | $286,096 | $546,029 | $96,019 | $139,073 | $16,476 |
| 8 | Total Nursing Facility Days As Filed Days = 34,419 | FY12 Audited C/R Days | 34,419 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,806 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 35,806 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $128.56 | $74.58 | $0.00 | $14.24 | $16.68 | *(with L&H)* | $15.86 | $2.68 | $4.04 | $0.48 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.2630 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $59.05 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $59.05 | $0.00 | $14.24 | $16.68 | | $15.86 | $2.68 | $4.04 | $0.48 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $117.28 | $59.05 | $0.00 | $14.24 | $16.68 | | $15.86 | $2.68 | 8.29 *(FRV)* | $0.48 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $14.14 | $7.89 | $0.00 | $1.90 | $2.23 | $0.00 | $2.12 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $131.42 | $66.94 | $0.00 | $16.14 | $18.91 | $0.00 | $17.98 | $2.68 | $8.29 | $0.48 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.3247 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $88.68 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $153.16 | $88.68 | $0.00 | $16.14 | $18.91 | $0.00 | $17.98 | $2.68 | $8.29 | $0.48 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 5.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $4.88 | $4.88 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Sffng Add-on | $2.66 | $2.66 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $26.17 | $8.07 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$179.33** | **$96.75** | **$0.00** | **$16.36** | **$19.32** | **$0.00** | **$35.45** | **$2.68** | **$8.29** | **$0.48** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$121.67** | | | | | | | | | |

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

**FINAL**

Provider: **Oakview Health & Rehab Center**
Prvdr ID: **00142238A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 34.4% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.24 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2538 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4510 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4761 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $7,465,862 | $4,035,413 | $0 | $774,649 | $486,582 | $548,811 | $903,417 | $144,260 | $572,730 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($49,401) | ($89,269) | $0 | $0 | ($2,153) | ($2,429) | $46,882 | | ($25,366) | $22,934 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $7,416,461 | $3,946,144 | $0 | $774,649 | $484,429 | $546,382 | $950,299 | $144,260 | $547,364 | $22,934 |
| 8 | Total Nursing Facility Days As Filed Days = 51,873 | FY12 Audited C/R Days | 51,873 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,667 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 52,667 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $142.92 | $76.07 | $0.00 | $14.93 | $19.87 | *(with L&H)* | $18.32 | $2.74 | $10.55 | $0.44 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.2538 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $60.67 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $60.67 | $0.00 | $14.93 | $19.87 | | $18.32 | $2.74 | $10.55 | $0.44 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $132.55 | $60.67 | $0.00 | $14.93 | $19.87 | | $18.32 | $2.74 | 15.58 *(FRV)* | $0.44 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $15.22 | $8.11 | $0.00 | $2.00 | $2.66 | $0.00 | $2.45 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $147.77 | $68.78 | $0.00 | $16.93 | $22.53 | $0.00 | $20.77 | $2.74 | $15.58 | $0.44 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4761 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $101.53 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $180.52 | $101.53 | $0.00 | $16.93 | $22.53 | $0.00 | $20.77 | $2.74 | $15.58 | $0.44 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.54 | $2.54 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.05 | $3.05 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $24.22 | $6.12 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$204.74** | **$107.65** | **$0.00** | **$17.15** | **$22.94** | **$0.00** | **$38.24** | **$2.74** | **$15.58** | **$0.44** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$140.73** | | | | | | | | | |

