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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	55.3%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.88	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2689	1.3617
Quarterly Medicaid CMI:	1.4772	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5025	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,032,878	$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		1.5025								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$121.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$208.10	$121.81	$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	$6.70	$6.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.65	$3.65								
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	$27.86	$10.35	$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	**$235.96**	**$132.16**	**$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	**$164.15**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	49.0%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.46	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3131	1.3617
Quarterly Medicaid CMI:	1.3240	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3493	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups* *Type of Facility within Peer Group* *Bed Size Range within Peer Group*	(see Policy Manual)		*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*2* *Free Standing* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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		1.3493								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$73.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$152.82	$73.93	$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	$4.07	$4.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.22	$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.51	$6.82	$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	**$177.33**	**$80.75**	**$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	**$120.17**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	46.0%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.47	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4871	1.3617
Quarterly Medicaid CMI:	1.4912	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5140	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.5140								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$100.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$188.16	$100.80	$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	$5.54	$5.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.02	$3.02								
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	$26.82	$9.09	$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	**$214.98**	**$109.89**	**$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	**$148.41**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	37.1%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.69	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4490	1.3617
Quarterly Medicaid CMI:	1.6216	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6527	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.6527								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$84.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$144.57	$84.49	$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	$2.11	$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.69	$1.69								
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	$22.43	$4.33	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$167.00**	**$88.82**	**$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	**$112.43**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	44.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.34	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6589	1.3617
Quarterly Medicaid CMI:	1.5478	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5754	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.5754								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$81.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$145.21	$81.20	$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	$2.03	$2.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.62	$1.62								
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	$22.28	$4.18	$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	**$167.49**	**$85.38**	**$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	**$112.79**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	45.5%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.07	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2839	1.3617
Quarterly Medicaid CMI:	1.4665	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4946	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,362,617	$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		1.4946								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$74.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$143.09	$74.88	$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.12	$4.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.25	$2.25								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$25.00	$6.90	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$168.09**	**$81.78**	**$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	**$113.24**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	32.2%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.33	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1323	1.3617
Quarterly Medicaid CMI:	1.1660	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.1827	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.1827								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$91.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$205.22	$91.74	$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.29	$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.75	$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.45	$5.57	$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	**$228.67**	**$97.31**	**$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	**$158.68**									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: **Legacy Nursing Home**
Prvdr ID: **00415522A**
H/B ?: No
Case Mix Per Diem Rate Effective Date: **10/01/19**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
BIMS:	18.9%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.79	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2012	1.3617
Quarterly Medicaid CMI:	1.4169	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4398	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Freestanding*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 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			1.4398							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$110.88								
	Quarterly Medicaid CMA Allowed Per Diem		$219.39	$110.88		$19.83	$24.87		$22.14	$3.49	$37.45	$0.72
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% to Routine Srvs)		$0.00	$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.33	$3.33								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$20.43									
	Quarterly Case Mix Based Per Diem Rate		**$239.81**	**$114.21**		**$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%	**$167.03**										

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	30.0%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.88	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3504	1.3617
Quarterly Medicaid CMI:	1.6999	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.7302	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,014,201	$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		1.7302								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$100.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$178.91	$100.92	$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	$2.52	$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.02	$2.02								
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	$23.17	$5.07	$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	**$202.08**	**$105.99**	**$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	**$138.74**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	30.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.80	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3485	1.3617
Quarterly Medicaid CMI:	1.3315	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3537	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.3537								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$78.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$155.38	$78.54	$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	$1.96	$1.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.36	$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.95	$4.85	$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	**$178.33**	**$83.39**	**$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	**$120.92**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	48.0%	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:	1.4103	1.3617
Quarterly Medicaid CMI:	1.2386	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2561	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		**1.2561**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$93.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$169.15	$93.52	$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 ([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 = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.81	$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.21	$8.48	$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	**$195.36**	**$102.00**	**$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	**$133.70**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	11.1%	0.0%
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:	1.5316	1.3617
Quarterly Medicaid CMI:	1.3134	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3311	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.3311								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$101.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$192.38	$101.60	$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	$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	$21.09	$3.58	$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	**$213.47**	**$105.18**	**$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	**$147.28**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	39.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.52	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3801	1.3617
Quarterly Medicaid CMI:	1.3414	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3646	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,179,568	$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		1.3646								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$53.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$117.40	$53.93	$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 - 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	$1.35	$1.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.62	$1.62								
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	$3.50	$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	**$139.00**	**$57.43**	**$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	**$91.43**									
27	**Minimum Quarterly Case Mix Based Per Diem Rate**		**$147.00**									
28	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 27 - Ln 23) * 0.75	**$97.43**									

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

FINAL

Provider: **Lillian G. Carter Nursing Center**
Prvdr ID: **00142524A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	46.3%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.30	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3539	1.3617
Quarterly Medicaid CMI:	1.4471	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4747	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups*	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,412,648	$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		1.4747								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$82.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$147.09	$82.20	$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	$4.52	$4.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.47	$2.47								
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	$25.62	$7.52	$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	**$172.71**	**$89.72**	**$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	**$116.71**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	35.8%	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:	1.5225	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5492	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,349,757	$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		1.5492								
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	$136.07	$69.48	$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	$2.08	$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	$22.45	$4.35	$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	**$158.52**	**$73.83**	**$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	**$106.07**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	45.9%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.85	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3693	1.3617
Quarterly Medicaid CMI:	1.7027	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.7351	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,435,046	$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		1.7351								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$127.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$202.51	$127.27	$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$7.00	$7.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.55	$2.55								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$28.18	$10.08	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$230.69**	**$137.35**	**$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	**$160.19**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	60.9%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.62	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3682	1.3617
Quarterly Medicaid CMI:	1.5333	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5638	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,436,321	$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		1.5638								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$94.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$172.42	$94.31	$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	**$198.44**	**$102.86**	**$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	**$136.01**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	17.1%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.72	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5222	1.3617
Quarterly Medicaid CMI:	1.6703	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.7032	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.7032								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$102.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$181.95	$102.26	$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 = 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	$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	$20.31	$2.58	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$202.26**	**$104.84**	**$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	**$138.87**									

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

FINAL

Provider: **Magnolia Manor Columbus West**
Prvdr ID: **00083124A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	45.5%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.63	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3234	1.3617
Quarterly Medicaid CMI:	1.4194	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4461	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,258,109	$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		1.4461								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$85.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$156.39	$85.94	$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	$4.73	$4.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.58	$2.58								
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	$25.94	$7.84	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$182.33**	**$93.78**	**$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	**$123.92**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	26.9%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.16	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2265	1.3617
Quarterly Medicaid CMI:	1.6152	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6476	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,708,581	$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		**1.6476**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$96.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$190.87	$96.37	$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 = 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	$2.89	$2.89								
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	$22.07	$4.38	$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	**$212.94**	**$100.75**	**$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	**$146.88**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	38.4%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.92	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2961	1.3617
Quarterly Medicaid CMI:	1.6433	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6752	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,181,049	$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		1.6752								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$112.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$186.61	$112.52	$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	$2.81	$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.38	$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.82	$6.72	$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	**$211.43**	**$119.24**	**$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	**$145.75**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	42.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.35	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3316	1.3617
Quarterly Medicaid CMI:	1.5798	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6097	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.6097								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$101.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$174.14	$101.06	$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	$2.53	$2.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.03	$3.03								
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	$7.09	$6.09	$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	**$181.23**	**$107.15**	**$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	**$135.92**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	23.8%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.18	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6382	1.3617
Quarterly Medicaid CMI:	1.4501	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4724	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.4724								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$111.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$201.83	$111.03	$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	$1.11	$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.22	$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.37	$3.86	$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	**$223.20**	**$114.89**	**$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	**$154.58**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	24.5%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.89	1.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.6688	1.3617
Quarterly Medicaid CMI:	1.2641	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2811	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		**1.2811**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$85.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$166.32	$85.74	$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	$0.86	$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.86	$0.86								
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	$19.76	$2.25	$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	**$186.08**	**$87.99**	**$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	**$126.74**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	48.1%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.53	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2349	1.3617
Quarterly Medicaid CMI:	1.4486	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4723	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,943,033	$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		1.4723								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$102.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$189.56	$102.94	$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.66	$5.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.09	$3.09								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.79	$9.28	$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	**$216.35**	**$112.22**	**$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	**$149.44**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	38.2%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.32	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1896	1.3617
Quarterly Medicaid CMI:	1.5892	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6187	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,454,848	$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		1.6187								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$101.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$168.41	$101.85	$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 - 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	$2.55	$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.04	$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.22	$5.12	$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	**$191.63**	**$106.97**	**$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	**$130.90**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	56.6%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.40	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5049	1.3617
Quarterly Medicaid CMI:	1.8975	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.9336	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.9336								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$103.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$179.98	$103.18	$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	$5.67	$5.67								
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)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.30	$8.26	$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	**$206.28**	**$111.44**	**$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	**$141.89**									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: **Meadow Park H&R**
Prvdr ID: **003167911A**
H/B ?: No
Case Mix Per Diem Rate Effective Date: **10/01/19**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
BIMS:	21.4%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.04	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	Use Stwd	1.3617
Quarterly Medicaid CMI:	1.6600	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.6887	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Freestanding*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 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			1.6887							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$130.05								
	Quarterly Medicaid CMA Allowed Per Diem		$236.95	$130.05		$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)		$1.30	$1.30								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.90	$3.90								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$22.30									
	Quarterly Case Mix Based Per Diem Rate		$259.26	$135.25		$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%	$181.62										