# Quarterly Case Mix Per Diem Calculation

**FINAL**

| | | | | Facility Score | Add-on Percent | | Facility Specific | State-wide |
|---|---|---|---|---|---|---|---|---|
| Provider: **Oceanside Health & Rehab - Tybee** | | | Add-on Data and Percentages | | | Case Mix Index (CMI) Data | | |
| Prvdr ID: **003188970A** | | | Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | Use Stwd | 1.3617 |
| H/B ?: No | Case Mix Per Diem Rate Effective Date: | **01/01/20** | BIMS: | 18.3% | 0.0% | Quarterly Medicaid CMI: | 1.3843 | 1.4347 |
| | MDS & Nurse Hrs Data per Quarter Ending: | 09/30/19 | Nurse Hours per On-Site Day/Quality Incentive: | 3.07 | 1.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.4089 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| | ***Cost Center Peer Groups per Selected Options*** | | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Freestanding* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| | *Peer Group Standards: Percentile* | | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| | *Peer Group Standards: Multiplier* | | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| | *Efficiency Measures (Maximums)* | | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Per Diem Costs and Add-ons** | | | | | | | | | | | |
| | GL-PL- Insurance Costs | FY2018 GL-PL Ins. Rpt | | | | | | | | $ 60,278 | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | FY2018 GL-PL Ins. Rpt | | | | | | | | 21,444 | | |
| | Standard Per Diem (After CMA for Routine Srvcs) | FY 2012 Peer Group Limit | | $71.51 | | $18.41 | $23.09 | | $20.56 | | $16.46 | $0.0( |
| | Allowed @ 95% of Std | | $143.35 | $67.93 | | $17.49 | $21.94 | | $19.53 | | $16.46 | $0.0( |
| | Growth Allowance 13.4% | | $16.97 | $9.08 | | $2.34 | $2.93 | | $2.61 | | | |
| | CMA Allowed Per Diem (After Growth Alowance) | | $163.13 | $77.01 | | $19.83 | $24.87 | | $22.14 | $ 2.81 | $16.46 | $0.00 |
| | Quarterly Facility Case Mix Index for Medicaid Residents | | | 1.4089 | | | | | | | *(FRV Rate)* | |
| | Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | | | $108.50 | | | | | | | | |
| | Quarterly Medicaid CMA Allowed Per Diem | | $194.62 | $108.50 | | $19.83 | $24.87 | | $22.14 | $2.81 | $16.46 | $0.00 |
| | **Quarterly Per Diem Add-On Amounts** | | | | | | | | | | | |
| | BIMS Add-on Per Diem = 0.0% to Routine Srvs) | | $0.00 | $0.00 | | | | | | | | |
| | Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% | | $1.09 | $1.09 | | | | | | | | |
| | Nursing Home Provider Fee | | $17.10 | | | | | | 17.10 | | | |
| | **Total Quarterly Per Diem Add-On Amounts** | | $18.19 | | | | | | | | | |
| | **Quarterly Case Mix Based Per Diem Rate** | | **$212.80** | **$109.59** | | **$19.83** | **$24.87** | | **$39.24** | **$2.81** | **$16.46** | **$0.00** |
| | **Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%** | **$146.78** | | | | | | | | | | |

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

**FINAL**

Provider: **Oconee Health & Rehab**
Prvdr ID: **00142293A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 31.9% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.19 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.1620 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3570 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.3807 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $2,430,942 | $1,169,546 | $0 | $286,116 | $161,467 | $218,516 | $341,229 | $47,879 | $206,189 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($8,617) | $0 | $0 | $0 | $0 | $0 | ($8,617) | | ($8,381) | $8,381 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $2,422,325 | $1,169,546 | $0 | $286,116 | $161,467 | $218,516 | $332,612 | $47,879 | $197,808 | $8,381 |
| 8 | Total Nursing Facility Days As Filed Days = 14,885 | FY12 Audited C/R Days | 14,885 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,204 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 17,204 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $162.30 | $78.57 | $0.00 | $19.22 | $25.53 | *(with L&H)* | $22.35 | $2.78 | $13.29 | $0.56 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.1620 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $67.61 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $67.61 | $0.00 | $19.22 | $25.53 | | $22.35 | $2.78 | $13.29 | $0.56 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $142.86 | $67.61 | $0.00 | $18.41 | $23.09 | | $20.56 | $2.78 | 9.85 *(FRV)* | $0.56 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $17.34 | $9.04 | $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 | $160.20 | $76.65 | $0.00 | $20.87 | $26.18 | $0.00 | $23.31 | $2.78 | $9.85 | $0.56 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.3807 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $105.83 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $189.38 | $105.83 | $0.00 | $20.87 | $26.18 | $0.00 | $23.31 | $2.78 | $9.85 | $0.56 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $0.53 | $0.53 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.65 | $2.65 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $3.17 | $3.17 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $23.45 | $6.35 | $0.00 | $0.00 | $0.00 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$212.83** | **$112.18** | **$0.00** | **$20.87** | **$26.18** | **$0.00** | **$40.41** | **$2.78** | **$9.85** | **$0.56** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$146.80** | | | | | | | | | |

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

**FINAL**

Provider: **Oconee Regional SNF**
Prvdr ID: **00947658A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 0.0% | 0.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 7.55 | 0.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 2.1590 | 1.3617 |
| Quarterly Medicaid CMI: | 1.4347 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4593 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *1* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Hosp Based* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $2,812,723 | $765,901 | $0 | $176,858 | $67,047 | $204,465 | $1,273,331 | $20,101 | $305,020 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($26,025) | $0 | $0 | $0 | $0 | $0 | ($26,025) | | ($3,258) | $3,258 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $2,786,698 | $765,901 | $0 | $176,858 | $67,047 | $204,465 | $1,247,306 | $20,101 | $301,762 | $3,258 |
| 8 | Total Nursing Facility Days As Filed Days = 3,356 | FY12 Audited C/R Days | 3,356 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,003 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 2,003 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $834.41 | $228.22 | $0.00 | $52.70 | $80.90 | *(with L&H)* | $371.66 | $10.04 | $89.92 | $0.97 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 2.1590 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $105.71 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $105.71 | $0.00 | $52.70 | $80.90 | | $371.66 | $10.04 | $89.92 | $0.97 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $29.15 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $176.93 | $71.51 | $0.00 | $29.15 | $23.09 | | $20.56 | $10.04 | 21.61 *(FRV)* | $0.97 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $19.30 | $9.56 | $0.00 | $3.90 | $3.09 | $0.00 | $2.75 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $196.23 | $81.07 | $0.00 | $33.05 | $26.18 | $0.00 | $23.31 | $10.04 | $21.61 | $0.97 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4593 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $118.30 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $233.46 | $118.30 | $0.00 | $33.05 | $26.18 | $0.00 | $23.31 | $10.04 | $21.61 | $0.97 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 0.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $0.00 | $0.00 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $0.00 | $0.00 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $17.10 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $17.10 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$250.56** | **$118.30** | **$0.00** | **$33.05** | **$26.18** | **$0.00** | **$40.41** | **$10.04** | **$21.61** | **$0.97** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$175.10** | | | | | | | | | |

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

**FINAL**

Provider: **Orchard Health and Rehab**
Prvdr ID: **00142656A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 36.6% | 2.5% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.29 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 0.9752 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3197 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.3424 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | ***Cost Center Peer Groups*** | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $3,470,207 | $1,889,571 | $0 | $410,260 | $203,048 | $216,850 | $506,974 | $100,590 | $142,914 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($43,088) | ($3,895) | $0 | $0 | $0 | $0 | ($39,193) | | ($13,502) | $13,502 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $3,427,119 | $1,885,676 | $0 | $410,260 | $203,048 | $216,850 | $467,781 | $100,590 | $129,412 | $13,502 |
| 8 | Total Nursing Facility Days As Filed Days = 29,547 | FY12 Audited C/R Days | 29,547 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,624 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 29,624 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $115.98 | $63.82 | $0.00 | $13.88 | $14.21 | *(with L&H)* | $15.83 | $3.40 | $4.38 | $0.46 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 0.9752 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $65.44 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $65.44 | $0.00 | $13.88 | $14.21 | | $15.83 | $3.40 | $4.38 | $0.46 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $120.71 | $65.44 | $0.00 | $13.88 | $14.21 | | $15.83 | $3.40 | 7.49 *(FRV)* | $0.46 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $14.63 | $8.75 | $0.00 | $1.86 | $1.90 | $0.00 | $2.12 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $135.34 | $74.19 | $0.00 | $15.74 | $16.11 | $0.00 | $17.95 | $3.40 | $7.49 | $0.46 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.3424 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $99.59 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $160.74 | $99.59 | $0.00 | $15.74 | $16.11 | $0.00 | $17.95 | $3.40 | $7.49 | $0.46 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 2.5% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $2.49 | $2.49 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.99 | $2.99 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $24.11 | $6.01 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$184.85** | **$105.60** | **$0.00** | **$15.96** | **$16.52** | **$0.00** | **$35.42** | **$3.40** | **$7.49** | **$0.46** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$125.81** | | | | | | | | | |