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

FINAL

Provider: **Medical Management H & R**
Prvdr ID: **00141941A**
Case Mix Per Diem Rate Effective Date: **10/01/19**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	40.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.77	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4091	1.3699
Quarterly Medicaid CMI:	1.6748	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.7073	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	$2,955,724	$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		**1.7073**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$65.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$117.76	$65.10	$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	$1.63	$1.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.95	$1.95								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.21	$4.11	$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	**$139.97**	**$69.21**	**$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	**$92.15**									
27	**Minimum Quarterly Case Mix Based Per Diem Rate**		**$147.00**									
28	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 27 - Ln 23) * 0.75	**$97.43**									

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

FINAL

Provider: **Memorial Manor Nursing Home**
Prvdr ID: **00141919A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	47.9%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.00	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2378	1.3617
Quarterly Medicaid CMI:	1.2374	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2560	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,807,259	$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		**1.2560**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$86.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$169.92	$86.15	$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.74	$4.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.58	$2.58								
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	$25.73	$7.85	$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	**$195.65**	**$94.00**	**$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	**$133.91**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	50.9%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.42	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5198	1.3617
Quarterly Medicaid CMI:	2.0994	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	2.1392	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,809,129	$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		2.1392								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$116.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$193.56	$116.44	$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	$6.40	$6.40								
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	$28.18	$10.42	$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	**$221.74**	**$126.86**	**$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	**$153.48**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	65.4%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.31	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1439	1.3617
Quarterly Medicaid CMI:	1.8080	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.8437	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups* *Type of Facility within Peer Group* *Bed Size Range within Peer Group*	(see Policy Manual)		*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*2* *Free Standing* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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		**1.8437**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$99.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$160.71	$99.15	$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	$5.45	$5.45								
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	$27.05	$8.95	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$187.76**	**$108.10**	**$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	**$128.00**									

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

FINAL

Provider: **Mitchell Convalescent Center**
Prvdr ID: **00142018A**
Case Mix Per Diem Rate Effective Date: **10/1/2019**
MDS & Nurse Hrs Data per Quarter Ending: **06/30/19**