# Quarterly Case Mix Per Diem Calculation

**FINAL**

| | | | | Facility Score | Add-on Percent | | Facility Specific | State-wide |
|---|---|---|---|---|---|---|---|---|
| Provider: **Orchard View Rehab & Skilled NC** | | | Add-on Data and Percentages | | | Case Mix Index (CMI) Data | | |
| Prvdr ID: **00142117A** | | | Growth Allowance: | N/A | 13.37% | Base Period Overall CMI: | 1.2690 | 1.3617 |
| H/B ?: No | Case Mix Per Diem Rate Effective Date: | **01/01/20** | BIMS: | 43.8% | 2.5% | Quarterly Medicaid CMI: | 1.3026 | 1.4347 |
| | MDS & Nurse Hrs Data per Quarter Ending: | 09/30/19 | Nurse Hours per On-Site Day/Quality Incentive: | 5.08 | 3.0% | Qrtrly Mcaid CMI w RUG Wght Options: | 1.3224 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| | ***Cost Center Peer Groups per Selected Options*** | | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Freestanding* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | ***Peer Group Standards & Efficiency Measure Limits*** | | | | | | | | | | | |
| | *Peer Group Standards: Percentile* | | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| | *Peer Group Standards: Multiplier* | | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| | *Efficiency Measures (Maximums)* | | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Per Diem Costs and Add-ons** | | | | | | | | | | | |
| | GL-PL- Insurance Costs | FY2018 GL-PL Ins. Rpt | | | | | | | | $ 162,156 | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt | FY2018 GL-PL Ins. Rpt | | | | | | | | 65,190 | | |
| | Standard Per Diem (After CMA for Routine Srvcs) | FY 2012 Peer Group Limit | | $71.51 | | $18.41 | $23.09 | | $20.56 | | $38.01 | $0.0 |
| | Allowed @ 95% of Std | | $164.90 | $67.93 | | $17.49 | $21.94 | | $19.53 | | $38.01 | $0.0 |
| | Growth Allowance 13.4% | | $16.97 | $9.08 | | $2.34 | $2.93 | | $2.61 | | | |
| | CMA Allowed Per Diem (After Growth Alowance) | | $184.36 | $77.01 | | $19.83 | $24.87 | | $22.14 | $ 2.49 | $38.01 | $0.00 |
| | Quarterly Facility Case Mix Index for Medicaid Residents | | | 1.3224 | | | | | | | *(FRV Rate)* | |
| | Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | | | $101.84 | | | | | | | | |
| | Quarterly Medicaid CMA Allowed Per Diem | | $209.18 | $101.84 | | $19.83 | $24.87 | | $22.14 | $2.49 | $38.01 | $0.00 |
| | **Quarterly Per Diem Add-On Amounts** | | | | | | | | | | | |
| | BIMS Add-on Per Diem = 2.5% to Routine Srvs) | | $2.55 | $2.55 | | | | | | | | |
| | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% | | $3.06 | $3.06 | | | | | | | | |
| | Nursing Home Provider Fee | | $0.00 | | | | | | 0.00 | | | |
| | **Total Quarterly Per Diem Add-On Amounts** | | $5.60 | | | | | | | | | |
| | **Quarterly Case Mix Based Per Diem Rate** | | **$214.79** | **$107.44** | | **$19.83** | **$24.87** | | **$22.14** | **$2.49** | **$38.01** | **$0.00** |
| | **Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%** | **$161.09** | | | | | | | | | | |

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

**FINAL**

Provider: **Oxley Park Health & Rehab**
Prvdr ID: **00143316A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 12.6% | 0.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 3.39 | 2.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.3255 | 1.3617 |
| Quarterly Medicaid CMI: | 1.3825 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.4066 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *2* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Free Standing* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $6,249,016 | $3,266,179 | $0 | $600,921 | $330,445 | $337,112 | $853,990 | $99,288 | $761,081 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($23,529) | $0 | $0 | $0 | $0 | $0 | ($23,529) | | ($38,077) | $38,077 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $6,225,487 | $3,266,179 | $0 | $600,921 | $330,445 | $337,112 | $830,461 | $99,288 | $723,004 | $38,077 |
| 8 | Total Nursing Facility Days As Filed Days = 42,231 | FY12 Audited C/R Days | 42,231 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,348 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 36,348 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $147.79 | $77.34 | $0.00 | $14.23 | $15.81 | *(with L&H)* | $19.66 | $2.73 | $17.12 | $0.90 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.3255 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $58.35 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $58.35 | $0.00 | $14.23 | $15.81 | | $19.66 | $2.73 | $17.12 | $0.90 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $18.41 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $128.28 | $58.35 | $0.00 | $14.23 | $15.81 | | $19.66 | $2.73 | 16.60 *(FRV)* | $0.90 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $14.44 | $7.80 | $0.00 | $1.90 | $2.11 | $0.00 | $2.63 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $142.72 | $66.15 | $0.00 | $16.13 | $17.92 | $0.00 | $22.29 | $2.73 | $16.60 | $0.90 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.4066 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $93.05 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $169.62 | $93.05 | $0.00 | $16.13 | $17.92 | $0.00 | $22.29 | $2.73 | $16.60 | $0.90 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $1.53 | $0.53 | $0.00 | $0.22 | $0.41 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 0.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $0.00 | $0.00 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $1.86 | $1.86 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $20.49 | $2.39 | $0.00 | $0.22 | $0.41 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$190.11** | **$95.44** | **$0.00** | **$16.35** | **$18.33** | **$0.00** | **$39.76** | **$2.73** | **$16.60** | **$0.90** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$129.76** | | | | | | | | | |

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

**FINAL**

Provider: **Palemon Gaskins Nursing Home**
Prvdr ID: **00142326A**

Case Mix Per Diem Rate Effective Date: 1/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 09/30/19

| Add-on Data and Percentages | Facility Score | Add-on Percent |
|---|---|---|
| Growth Allowance: | N/A | 13.37% |
| Qtrly BIMS score | 28.0% | 1.0% |
| Nurse Hours per On-Site Day/Quality Incentive: | 4.60 | 3.0% |

| Case Mix Index (CMI) Data | Facility Specific | State-wide |
|---|---|---|
| Base Period Overall CMI: | 1.2317 | 1.3617 |
| Quarterly Medicaid CMI: | 1.2707 | 1.4347 |
| Qrtrly Mcaid CMI w RUG Wght Options: | 1.2928 | 1.4593 |