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	29.4%	1.0%
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:	1.3464	1.3617
Quarterly Medicaid CMI:	1.3719	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3933	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,879,579	$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		1.3933								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$87.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$180.79	$87.26	$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.87	$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.62	$2.62								
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	$21.12	$4.02	$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	**$201.91**	**$91.28**	**$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	**$138.61**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	32.1%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.51	1.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2825	1.3617
Quarterly Medicaid CMI:	1.4641	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4907	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,284,385	$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		1.4907								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$80.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$152.43	$80.62	$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	$2.02	$2.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$0.81	$0.81								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.09	$3.36	$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	**$173.52**	**$83.98**	**$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	**$117.32**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	58.9%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.67	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2929	1.3617
Quarterly Medicaid CMI:	1.4171	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4381	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,316,663	$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		1.4381								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$101.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$172.05	$101.29	$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	$5.57	$5.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.03	$2.03								
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	$26.23	$8.13	$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	**$198.28**	**$109.42**	**$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	**$135.89**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	42.0%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.60	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4052	1.3617
Quarterly Medicaid CMI:	1.5129	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5385	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,104,222	$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		1.5385								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$72.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$131.64	$72.06	$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	$1.80	$1.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.44	$1.44								
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	$21.87	$3.77	$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	**$153.51**	**$75.83**	**$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	**$102.31**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	49.5%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.27	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2862	1.3617
Quarterly Medicaid CMI:	1.3203	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3406	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.3406								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$108.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$213.43	$108.68	$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	$5.98	$5.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.26	$3.26								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.34	$9.24	$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	**$239.77**	**$117.92**	**$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	**$167.00**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	23.8%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.24	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2652	1.3617
Quarterly Medicaid CMI:	1.4141	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4387	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,678,272	$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		1.4387								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$71.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$138.95	$71.63	$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	$0.72	$0.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	$21.50	$3.40	$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	**$160.45**	**$75.03**	**$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	**$107.51**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	21.4%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.89	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2251	1.3617
Quarterly Medicaid CMI:	1.2698	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2890	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housknpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*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		1.2890								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$104.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$191.29	$104.50	$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	$1.05	$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.14	$3.14								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.51	$4.19	$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	**$212.80**	**$108.69**	**$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	**$146.78**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	23.3%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.91	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2324	1.3617
Quarterly Medicaid CMI:	1.3110	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3318	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.3318								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$107.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$203.56	$107.97	$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 - Alwd] 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	$1.08	$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.24	$3.24								
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	$21.85	$4.32	$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	**$225.41**	**$112.29**	**$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	**$156.23**									

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

FINAL

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

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	51.5%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.09	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4991	1.3699
Quarterly Medicaid CMI:	1.5266	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5520	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups*	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums* *(see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	$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)	$72,835
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	$72,835
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	$1.50
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	$1.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		$73.90	$0.00	$19.14	$23.27		$23.46	$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$117.39	$45.91	$0.00	$15.24	$15.01		$23.46	$3.83	12.44 *(FRV)*	$1.50
	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	$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5520								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$80.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$159.45	$80.78	$0.00	$17.28	$17.02	$0.00	$26.60	$3.83	$12.44	$1.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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	$4.44	$4.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.42	$2.42								
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	$25.12	$7.39	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$184.57**	**$88.17**	**$0.00**	**$17.50**	**$17.43**	**$0.00**	**$43.70**	**$3.83**	**$12.44**	**$1.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$125.60**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	34.9%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.89	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2207	1.3617
Quarterly Medicaid CMI:	1.4607	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4859	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.4859								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$115.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$190.76	$115.08	$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 ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.88	$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.45	$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.96	$6.86	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$215.72**	**$121.94**	**$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	**$148.97**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	13.0%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.74	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3032	1.3617
Quarterly Medicaid CMI:	1.2271	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2445	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,988,305	$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		1.2445								
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	$162.29	$88.68	$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	$2.66	$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	$20.92	$3.19	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$183.21**	**$91.87**	**$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	**$124.58**									