| Line # | Description | Sources / Calculations | Totals | Routine Services | Special Services | Dietary | Laundry & Houskpng | Plant Operatns & Maint | Admin and General | A&G- GL-PL Insurance | Property and Related | Taxes and Insurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | a | b | c | d | e | f | g | g | h | i |
| | **CASE MIX BASED RATE CALCULATIONS** | | | | | | | | | | | |
| 1 | *Cost Center Peer Groups* | (see Policy Manual) | | *1* | *1* | *1* | *1* | *1* | *1* | | | |
| | *Type of Facility within Peer Group* | | | *All Facilities* | *All Facilities* | *Hosp Based* | *All Facilities* | *All Facilities* | *All Facilities* | | | |
| | *Bed Size Range within Peer Group* | | | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | *All Bed Sizes* | | | |
| | *Peer Group Standards & Efficiency Measure Limits* | | | | | | | | | | | |
| 2 | *Peer Group Standards: Percentile* | (see Policy Manual) | | *90.0%* | *90.0%* | *90.0%* | *85.0%* | | *50.0%* | | | |
| 3 | *Peer Group Standards: Multiplier* | (see Policy Manual) | | *100.0%* | *100.0%* | *100.0%* | *100.0%* | | *105.0%* | | | |
| 4 | *Efficiency Measure Maximums (see line 20 for actual)* | (see Policy Manual) | | *$0.53* | *$0.00* | *$0.22* | *$0.41* | | *$0.37* | | | |
| | **Base Period Per Diem Allowed Amounts** | | | | | | | | | | | |
| 5 | As Filed Cost Center Costs (Routine & Special Srvcs Combined) | As Filed FY12 C/R -FY 2018 GL-PL Rpt | $1,944,881 | $892,655 | $0 | $391,990 | $129,464 | $196,552 | $216,971 | $39,793 | $77,456 | $0 |
| 6 | Audit Adjustments and Reallocations to Cost Center Costs | FY12 C/R Audit Adjstmts | ($11,393) | ($787) | $0 | $0 | $145 | ($7,449) | ($3,302) | | ($1,189) | $1,189 |
| 7 | Cost Center Costs After Audit Adjustments | FY12 Audited C/R | $1,933,488 | $891,868 | $0 | $391,990 | $129,609 | $189,103 | $213,669 | $39,793 | $76,267 | $1,189 |
| 8 | Total Nursing Facility Days As Filed Days = 10,670 | FY12 Audited C/R Days | 10,670 | | | | | | | | | |
| | Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 10,104 | FY 18 GL-PL Ins Rpt Days | | | | | | | | 10,104 | | |
| 9 | Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs | Ln 7 / Ln 8 Col a | $181.43 | $83.59 | $0.00 | $36.74 | $29.87 | *(with L&H)* | $20.03 | $3.94 | $7.15 | $0.11 |
| 10 | Base Period Facility Case Mix Index for All Residents | from 4 qtrs of FY12 | | 1.2317 | | | | | | | | |
| 11 | Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 9 / Ln 10 | | $67.87 | | | | | | | | |
| 12 | Net Per Diems after Case Mix Adjstmt to Routine Srvcs | RS = Ln 11, AllOthr = Ln 9 | | $67.87 | $0.00 | $36.74 | $29.87 | | $20.03 | $3.94 | $7.15 | $0.11 |
| 13 | Per Diem Standards (After Statewide CMA for Routine Srvcs) | per Peer Group Limits | | $71.51 | $0.00 | $29.15 | $23.09 | | $20.56 | $0.00 | N/A | |
| 14 | Base Period Case Mix Adjusted Allowed Per Diem | Lesser of Ln 12 or Ln 13 | $156.04 | $67.87 | $0.00 | $29.15 | $23.09 | | $20.03 | $3.94 | 11.85 *(FRV)* | $0.11 |
| | **Quarterly Per Diem Rate Prior to Add-ons** | | | | | | | | | | | |
| 15 | Growth Allowance Percentage = 13.37% | Ln 14 x Grwth Allwnc % | $18.74 | $9.07 | $0.00 | $3.90 | $3.09 | $0.00 | $2.68 | N/A | N/A | N/A |
| 16 | CMA Allowed Per Diem (After Growth Allowance Add-on) | Ln 14 + Ln 15 | $174.78 | $76.94 | $0.00 | $33.05 | $26.18 | $0.00 | $22.71 | $3.94 | $11.85 | $0.11 |
| 17 | Quarterly Facility Case Mix Index for Medicaid Residents | per Current Qtr End | | 1.2928 | | | | | | | | |
| 18 | Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem | Ln 16 x Ln 17 | | $99.47 | | | | | | | | |
| 19 | Quarterly Medicaid CMA Allowed Per Diem | RS = Ln 18, AllOthr = Ln 16 | $197.31 | $99.47 | $0.00 | $33.05 | $26.18 | $0.00 | $22.71 | $3.94 | $11.85 | $0.11 |
| | **Quarterly Per Diem Add-on Amounts** | | | | | | | | | | | |
| 20 | Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) | (see Policy Manual) | $0.90 | $0.53 | $0.00 | $0.00 | $0.00 | $0.00 | $0.37 | | $0.00 | |
| 21 | BIMS Add-on Per Diem = 1.0% (to Routine Srvs) | Ln 19 Col b x CPS Add-on | $0.99 | $0.99 | | | | | | | | |
| 22 | Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) | Ln 19 Col b x Stfng Add-on | $2.98 | $2.98 | | | | | | | | |
| 23 | Nursing Home Provider Fee | (Fixed Amount) | $17.10 | | | | | | $17.10 | | | |
| 24 | Total Quarterly Per Diem Add-on Amounts | Sum of Lns 20 thru 23 | $21.97 | $4.50 | $0.00 | $0.00 | $0.00 | $0.00 | $17.47 | $0.00 | $0.00 | $0.00 |
| 25 | **Quarterly Case Mix Based Per Diem Rate** | Ln 19 + Ln 24 | **$219.28** | **$103.97** | **$0.00** | **$33.05** | **$26.18** | **$0.00** | **$40.18** | **$3.94** | **$11.85** | **$0.11** |
| 26 | **Quarterly Per Diem Rate for Bed Hold and Leave Days** | (Ln 25 - Ln 23) * 0.75 | **$151.64** | | | | | | | | | |