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

FINAL

Provider: **NHC of Fort Oglethorpe**
Prvdr ID: **00344759A**
Case Mix Per Diem Rate Effective Date: 10/1/2019
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	25.6%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.20	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4032	1.3617
Quarterly Medicaid CMI:	1.3773	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4002	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,978,191	$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		1.4002								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$88.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$168.17	$88.93	$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 ([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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.89	$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.67	$2.67								
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	$21.82	$4.09	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$189.99**	**$93.02**	**$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	**$129.67**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	43.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.52	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4802	1.3617
Quarterly Medicaid CMI:	1.5231	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5502	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.5502								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$100.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$187.14	$100.25	$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	$2.51	$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.01	$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.78	$6.05	$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	**$210.92**	**$106.30**	**$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	**$145.37**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	24.3%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.40	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3456	1.3617
Quarterly Medicaid CMI:	1.4261	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4496	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups*	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$9,213,088	$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		1.4496								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$104.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$179.71	$104.98	$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	$1.05	$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.15	$3.15								
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	$22.83	$4.73	$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	**$202.54**	**$109.71**	**$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	**$139.08**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	22.3%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.31	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3783	1.3699
Quarterly Medicaid CMI:	1.4042	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4280	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & 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		**1.4280**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$85.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$167.28	$85.29	$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	$0.85	$0.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.56	$2.56								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.67	$3.94	$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	**$188.95**	**$89.23**	**$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	**$128.89**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	43.7%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.99	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2630	1.3617
Quarterly Medicaid CMI:	1.2936	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3152	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,469,447	$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		1.3152								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$88.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$152.52	$88.04	$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.20	$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.64	$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.47	$5.37	$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	**$175.99**	**$93.41**	**$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	**$119.17**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	33.9%	2.5%
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:	1.2538	1.3617
Quarterly Medicaid CMI:	1.5161	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.5431	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$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		1.5431								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$106.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$185.12	$106.13	$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	$2.65	$2.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.18	$3.18								
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	$24.46	$6.36	$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	**$209.58**	**$112.49**	**$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	**$144.36**									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: **Oceanside Health & Rehab - Tybee**		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
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:	**10/01/19**	BIMS:	19.7%	0.0%	Quarterly Medicaid CMI:	1.5058	1.4446
MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.19	1.0%	Qrtly Mcaid CMI w RUG Wght Options:	1.5327	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Freestanding*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 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	$0.00
	Allowed @ 95% of Std		$143.35	$67.93		$17.49	$21.94		$19.53		$16.46	$0.00
	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			1.5327							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$118.04								
	Quarterly Medicaid CMA Allowed Per Diem		$204.15	$118.04		$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%		$1.18	$1.18								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$18.28									
	Quarterly Case Mix Based Per Diem Rate		$222.43	$119.22		$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%	**$154.00**										

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	27.3%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.30	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1620	1.3617
Quarterly Medicaid CMI:	1.3655	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3895	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups* *Type of Facility within Peer Group* *Bed Size Range within Peer Group*	(see Policy Manual)		*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*2* *Free Standing* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*	*1* *All Facilities* *All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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		**1.3895**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$106.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$190.06	$106.51	$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 = 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 = 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	$21.90	$4.80	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$211.96**	**$111.31**	**$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	**$146.15**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	50.0%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	18.07	0.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	2.1590	1.3617
Quarterly Medicaid CMI:	2.0965	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	2.1385	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,812,723	$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	$634.41	$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		2.1385								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$173.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$288.53	$173.37	$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$9.54	$9.54								
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	$26.64	$9.54	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$315.17**	**$182.91**	**$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	**$223.55**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	41.0%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.06	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	0.9752	1.3617
Quarterly Medicaid CMI:	1.2047	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.2241	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,470,207	$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		1.2241								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$90.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$151.97	$90.82	$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	$2.27	$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.72	$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.62	$5.52	$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	**$175.59**	**$96.34**	**$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	**$118.87**									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: **Orchard View Rehab & Skilled NC**			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
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:	10/01/19	BIMS:	43.3%	2.5%	Quarterly Medicaid CMI:	1.2377	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	4.39	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.2563	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Freestanding*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 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	$0.00
	Allowed @ 95% of Std		$164.90	$67.93		$17.49	$21.94		$19.53		$38.01	$0.00
	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			1.2563							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$96.75								
	Quarterly Medicaid CMA Allowed Per Diem		$204.09	$96.75		$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)		$2.42	$2.42								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		$1.94	$1.94								
	Nursing Home Provider Fee		$0.00						0.00			
	Total Quarterly Per Diem Add-On Amounts		$4.35									
	Quarterly Case Mix Based Per Diem Rate		**$208.45**	**$101.10**		**$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%	**$156.34**										

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	12.4%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.47	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3255	1.3617
Quarterly Medicaid CMI:	1.4411	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.4665	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,249,016	$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		1.4665								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$97.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$173.58	$97.01	$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 = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.91	$2.91								
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	$21.54	$3.44	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$195.12**	**$100.45**	**$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	**$133.52**									

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

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	30.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.35	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2317	1.3617
Quarterly Medicaid CMI:	1.3035	1.4446
Qrtrly Mcaid CMI w RUG Wght Options:	1.3281	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$1,944,881	$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		1.3281								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$102.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$200.02	$102.18	$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 = 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	$3.07	$3.07								
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	$23.62	$6.15	$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	**$223.64**	**$108.33**	**$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	**$154.91**									